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# Form 990-PF

### Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. Internal Revenue Service For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number 38-3211370 SHUBECK MONSOUR FOUNDATION Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 1500 LONG ROAD 269-343-1452 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here KALAMAZOO, MI 49008-1322 Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 664,687. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses Part I (b) Net investment (c) Adjusted net (a) Revenue and (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income income 12,000 N/A Contributions, gifts, grants, etc., received If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3. 3 STATEMENT 11,319. 11,319. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a n. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances MAY b Less Cost of goods sold c Gross profit or (loss) ٦٤٠ 11 Other income ŗ.... 23,322 322 12 Total Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 1,375 0. STMT 3 0. **b** Accounting fees c Other professional fees Administrative 17 Interest 419. 87. 18 Taxes STMT 4 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 170 150 20. Operating 23 Other expenses 24 Total operating and administrative <u>1,9</u>64 237 expenses. Add lines 13 through 23 20. 26,150. 25 Contributions, gifts, grants paid 26,150. 26 Total expenses and disbursements. 28,114 237 26,170. Add lines 24 and 25 27 Subtract line 26 from line 12: <u>-4,7</u>92

11,085.

N/A

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

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Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)		see in			ns)
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			2	22.
	of Part I, line 27b					<del></del>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			2	22.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2	22.
	Credits/Payments:					
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8	·			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2	<u>22.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	L		Yes	
	any political campaign?		L	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		Ļ	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					l
	Did the foundation file Form 1120-POL for this year?		Ļ	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	1		l
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					l
	managers. ▶ \$					7.7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	2		<u> </u>
_	If "Yes," attach a detailed description of the activities	_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	ī		,		v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		}	3 4a		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N	/a	4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14 /	<b>^^</b>	5		X
Đ	If "Yes," attach the statement required by General Instruction T.			•		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					l
Ū	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	law				
	remain in the governing instrument?			6	X	l
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	,		7	Х	
•	big the foundation have at least oppose in accordance at any mine acting the year.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	MI					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				_ <del></del>
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		L	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
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X

2b

3b

4a

Yes X No

N/A

statement - see instructions.)

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Part VII-B   Statements Regarding Activities for Which F		Required (contin	<u>36-34113</u> ued)	70 Page (
5a During the year did the foundation pay or incur any amount to:				T 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	` ''			
any voter registration drive?	• , •		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Ye	s X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?		Ye	s X No	\ \ \
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□□□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it maintai	ined		
expenditure responsibility for the grant?	N	I/A 🛄 Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		☐ Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u></u>	Sb X
If "Yes" to 6b, file Form 8870.				1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	es 🗶 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their	compensation		<del></del>	<del></del> -
List all Officers, directors, a distees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Eynense
(a) Name and address	hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
MICHAEL B. SHUBECK	to position DIRECTOR	`enter'-0-)	compensation	allowances
1500 LONG ROAD	DIRECTOR			
KALAMAZOO, MI 49008	0.50	0.	0.	0.
	DIRECTOR	- 0.		
1500 LONG ROAD	DIRECTOR			
KALAMAZOO, MI 49008	0.50	0.	о.	0.
	DIRECTOR	· ·		
1500 LONG ROAD		]		
KALAMAZOO, MI 49008	0.10	0.	0.	0.
141111111111111111111111111111111111111	0.20			
		Į i	ŀ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		i i		
		-		
		}		
		}	1	
Total number of other employees paid over \$50,000			<b>.</b>	0

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
• (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
•		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc.	LAPCHISES
1 <u>N/A</u>		
2		
	~ <del>-</del>	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.	Į.	
3		
Total. Add lines 1 through 3		0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	indations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
	Average monthly fair market value of securities	1a	604,698.
	Average of monthly cash balances	1b	17,926.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	622,624.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	622,624.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,339.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	613,285.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	30,664.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	30,664.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	7 )	
	Add lines 2a and 2b	2c	222.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,442.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	30,442.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	30,442.
_	art XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		26 170
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> 26,170.</u>
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:	0-	
a	Suitability test (prior IRS approval required)	3a	<del></del>
	Cash distribution test (attach the required schedule)	3b	26 170
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	26,170.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,170.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	quannes for th	e section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				30,442.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only			26,063.	
<b>b</b> Total for prior years:		0		
3 Excess distributions carryover, if any, to 2016:		0.		
a From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013			1	
<b>d</b> From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 26,170.				
a Applied to 2015, but not more than line 2a			26,063.	
<b>b</b> Applied to undistributed income of prior			Ì	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			<del></del>
d Applied to 2016 distributable amount		7,		107.
e Remaining amount distributed out of corpus	0.	····		
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				· ·-··
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				30,335.
7 Amounts treated as distributions out of		-		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	l			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017				
Subtract lines 7 and 8 from line 6a	0.			····
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				
823581 11-23-18				Form <b>990-PF</b> (2016)

