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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 AVENUE NO 200

City or town, state or province, country, and ZIP or foreign postal code
MUSKEGON, MI 494401101

D Employer identification number
38-6114135

E Telephone number
(231)722-4538

G Gross receipts $ 31,189,639

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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 2015 (Part V, line 2a)	**5**	57
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	15,165,887	18,951,417
9	Program service revenue (Part VIII, line 2g)	405,762	398,114
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,364,966	3,727,218
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	275,160	143,328
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,211,775	23,220,077
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,418,223	7,389,065
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,408,274	1,591,919
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶562,307		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,120,796	2,663,762
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,947,293	11,644,746
19	Revenue less expenses Subtract line 18 from line 12	25,264,482	11,575,331
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	156,575,533	164,169,185
21	Total liabilities (Part X, line 26)	17,910,946	19,353,560
22	Net assets or fund balances Subtract line 21 from line 20	138,664,587	144,815,625

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

****** 2016-08-19
Signature of officer Date

CHRIS MCGUIGAN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID F GERDES CPA	DAVID F GERDES CPA	2016-08-19		P00185284

Firm's name ▶ REHMANN ROBSON LLC | Firm's EIN ▶ 38-3635706
Firm's address ▶ 570 SEMINOLE RD STE 200, MUSKEGON, MI 49444 | Phone no (231) 739-9441

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,043,504 including grants of $ 2,164,087) (Revenue $)

EDUCATION - PROVIDE SCHOLARSHIP SUPPORT FOR MUSKEGON COUNTY STUDENTS PURSUING POST-SECONDARY EDUCATION, PROVIDE EDUCATION GRANTS TO SUPPORT THE INCREASING NUMBER OF CAREER AND COLLEGE READY HIGH SCHOOL GRADUATES, IMPROVE STUDENT ACCESS TO HIGH QUALITY EXTENDED LEARNING PROGRAMS AFTER SCHOOL AND DURING THE SUMMER

4b (Code) (Expenses $ 2,735,973 including grants of $ 1,945,416) (Revenue $)

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

4c (Code) (Expenses $ 2,216,762 including grants of $ 1,576,230) (Revenue $ 398,114)

ARTS - PRESERVE AND SUPPORT THE FRAUENTHAL CENTER FOR THE PERFORMING ARTS AS A SIGNIFICANT COMMUNITY RESOURCE, ENCOURAGE QUALITY ARTS PROGRAMMING THAT BENEFITS A DIVERSE AUDIENCE, IMPROVE ACCESS TO YOUTH FOCUSED CULTURAL PROGRAMS, PROMOTE FINANCIAL STABILITY AND ORGANIZATIONAL DEVELOPMENT FOR ART ORGANIZATIONS

See Additional Data

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

4e **Total program service expenses** ▶ 10,391,753

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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* (see instructions)	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	65		
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**		Yes	
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**	57		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
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" to line 3b, 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, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**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 as charitable contributions? . . .	**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**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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 this 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 ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ANN VANTASSEL 425 WESTERN AVENUE 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 or note to any line in this Part VII . . . . . ☐

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD W PETERS MD CHAIR	1 00	X		X				0	0	0
(2) SUSAN MESTON PHD VICE CHAIR	1 00	X		X				0	0	0
(3) JAN DEUR TRUSTEE	1 00	X						0	0	0
(4) WES EKLUND TRUSTEE	1 00	X						0	0	0
(5) AMY HEISSER TRUSTEE	1 00	X						0	0	0
(6) CHARLES E JOHNSON III TRUSTEE	1 00 1 00	X						0	0	0
(7) DICK KAMPS MD TRUSTEE	1 00	X						0	0	0
(8) KATHLEEN TORRESEN TRUSTEE	1 00	X						0	0	0
(9) MARVIN NASH TRUSTEE	1 00	X						0	0	0
(10) DALE K NESBARY PHD TRUSTEE	1 00	X						0	0	0
(11) KATRINA OLSON MD TRUSTEE	1 00	X						0	0	0
(12) KAY OLTHOFF TRUSTEE	1 00	X						0	0	0
(13) ASALINE SCOTT TREASURER	1 00	X		X				0	0	0
(14) MICHAEL SOIMAR TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROGER SPOELMAN TRUSTEE	1 00	X						0	0	0
(16) ALAN STEINMAN PHD TRUSTEE	1 00	X						0	0	0
(17) JOHN SYTSEMA TRUSTEE	1 00	X						0	0	0
(18) KATHLEEN TYLER TRUSTEE	1 00	X						0	0	0
(19) JAMES WATERS TRUSTEE	1 00	X						0	0	0
(20) DEANNA R BURT-JOHNSON TRUSTEE	1 00	X						0	0	0
(21) THOMAS G WITT TRUSTEE	1 00	X						0	0	0
(22) CHRIS A MCGUIGAN PRESIDENT/SECRETARY	40 00 1 00			X				169,060	0	26,670
(23) ANN VAN TASSELL VICE PRESIDENT FINANCE	40 00			X				110,837	0	20,467
(24) ROBERT CHAPLA VICE PRESIDENT DEVELOPMENT	40 00 1 00			X				107,837	0	8,315
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								387,734	0	55,452

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *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**	Yes	
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
HEIRLOOM CONSTRUCTION LLC 407 E LOOMIS STREET LUDINGTON, MI 49431	CONSTRUCTION	521,540

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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 18,951,417				
	g	Noncash contributions included in lines 1a-1f $ 927,949				
	h	**Total.** Add lines 1a-1f . . . . . ▶	18,951,417			
Program Service Revenue		Business Code				
	2a	FRAUENTHAL CENTER FOR THE PERFORM 711190	398,114	398,114		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	398,114			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,621,945			3,621,945
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 8,074,835				
	b	Less cost or other basis and sales expenses 7,969,562				
	c	Gain or (loss) 105,273				
	d	Net gain or (loss) . . . . . ▶	105,273	105,273		
	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 . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	RENTAL REVENUE 531190	96,803	96,803		
	b	OTHER REVENUE 561000	46,525	46,525		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	143,328			
	12	**Total revenue.** See Instructions . . . . . ▶	23,220,077	646,715	0	3,621,945

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,810,385	5,810,385		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,578,680	1,578,680		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	443,184		443,184	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	859,337	362,073	314,578	182,686
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,046	20,492	14,261	11,293
9 Other employee benefits	147,951	37,429	85,761	24,761
10 Payroll taxes	95,401	27,699	53,727	13,975
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,000		9,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,000	3,000		
12 Advertising and promotion	45,534	16,033	12,190	17,311
13 Office expenses	26,790	9,720	17,070	
14 Information technology	9,984		9,984	
15 Royalties				
16 Occupancy	135,828	97,284	38,544	
17 Travel	1,973		1,973	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,162	1,398	12,764	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	298,110	285,166	12,944	
23 Insurance	21,645	21,645		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DIRECT FUND EXPENSES	1,937,462	1,937,462		
b MISCELLANEOUS	325,597	11,636	313,961	
c COMMUNITY SERVICE NET E	183,192	183,192		
d REPAIRS AND MAINTENANCE	95,591	95,591		
e All other expenses	-444,106	-107,132	-649,255	312,281
25 **Total functional expenses.** Add lines 1 through 24e	11,644,746	10,391,753	690,686	562,307
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,579,321	1	3,163,663
	2	Savings and temporary cash investments		6,086,201	2	6,598,973
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		236,708	4	179,639
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,469,072	7	1,742,404
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,159,958			
	b	Less accumulated depreciation	10b 7,548,519	6,807,607	10c	6,611,439
	11	Investments—publicly traded securities		134,613,664	11	141,524,458
	12	Investments—other securities See Part IV, line 11		3,560,344	12	4,220,262
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		222,616	15	128,347
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		156,575,533	16	164,169,185
Liabilities	17	Accounts payable and accrued expenses		94,649	17	96,415
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		1,597,107	24	125,107
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		16,219,190	25	19,132,038
	26	**Total liabilities.** Add lines 17 through 25		17,910,946	26	19,353,560
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		138,441,971	27	144,687,278
	28	Temporarily restricted net assets		222,616	28	128,347
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		138,664,587	33	144,815,625
	34	Total liabilities and net assets/fund balances		156,575,533	34	164,169,185

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,220,077
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,644,746
3	Revenue less expenses Subtract line 2 from line 1	3	11,575,331
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	138,664,587
5	Net unrealized gains (losses) on investments	5	-3,470,212
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,954,081
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	144,815,625

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

Additional Data

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

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

(Code	) (Expenses $	2,395,514	including grants of $	1,703,332	) (Revenue $	248,601)	
COMMUNITY DEVELOPMENT, ENVIRONMENT, EMERGING COMMUNITY NEEDS							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242005806

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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	4,102,708	6,901,678	7,660,986	12,380,875	14,831,346	45,877,593
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,102,708	6,901,678	7,660,986	12,380,875	14,831,346	45,877,593
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						45,877,593

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4,102,708	6,901,678	7,660,986	12,380,875	14,831,346	45,877,593
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,638,156	3,081,673	3,605,968	3,103,995	3,621,945	16,051,737
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						61,929,330

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	74 080 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	71 040 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

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

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

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242005806

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	257	
2	Aggregate value of contributions to (during year)	128,011,344	
3	Aggregate value of grants from (during year)	4,752,978	
4	Aggregate value at end of year	32,870,951	

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

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

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

- a Board designated or quasi-endowment ▶ 9 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 91 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY, THE PAUL C JOHNSON FOUNDATION AND THE PENNIES FROM HEAVEN FOUNDATION ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE ALSO EXEMPT FROM SIMILAR STATE AND LOCAL TAXES ALTHOUGH THE ORGANIZATIONS WERE GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION THE ORGANIZATIONS ANALYZED THEIR FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE THEY ARE REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS THE ORGANIZATIONS HAVE ALSO ELECTED TO RETAIN THEIR EXISTING ACCOUNTING POLICIES WITH RESPECT TO THE TREATMENT OF INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND CONTINUE TO REFLECT ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF THEIR MANAGEMENT AND GENERAL EXPENSES THE ORGANIZATIONS HAVE EVALUATED THE PROVISIONS OF ASC TOPIC 740 FOR THE YEARS 2011 THROUGH 2015, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2015 THE ORGANIZATIONS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATIONS' COMBINED FINANCIAL STATEMENTS THE ORGANIZATIONS DO NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS("UTB") (E G TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY INCREASE IN THE NEXT 12 MONTHS THE ORGANIZATIONS DO NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTB AT DECEMBER 31, 2015 AND 2014, AND THEY ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242005806

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR ECONOMIC SUCCESS 395 THIRD STREET MANISTEE,MI 49660	20-8656518	501(C)(3)	33,000				SUPPORT FOR MANISTEE AREA NONPROFITS
AMERICAN CANCER SOCIETY PO BOX 720366 OKLAHOMA CITY,OK 73162	13-1788491	501(C)(3)	8,702				RELAY FOR LIFE AND GENERAL OPERATING SUPPORT
AMERICAN RED CROSS OF MUSKEGON 1050 FULLER AVE NE GRAND RAPIDS,MI 49503	53-0196605	501(C)(3)	23,002				SENIOR TRANSPORTATION AND MUSKEGON COUNTY GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANNIS WATER RESOURCES INSTITUTE GRAND VALLEY STATE UNIVERSITY MUSKEGON,MI 49441	38-1684280	501(C)(3)	10,000				EXAMINE THE FEASIBILITY OF ESTABLISHING INTEGRATED WATERSHED COMMISSIONS IN THE STATE OF MICHIGAN
ARTS COUNCIL OF WHITE LAKE 106 E COLBY ST WHITEHALL,MI 49461	38-2614596	501(C)(3)	35,771				WHITE LAKE AREA ARTS PROGRAMMING
BETHANY CHRISTIAN REFORMED CHURCH 1105 TERRACE STREET MUSKEGON,MI 49442	38-1422400	501(C)(3)	7,000				FOR THE DAUGHTERS OF IMANI AND YOUNG LIONS PROGRAMS AND CATCH CAMP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE LAKESHORE 4265 GRAND HAVEN RD MUSKEGON,MI 49441	38-1918631	501(C)(3)	9,475				TO SUPPORT ONGOING PROGRAMS
BLUE LAKE PUBLIC RADIO C/O BLUE LAKE FINE ARTS CAMP TWIN LAKE,MI 49457	38-1811838	501(C)(3)	6,250				CONTRIBUTION FOR GENERAL OPERATIONS, BLUE LAKE PUBLIC RADIO TOWER PROJECT
BOY SCOUTS OF AMERICAPRESIDENT FORD FIELD SERVICE COUNCIL 3213 WALKER AVENUE NW GRAND RAPIDS,MI 49544	45-4003240	501(C)(3)	6,602				YOUTH DEVELOPMENT AND SCOUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE PO BOX 1018 MUSKEGON,MI 49443	61-1736056	501(C)(3)	251,499				OPERATING SUPPORT, MUSICMAKERS EDUCATION PROGRAM
CALVARY CHRISTIAN SCHOOLS 5873 KENDRA ROAD FRUITPORT,MI 49415	30-0713163	501(C)(3)	90,265				BUILDING PURCHASE, GENERAL OPERATING SUPOPRT
CARITAS FOOD PANTRY 85 MADISON STREET CUSTER,MI 49405	46-0556363		6,400				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES WEST MICHIGAN 1095 THIRD ST STE 125 MUSKEGON,MI 49441	38-3012473	501(C)(3)	10,650				FATHERS MATTERI, LOAVES AND FISHES FOOD PANTRY
CITY OF HART 407 STATE STREET HART,MI 49420		501(C)(3)	10,890				HART HISTORIC DISTRICT, SIGNAGE FOR THE TRAIL REBUILD, MAIN STREET PROGRAM
CITY OF LUDINGTON 400 S HARRISON STREET LUDINGTON,MI 49431	38-6004706	501(C)(3)	62,239				LUDINGTON JAYCEES MINI GOLF RENOVATION, DOG PARK, PICKLEBALL, WATERFRONT SCULPTURE MAINENTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF MANISTEE 70 MAPLE STREET MANISTEE,MI 49660			10,500				VETERAN'S MEMORIAL PARK, MORTON PARK
CITY OF MUSKEGON PO BOX 536 MUSKEGON,MI 494430536	38-6004522	501(C)(3)	27,486				LAKESHORE TRAIL, GREAT PROGRAM, POWER OF PRODUCE, ICE RINK, SUMMER PARK PROGRAMMING
CITY OF WHITEHALL 405 E COLBY WHITEHALL,MI 49461	38-6004748	501(C)(3)	19,960				PAVILION IN GOODRICH PARK, HOWMET PLAYHOUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COALITION FOR COMMUNITY DEVELOPMENT PO BOX 4618 MUSKEGON, MI 49444	75-3204979	501(C)(3)	13,533				OPERATION HEALTHY HEIGHTS
COMMUNITY ACCESS LINE OF THE LAKESHORE 560 SEMINOLE ROAD MUSKEGON, MI 49444	38-3171086	501(C)(3)	6,960				YOUTH ENGAGEMENT INITIATIVE
COMMUNITY ENCOMPASS 1105 TERRACE ST MUSKEGON, MI 49442	38-3279226	501(C)(3)	83,753				MCLAUGHLIN GROWS URBAN FARM RELOCATION AND EXPANSION, SACRED SUDS, YEP PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY 425 W WESTERN AVE STE 200 MUSKEGON, MI 49440	38-6114135	501(C)(3)	60,000				CONVERT THE WMSO LOAN TO A GRANT
COUNCIL OF MICHIGAN FOUNDATIONS 1 S HARBOR DR SUITE 3 GRAND HAVEN, MI 49417	38-6263347		13,000				MUSKEGON HEIGHTS PUBLIC SAFETY FORUM, 2016 MEMBERSHIP
COVE (COMMUNITIES OVERCOMING VIOLENT ENCOUNTERS) 906 E LUDINGTON AVENUE LUDINGTON, MI 49431	38-2243550	501(C)(3)	31,525				TO ESTABLISH THE "GIFT FROM GOD FUND", GENERAL OPERATING, CHALLENGE MATCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO,FL 32832	95-6006173	501(C)(3)	7,254				INTERNSHIP
DISABILITY NETWORK WEST MICHIGAN 27 E CLAY AVENUE MUSKEGON,MI 49442	38-3476797	501(C)(3)	7,000				BOARDWALK AT PERE MARQUETTE BEACH
DOWNTOWN MUSKEGON NOW 380 W WESTERN AVENUE MUSKEGON,MI 49440	38-3603266	501(C)(3)	10,000				MUSKEGON AREA FIRST, LOCAL FOOD PROMOTION PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EARNEST C BROOKS CHAPEL FUND INC 2540 CENTRAL AVE WYOMING,MI 49519			306,864				BROOKS CHAPEL EXPENDITURES
EVERY WOMAN'S PLACE 1221 W LAKETON AVENUE MUSKEGON,MI 49441	38-2072675	501(C)(3)	263,985				GENERAL OPERATING, GIRLS ON THE RUN, NEW BABY EQUIPMENT AND SUPPLIES
FAIR FOOD NETWORK 205 E WASHINGTON ST ANN ARBOR,MI 48104	26-4143394	501(C)(3)	10,000				DOUBLE UP FOOD BUCKS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FEEDING AMERICA WEST MICHIGAN FOOD BANK 864 WEST RIVER DR NE COMSTOCK PARK,MI 49321	38-2439659	501(C)(3)	7,140				MUSKEGON HEIGHTS HEALTHY FOOD EXPANSION
FIRST CHURCH OF CHRIST SCIENTIST 1065 4TH STREET MUSKEGON,MI 49440		501(C)(3)	8,262				ANNUAL DISTRIBUTION TO BE USED FOR GENERAL OPERATING SUPPORT
FIRST CONGREGATIONAL CHURCH 1201 JEFFERSON MUSKEGON,MI 494412089	38-1363563	501(C)(3)	17,550				SATURDAY MORNING BREAKFAST PROGRAM, ANNUAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST EVANGELICAL LUTHERAN CHURCH 1206 WHITEHALL RD N MUSKEGON,MI 49445			10,000				GENERAL OPERATING SUPPORT, BUILDING FUND
FIRST PRESBYTERIAN CHURCH 2577 WICKHAM DRIVE MUSKEGON,MI 49441		501(C)(3)	31,497				GENERAL OPERATING SUPPORT, BUILDING MAINTENANCE
FIRST WESLEYAN CHURCH 1040 E FOREST AVE MUSKEGON,MI 49442			6,836				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOREST PARK COVENANT CHURCH 3815 HENRY STREET MUSKEGON,MI 49441	38-1415399	501(C)(3)	5,232				CANTATA MATERIALS, EQUIPMENT, MUSIC, SUPPORT OF COVENANT ENABLING RESIDENCES
FRIENDS OF WALKER MEMORIAL LIBRARY INC 1522 RUDDIMAN N MUSKEGON,MI 49445	03-0554541	501(C)(3)	6,730				GENERAL OPERATING SUPPORT
FRUITPORT LIONSSHORELINE BRANCH PRESIDENT 2349 E COLUMBIA MUSKEGON,MI 49444	38-3300021	501(C)(3)	10,000				POWER OF PRODUCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRL SCOUTS OF MICHIGAN SHORE TO SHORE COUNCIL 3275 WALKER AVENUE NW GRAND RAPIDS,MI 49544	38-1366924	501(C)(3)	17,930				CAMP LITTLE DEER PICNIC TABLES, GENERAL OPERATING, MAINTENANCE OF THE KISKEY SCIENCE CENTER
GOLDEN TOWNSHIP PO BOX 26 MEARS,MI 49436	38-1982488	501(C)(3)	10,291				GOLDEN TOWNSHIP PARK AND HALL AT SILVER LAKE SAND DUNES
GOODWILL INDUSTRIES OF WEST MICHIGAN INC 271 E APPLE AVENUE MUSKEGON,MI 49442	38-1357148	501(C)(3)	8,400				VOLUNTEER INCOME TAX ASSISTANCE (VITA) SERVICES, BUS PASSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVENUE GRAND HAVEN,MI 49417	38-1467641	501(C)(3)	96,000				PAY OFF THE ELEMENTARY SCHOOL DEBT
GRAND RAPIDS OPPORTUNITIES FOR WOMEN (GROW) 25 SHELDON BLVD SE SUITE 210 GRAND RAPIDS,MI 49503	38-2886028	501(C)(3)	20,000				MICROLENDING PROGRAM
GRAND TRAVERSE REGIONAL LAND CONSERVANCY 3860 NORTH LONG LAKE RD SUITE D TRAVERSE CITY,MI 49684	38-2994229	501(C)(3)	16,000				PURCHASE OF A 40-ACRE ADDITION TO MISTY ACRES PRESERVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND VALLEY STATE ANNIS WATER RESOURCE INSTITUTE 740 W SHORELINE DRIVE MUSKEGON, MI 49441	38-1684280	501(C)(3)	67,255				CAMERA CAPABLE OF MEASURING HARMFUL ALGAE BLOOMS (BLUE GREEN ALGAE) FORMING IN MUSKEGON LAKES, AWRI, DATA COLLECTION
HACKLEY PUBLIC LIBRARY 316 W WEBSTER AVENUE MUSKEGON, MI 49440	38-3628257	501(C)(3)	22,571				AN OUTDOOR A-FRAME SIGN, GENERAL OPERATING, ROBINSON SCHOLARSHIP AWARDS
HANDS EXTENDED LOVING PEOPLE (HELP) PO BOX 97 LUDINGTON, MI 49431	38-3395360	501(C)(3)	2,703				VETERAN ASSISTANCE, GENERAL OPERATING, MAD RIDE, BEDS FOR FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARBOR HOSPICE1050 W WESTERN AVE 1050 W WESTERN AVE STE 400 MUSKEGON,MI 49441	38-2415247	501(C)(3)	65,096				GENERAL OPERATING SUPPORT, OPHTHALMOSCOPE, CAMP COURAGE
HARBOR HOUSE OF HART 315 STATE STREET HART,MI 49420	45-5168148	501(C)(3)	22,029				EQUIPPING CREATIVE ARTS & LIFE SKILLS INITIATIVE - TEEN GIRLS RESOURCE CENTER
HARBOR UNITARIAN UNIVERSALIST CONGREGATION 1296 MONTGOMERY AVE MUSKEGON,MI 49441		501(C)(3)	5,549				ENDOWMENT FUND COMMITTEE'S 2014-15 GRANT RECOMMENDATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HART PUBLIC SCHOOLS 301 W JOHNSON STREET HART,MI 49420	38-6003143	501(C)(3)	9,468				MRS MULLEN'S CLOSET, TEACHER MINI-GRANTS
HEALTHWEST 376 APPLE AVENUE MUSKEGON,MI 49442		501(C)(3)	8,500				REAL VOICES, REAL CHOICES YOUTH SUMMIT
HISTORIC VOGUE THEATRE OF MANISTEE PO BOX 291 MANISTEE,MI 49660	45-2281053	501(C)(3)	45,353				RESTORATION RELATED EXPENSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUME HOME 3196 KRAFT AVE SE GRAND RAPIDS,MI 49512	38-1387881	501(C)(3)	40,000				REPAYMENT TO BARUCH FOR NEEDED REPAIRS AND EXPENSES
KIDS' FOOD BASKET PO BOX 34 MUSKEGON,MI 49443	04-3760991	501(C)(3)	54,266				OPERATING SUPPORT, NELSON SCHOOL, FARM TO SACK SUPPER, KIDS HELPING KIDS
LADDER COMMUNITY CENTER 266 W M-20 SHELBY,MI 49455	47-2123160		26,054				SUPPORT FOR THE NEW LADDER COMMUNITY CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKE COUNTY COMMUNITY FOUNDATION PO BOX 995 BALDWIN,MI 49304		501(C)(3)	7,142				TO BE DISTRIBUTED TO PROGRAMS THAT NORMALLY WOULD BE SUPPORTED BY THE UNITED WAY
LAKESHORE MUSEUM CENTER 430 W CLAY MUSKEGON,MI 49440	38-1367319	501(C)(3)	120,219				HILT'S LANDING, HACKLEY AND HUME HOME LANDSCAPING, IRON FENCE REPAIR
LAKESIDE UNITED METHODIST CHURCH 2160 CROZIER MUSKEGON,MI 49441		501(C)(3)	12,000				QUARTERLY WITHDRAWAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN STREET NW GRAND RAPIDS,MI 49504	38-2363129	501(C)(3)	24,750				SUPPORT ONGOING OPERATIONS, STAIRWAY AT FLOWER CREEK, BARRIER DUNES PROJECT
LEADER DOGS FOR THE BLIND FOUNDATION 1039 S ROCHESTER RD ROCHESTER HILLS,MI 483073115	38-1366931	501(C)(3)	7,142				GENERAL OPERATING SUPPORT
LEBANON LUTHERAN CHURCH 1101 S MEARS AVENUE WHITEHALL,MI 49461	38-6066217	501(C)(3)	14,461				SUPPORT OF THE LEBANON LUTHERAN CHURCH FOOD PANTRY, GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFE LEARNING COMMUNITY 806 AIRPORT BLVD ANN ARBOR,MI 48108	46-2461358	501(C)(3)	70,000				GENERAL OPERATING EXPENSE
LOVE INC OF MANISTEE COUNTY P O BOX 28 MANISTEE,MI 49660	38-3089903	501(C)(3)	5,000				PURCHASE OF NEW BUILDING
LOVE INC OF MUSKEGON COUNTY 2735 E APPLE AVE MUSKEGON,MI 49442	38-2450507	501(C)(3)	5,200				EMERGENCY NEEDS ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUDINGTON AREA ARTS COUNCIL 107 S HARRISON LUDINGTON, MI 494312109	42-1625326	501(C)(3)	28,500				SPECIAL KIDS PROGRAMS, CAPITAL REPAIRS, PERFORMANCE HALL UPGRADE
LUDINGTON AREA CATHOLIC EDUCATION FOUNDATION 702 E BRYANT ROAD LUDINGTON, MI 49431	38-2932594	501(C)(3)	16,751				ANNUAL DISTRIBUTION TO BE USED FOR GENERAL OPERATING SUPPORT
LUDINGTON AREA SCHOOLS 809 E TINKHAM AVENUE LUDINGTON, MI 49431	38-6002612	501(C)(3)	12,827				TEACHER MINI-GRANTS, YOUTH RESOURCE CENTER, BPA TRIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LUDINGTON ROTARY CLUB PO BOX 149 LUDINGTON,MI 49431			16,640				STRIVE PROGRAM
LUDINGTON YOUTH SAILING SCHOOL 1472 N WASHINGTON AVE LUDINGTON,MI 49431	46-3594743	501(C)(3)	7,500				LUDINGTON YOUTH SAILING SCHOOL (LYSS)
MANISTEE AREA PUBLIC SCHOOLS 550 MAPLE STREET MANISTEE,MI 49660		501(C)(3)	12,930				TEACHER MINI-GRANTS, PAINE AQUATIC CENTER

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MASON COUNTY HISTORICAL SOCIETY INC 1687 S LAKE SHORE DRIVE LUDINGTON,MI 49431	38-1689000	501(C)(3)	5,000				MARITIME MUSEUM PROJECT
MASON COUNTY SHERIFF'S DEPARTMENT 302 N DELIA STREET LUDINGTON,MI 49431			61,410				BOOTS ON THE DOOR FOR MASON COUNTY SCHOOLS
MERCY HEALTH MUSKEGON 1500 E SHERMAN BLVD MUSKEGON,MI 49444	38-2589966	501(C)(3)	386,384				WOMEN FOR HEALTH PROGRAM, GENERAL OPERATIONS, BREAST CANCER CENTER

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MICHIGAN NATURE ASSOCIATION 2310 SCIENCE PARKWAY OKEMOS,MI 48864	38-6093404	501(C)(3)	1,031				GENERAL OPERATING SUPPORT
MICHIGAN TECHNOLOGICAL UNIVERSITY OFFICE OF FINANCIAL AID HOUGHTON,MI 49931		501(C)(3)	6,000				GAUTHIER FAMILY SCHOLARSHIP ENDOWMENT - IN LOVING MEMORY OF BARBARA GAUTHIER
MISSION FOR AREA PEOPLE 2500 JEFFERSON MUSKEGON,MI 49444	38-3220964	501(C)(3)	11,715				MUSIC FOR MEDS PROGRAM, COLOR PRINTERS, HEALTHY FOOD PANTRIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOKA CORPORATION 715 TERRACE STREET MUSKEGON,MI 494401168	38-2227805	501(C)(3)	6,500				APPLIED BEHAVIOR ANALYST (ABA) INFORMED TREATMENT GROUP FOR ADULTS, TOYS FOR YOUTH WITH AUTISM
MONTAGUE AREA PUBLIC SCHOOLS 4882 STANTON BLVD MONTAGUE,MI 49437	38-6002940	501(C)(3)	8,990				TEACHER MINI-GRANTS, ADVISE MI COLLEGE ADVISING
MT ZION CHURCH OF GOD IN CHRIST 188 W MUSKEGON AVENUE MUSKEGON,MI 49440	38-3715411	501(C)(3)	7,000				CLUB 188

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT 630 HARVEY STREET MUSKEGON,MI 494422398	38-1717461	501(C)(3)	6,500				MUSKEGON OPPORTUNITY PROGRAM COSTS
MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT 630 HARVEY STREET MUSKEGON,MI 494422398	38-1717461	501(C)(3)	51,178				READ EARLY READ OFTEN, WINGS LEGO ROBOTICS
MUSKEGON CATHOLIC EDUCATION FOUNDATION 1145 W LAKETON AVE MUSKEGON,MI 49441	23-7019036	501(C)(3)	48,981				STUDENT SCHOLARSHIPS, ATHLETIC PROGRAMS

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MUSKEGON CHARTER TOWNSHIP 1990 APPLE AVENUE MUSKEGON, MI 49442	38-6006915	501(C)(3)	20,000				FRED MEIJER BERRY JUNCTION TRAIL - PHASE II
MUSKEGON CHRISTIAN SCHOOL 1220 EASTGATE MUSKEGON, MI 49442	38-1515402	501(C)(3)	199,658				WHITE FOLDING TABLES, CHROME BOOKS, GENERAL SUPPORT
MUSKEGON CIVIC THEATRE 425 W WESTERN SUITE 401 MUSKEGON, MI 49440	38-2335336	501(C)(3)	54,295				GENERAL OPERATING SUPPORT, MCT TOURS

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MUSKEGON COMMUNITY CONCERT ASSOCIATION 711 RUDDIMAN DRIVE N MUSKEGON,MI 49445	38-2812739	501(C)(3)	7,358				STUDENT CONCERTS
MUSKEGON COMMUNITY HEALTH PROJECT 565 WEST WESTERN AVE MUSKEGON,MI 49440	91-1932918	501(C)(3)	51,610				MUSKEGON AREA LIONS CLUB VISION SERVICES PROGRAM, PATHWAYS TO HEALTHY FUTURES, VOLUNTEER FOR DENTAL CARE PROGRAM
MUSKEGON CONSERVATION DISTRICT 4735 HOLTON ROAD TWIN LAKE,MI 49457	38-2333068	501(C)(3)	6,030				6' ROTARY MOWER FOR MAINTENANCE OF NATIVE WILDFLOWER PLANTINGS, GENERAL OPERATING SUPPORT, IPAD MINI, TOW BEHIND SPRAYER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSKEGON COUNTY COOPERATING CHURCHES 1095 THIRD ST SUITE 10 MUSKEGON,MI 494411976	38-2746797	501(C)(3)	5,300				OUTFITTING MOBILE PANTRY CRIB (TRAILER), FOOD TRUCK
MUSKEGON COUNTY HEALTH DEPARTMENT 209 E APPLE AVENUE MUSKEGON,MI 49442	38-6006063	501(C)(3)	6,500				EAT HEALTHY, MUSKEGON!
MUSKEGON ELKS LODGE #274 513 W PONTALUNA RD MUSKEGON,MI 49444	36-0793011		5,000				ANNUAL DISTRIBUTION OF CHRISTMAS BASKETS

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MUSKEGON ENVIRONMENTAL RESEARCH AND EDUCATION SOCIETY PO BOX 5038 N MUSKEGON,MI 49445	38-3330000	501(C)(3)	36,450				TOWARDS REPAIR OF THE WALKWAY AT THE MUSKEGON LAKE NATURE PRESERVE, EDUCATIONAL MATERIALS, GENERAL OPERATIONS
MUSKEGON FAMILY YMCA PO BOX 1667 MUSKEGON,MI 49443	38-2000172	501(C)(3)	17,300				YOUTH MEMBERSHIPS, ANNUAL SUPPORT
MUSKEGON HEIGHTS HOUSING COMMISSION 615 E HOVEY AVE MUSKEGON,MI 49444	30-0206829	501(C)(3)	9,500				PLAYGROUND

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MUSKEGON HERITAGE ASSOCIATION 561 W WESTERN AVENUE MUSKEGON,MI 494401042	23-7350112	501(C)(3)	13,882				HARDWOOD FLOORING AND TRIM, OUTBOARD MOTOR, STORAGE RACK, DISPLAY CASES
MUSKEGON MUSEUM OF ART 296 W WEBSTER MUSKEGON,MI 49440	38-6002960	501(C)(3)	738,311				GENERAL OPERATING SUPPORT, FESTIVAL OF TREES, PURCHASE ARTWORK, AVIAN AVATAR, IMAGINE CAMPAIGN
MUSKEGON NORTHSIDE LIONS CHARITIES INC 166 ELM COURT MUSKEGON,MI 49445			9,675				VETERAN'S MEMORIAL PARK

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MUSKEGON PUBLIC SCHOOLS 630 HARVEY ST MUSKEGON,MI 49442	38-6002960	501(C)(3)	180,759				POPPEN PROGRAM, TEACHER MINI-GRANTS, FIELD TRIPS, GROWING GOODS
MUSKEGON RESCUE MISSION 1715 PECK STREET MUSKEGON,MI 49441	38-3525239	501(C)(3)	48,190				GENERAL OPERATING SUPPORT, FOOD PROCESSORS, BIBLES, REMODELING FAMILIES CAMPAIGN
NELSON NEIGHBORHOOD IMPROVEMENT ASSOCIATION PO BOX 1224 MUSKEGON,MI 49443	38-1969959	501(C)(3)	20,150				GARDEN & CAR SHOW EXPENSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW ERA CHRISTIAN SCHOOL 1901 S OAK AVENUE NEW ERA, MI 49446	38-1547024	501(C)(3)	59,510				TEACHER MINI-GRANTS, CHRISTIAN LEARNING CENTER NETWORK
NORTH MUSKEGON PUBLIC SCHOOLS 1600 MILLS AVENUE NORTH MUSKEGON, MI 49445		501(C)(3)	17,748				HELMETS FOR THE FOOTBALL PROGRAM, MINI-GRANTS
NORTON SHORES BRANCH OF THE MUSKEGON AREA DISTRICT LIBRARY 705 SEMINOLE MUSKEGON, MI 49441		501(C)(3)	10,248				THE PURCHASE OF BOOKS, GENERAL OPERATING SUPPORT

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NUVEEN COMMUNITY CENTER FOR THE ARTS 106 E COLBY ST WHITEHALL,MI 49461	38-2614596	501(C)(3)	5,000				YOUTH THEATER PROGRAM AND THE SUMMER ART CLASSES
OAK GROVE LUTHERAN SCHOOL 124 N TERRACE FARGO,ND 58102			10,000				BERNSTON FUND WHICH IS HELD BY THE OAK GROVE LUTHERAN SCHOOL
OAKTREE ACADEMY 6498 W DECKER LUDINGTON,MI 49431	46-5611781	501(C)(3)	4,000				GENERAL OPERATING SUPPORT, INDOOR PLAYGROUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OCEANA COUNTY OCEANA COUNTY ADMINISTRATOR HART,MI 49420			50,000				TRAIL REBUILD EXPENSES
OUR LADY OF GRACE CATHOLIC CHURCH 451 S GETTY STREET MUSKEGON,MI 49441		501(C)(3)	10,738				GENERAL OPERATING SUPPORT 1/2 TO THE CHURCH AND 1/2 TO THE WOMEN'S GUILD OF OUR LADY OF GRACE (CHARLENE MATTESON PRES OF GUILD)
PARTIES IN THE PARK INC PO BOX 1461 MUSKEGON,MI 49443	38-3100908	501(C)(3)	80,866				LAKESHORE JAZZ FEST, HACKLEY PARK STAGE

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PHOENIX CONTINUUM 1274 EAST ISABELLA AVENUE MUSKEGON,MI 49442	46-0560058	501(C)(3)	5,000				VICTORIAN GARDEN
PIGEON HILL ALLIANCE 3328 WILCOX AVENUE MUSKEGON,MI 494411095	47-1501048		45,000				INITIAL FUNDING FOR PIGEON HILL ALLIANCE
PIONEER RESOURCES 601 TERRACE ST MUSKEGON,MI 494401192	38-1367329	501(C)(3)	17,892				STIMULATING HEALTHY APPETITES AND MINDS, RECREATION FOR INDIVIDUALS WITH DISABILITIES

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PLEASANT VALLEY COMMUNITY CENTER 3586 GLOVERS LAKE RD ARCADIA,MI 49613	83-0464390	501(C)(3)	5,350				DOOR REPAIRS
POUND BUDDIES ANIMAL SHELTER & ADOPTION CENTER 1300 E KEATING AVENUE MUSKEGON,MI 49442	38-3590598	501(C)(3)	6,500				INDUSTRIAL WASHER AND DRYER, MICROSCOPE
READ MUSKEGON PO BOX 1312 MUSKEGON,MI 494431312	41-2176728	501(C)(3)	13,200				JOB TRAINING AND TESTING BOOKLETS, COOKING CLASS, EXIT PROGRAM

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REETHS PUFFER SCHOOL DISTRICT 991 W GILES ROAD N MUSKEGON, MI 49445	38-1816725	501(C)(3)	7,246				TEACHER MINI-GRANTS, ADOPT-A-READER
RIVERTON FIREFIGHTERS ASSOCIATION INC 4622 S MORTON RD LUDINGTON, MI 49431	38-2679823		8,000				BRUSH TRUCK
ROTARY CLUB OF LUDINGTON CHARITIES PO BOX 149 LUDINGTON, MI 49431	27-4860991	501(C)(3)	29,500				ROTARY CLUB OF LUDINGTON CHARITIES CITY PARK RESTORATION PROJECT

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SANDCASTLES A LAKE MICHIGAN CHILDREN'S MUSEUM 129 E LUDINGTON AVENUE LUDINGTON,MI 49431	35-2340348	501(C)(3)	13,000				BUILDING EXPENSES
SENIOR RESOURCES OF WEST MICHIGAN 560 SEMINOLE RD MUSKEGON,MI 49444	38-2048765	501(C)(3)	12,560				GENERAL OPERATING SUPPORT, HEARING AIDS
SHELBY PUBLIC SCHOOLS 525 N STATE STREET SHELBY,MI 49455	38-6003167	501(C)(3)	13,061				TEACHER MINI-GRANTS, ASPIRE PROGRAM

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SOUTHSIDE VINEYARD CHRISTIAN FELLOWSHIP 1040 26TH STREET SW GRAND RAPIDS,MI 49509	38-2904463	501(C)(3)	12,000				GENERAL OPERATING SUPPORT
SPECTRUM HEALTH LUDINGTON HOSPITAL ONE ATKINSON DR LUDINGTON,MI 49431	38-1359266	501(C)(3)	11,000				WIN WITH WELLNESS FIT CLUB
SPECTRUM HEALTH LUDINGTON HOSPITAL FOUNDATION ONE ATKINSON DR LUDINGTON,MI 49431			7,317				FOUNDER'S SOCEITY

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ST CATHERINE'S CHURCH 3376 THOMAS STREET RAVENNA,MI 49451		501(C)(3)	24,349				ST CATHERINE'S LIGHTING PROJECT, ST CATHERINE SCHOOL
ST JAMES CATHOLIC CHURCH 5179 DOWLING MONTAGUE,MI 49437		501(C)(3)	289,405				MAINTENANCE AND UPKEEP OF ST JOHNS CEMETERY IN CLAYBANKS TOWNSHIP, EXPANSION OF MULTIPURPOSE ROOM
ST MICHAEL THE ARCHANGEL CATHOLIC CHURCH 1716 SIXTH STREET MUSKEGON,MI 49441		501(C)(3)	29,751				TO BE USED AS THE ST MICHAEL'S PARISH COUNCIL SEES FIT

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SUMMIT TOWNSHIP 4560 W ANTHONY RD LUDINGTON, MI 49431	38-2078182		5,000				WALKWAY AT SUMMIT PARK AND PICNIC TABLES
TEMPLE UNITED METHODIST CHURCH 2500 JEFFERSON MUSKEGON HTS, MI 49444		501(C)(3)	7,100				PATHFINDER PROGRAM, NEW BOILER, YOUNG EDUCATED AFRICAN AMERICANS REALIZING AND REACHING SUCCESS
THE ARC MUSKEGON 601 TERRACE ST MUSKEGON, MI 494401192	38-1586705	501(C)(3)	65,193				GENERAL OPERATING SUPPORT, REPRESENTATIVE PAYEE SERVICES, CAMPERSHIPS FOR THE DISABLED

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THE HENRY FORD 20900 OAKWOOD BLVD DEARBORN,MI 48124	38-1359513	501(C)(3)	7,500				GENERAL OPERATING SUPPORT
THE LITTLE RED HOUSE INC 311 E EXCHANGE ST SPRING LAKE,MI 49456	35-2119160	501(C)(3)	11,350				LAUNDRY CART, BUILDING EXPANSION
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY LIVONIA,MI 48152	38-3321856	501(C)(3)	22,311				USED TO SUPPORT PROGRAMS AND PROJECTS THAT BENEFIT MUSKEGON COUNTY RESIDENTS

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UNITED WAY OF MASON COUNTY 108 S RATH AVE SUITE 201 LUDINGTON,MI 49431	38-2943115	501(C)(3)	1,000				GENERAL OPERATING SUPPORT, LAKESHORE EMPLOYEE RESOURCE NETWORK
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON,MI 494430207	38-1426895	501(C)(3)	98,094				BUILDING CAMPAIGN, IMAGINATION LIBRARY, MICHIGAN EDUCATION CORPS PREK PROGRAM
VILLAGE OF RAVENNA 12090 CROCKERY CREEK DRIVE RAVENNA,MI 49451		501(C)(3)	18,367				ICE RINK PROJECT

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WEST MICHIGAN CONCERT WINDS PO BOX 1317 MUSKEGON,MI 49443	38-2370939	501(C)(3)	6,450				MUSICAL MILESTONES, SCHOLARSHIPS, CONCERTS
WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL 1007 LAKE DRIVE SE GRAND RAPIDS,MI 49503	23-7128379	501(C)(3)	6,700				MUSKEGON COUNTY RECYCLING PLANNING, ZERO WASTE PROGRAM
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE MUSKEGON,MI 49440	38-6092131	501(C)(3)	36,766				GENERAL OPERATING SUPPORT, BLOCK SPONSOR, WEST MICHIGAN SYMPHONY CHILDREN'S CHOIR

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WEST MICHIGAN TEAM PO BOX 68553 GRAND RAPIDS,MI 495168553	20-8873170	501(C)(3)	3,000				WORKFORCE SUPPORT AND DEVELOPMENT
WEST MICHIGAN VETERANS INC 165 EAST APPLE AVENUE MUSKEGON,MI 49442	38-3036621	501(C)(3)	10,982				VETERAN'S MEMORIAL PARK
WEST SHORE COMMUNITY COLLEGE FOUNDATION 3000 N STILES ROAD BOX 277 SCOTTVILLE,MI 49454	23-7128810	501(C)(3)	9,142				GENERAL OPERATING SUPPORT

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WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL 455 E ELLIS RD MUSKEGON,MI 49441	38-3488222	501(C)(3)	20,774				TEACHER MINI-GRANTS, GENERAL OPERATIONS
WHITE LAKE CHAMBER OF COMMERCE 124 W HANSON WHITEHALL,MI 49461	38-1948640	501(C)(3)	6,850				RENOVATION TO BUILDING, WHITE LAKE VISIONING
WHITE RIVER TOWNSHIP 7386 POST ROAD MONTAGUE,MI 49437	38-2533815	501(C)(3)	43,624				LIFE RINGS, BARRIER DUNE SANCTUARY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHITEHALL DISTRICT SCHOOLS 541 SLOCUM STREET WHITEHALL,MI 49461	38-2503241	501(C)(3)	64,064				TEACHER MINI-GRANTS, MONTAGUE/WHITEHALL SCHOOL MEALS TRANSFORMATION
YMCA CAMP PENDALOUAN 1243 FRUITVALE RD MONTAGUE,MI 494379540	38-2000172	501(C)(3)	91,881				ANGEL TREE CAMPERSHIPS, CAPITAL IMPROVEMENTS

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I 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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax 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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I Types of Property

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

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

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	INVESTMENT SECURITIES ARE HELD AT AN UNRELATED BROKERAGE FIRM CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE RECEIVED AND SOLD VIA THIS 3RD PARTY

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

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 WHI CH 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 AL L EMPLOYEES UTILIZING COMPARABILITY DATA FROM THIRD PARTY SOURCES FOR PURPOSES OF RECOMMEN DING TO THE BOARD ANY COMPENSATION ADJUSTMENTS
FORM 990, PART VI, SECTION C, LINE 19	INFORMATION REGARDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATE MENTS OF THE ORGANIZATION IS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	FUNDS HELD AS COMMUNITY SERVICE - NET INCREASE IN ASSETS -1,766,652 SMASH WINE BAR NET CH ANGE IN ASSETS -100,706 CHANGE IN VALUE OF CHARITABLE LEAD TRUST 12,466 RENTAL EXPENSES - WESTERN AVENUE PROPERTIES -99,189
PART XI, LINE 2C	THE AUDIT COMMITTEE OF THE FOUNDATION IS RESPONSIBLE FOR OVERSIGHT OF THE FINANCIAL STATEM ENT 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

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Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MORRIS STREET LLC 425 W WESTERN AVENUE SUITE 200 MUSKEGON, MI 49440	REAL PROPERTY OWNERSHIP	MI	0	2,316,812	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
DOWNTOWN MUSKEGON DEVELOPMENT **(1)**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			34 920 %		No
(2)PKT TWELVE INC 425 W WESTERN AVENUE SUITE 200 MUSKEGON, MI 494401101 38-3272951	RESTAURANT AND WINE BAR	MI		C			100 000 %		No

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

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

		Yes	No
1	During the tax year, did the 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, or**(iv)**rent from a controlled entity	1a	No
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	Yes
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PKT TWELVE INC DBA SMASH WINE BAR AND BISTRO	D		

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	

Part VII Supplemental Information

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

Return Reference	Explanation