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Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	<u>N/A</u>	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo		<del>-</del>	<b>▶</b>		
<b>b</b> Check box to indicate whether the foun		ng foundation described		4942(j)(3) or49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	45,0046	Prior 3 years	(4) 0040	/.x=
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed			<del></del>	<del> </del>	·
<b>b</b> 85% of line 2a		<u> </u>	ļ <u>.</u>	<del> </del>	
c Qualifying distributions from Part XII,				Į,	
line 4 for each year listed			<del></del>	ļ	<del></del>
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly			<del></del>	<u> </u>	J
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					· <del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	}				
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					I
(3) Largest amount of support from	-				
an exempt organization					ļ
(4) Gross investment income	<u> </u>		<u> </u>		
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
1 Information Regarding Foundation	on Managers:		•		
a List any managers of the foundation will year (but only if they have contributed			tributions received by the	e foundation before the clos	e of any tax
SEE STATEMENT 8					····
b List any managers of the foundation when the control of which the foundation has a second control of the c			(or an equally large porti	on of the ownership of a pa	ırtnership or
NONE	·		<del></del>		
2 Information Regarding Contribution Check here ► if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ omplete items 2a, b, c, and	
a The name, address, and telephone num	<del></del>	<del></del>			
<u></u>					
SEE STATEMENT 9					<del></del>
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					-
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	
•		•	•		

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year ACLU FUND OF MICHIGAN NONE PUBLIC CHARITY GENERAL 2966 WOODWARD AVE DETROIT MI 48201 4,000. EASTER SEALS NONE PUBLIC CHARITY GENERAL PO BOX 230319 GRAND RAPIDS MI 49523 1,000, FAMILY AND CHILDREN SERVICES NONE PUBLIC CHARITY GENERAL 1608 LAKE STREET KALAMAZOO, MI 49001 2,000. NONE PUBLIC CHARITY GENERAL FATHER FRED FOUNDATION 821 HASTINGS TRAVERSE CITY, MI 49686 1,000. PUBLIC CHARITY GENERAL GOOD SAMARITAN FAMILY SERVICES NONE P.O. BOX 206 2 000 ELLSWORTH MI 49729 SEE CONTINUATION SHEET(S) <u>Total</u> ▶ 3a 26 150. b Approved for future payment NONE <u> 3b</u> Total

### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded b	y section 512, 513, or 514	(a)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a			1 5550		
b	1 1				
c					
d					
e					
f	.				
g Fees and contracts from government agencies	-	<del></del>			<del></del>
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash			1 4	,	
Investments  4 Developed and interest from accounting	<del> </del>		14	3. 11,319.	<del></del>
<ul><li>4 Dividends and interest from securities</li><li>5 Net rental income or (loss) from real estate:</li></ul>	<del> </del>		<u> </u>	11,319.	
a Debt-financed property	<del> </del>		<del>  -</del>	·	<del></del>
b Not debt-financed property	<del> </del>		<del>                                     </del>		<del></del>
6 Net rental income or (loss) from personal	<del> </del>		<del>  -</del>		
property	}				
7 Other investment income					
8 Gain or (loss) from sales of assets other					<del> </del>
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1		1		
a					<del> </del>
b	-				
C					
d		<del></del>	<del>  -</del> -		
e	·	0	<del></del>	11,322.	
12 Subtotal Add columns (b), (d), and (e)			•		<u>0.</u> 11,322.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	11,344.
	A				
Part XVI-B Relationship of Activities	to the Accon	iplishment of b	exempt P	urposes	
Line No. Explain below how each activity for which inc	ome is reported in o	column (e) of Part XVI	-A contributed	importantly to the accom-	plishment of
the foundation's exempt purposes (other than					
					<del></del>
					<del></del>
					<del></del>
					<del></del>
					<del></del>
	<del></del>				
<del></del>	<del></del>				<del></del>
			<del>.</del> .		
		<del></del>			
			<del></del>		
		···			
			_		

16) SHUBECK MONSOUR FOUNDATION 38-3211370
Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2016)
Part XVII in

	•			g with any other organization		011 50 1(0) 01		162	140
	•			7, relating to political organi	izations?				
a Transfers	from the reporting founda	ation to a noncharitab	le exempt org	anization of:					
(1) Cash							1a(1)		X
(2) Other	r assets						1a(2)		X
<b>b</b> Other tran	nsactions:								ĺ
(1) Sales	s of assets to a noncharital	ble exempt organizati	on				1b(1)		_ X
(2) Purc	hases of assets from a nor	ncharitable exempt or	ganization				1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
• •	bursement arrangements						1b(4)		X
	s or loan guarantees						1b(5)		X
• •	ormance of services or me	mhershin or fundrais	ina solicitatioi	ns			1b(6)		X
	of facilities, equipment, ma						1c		X X X X X
				dule. Column (b) should alv	vavs show the fair m	narket value of the goods		ets.	
				ed less than fair market valu				,	
	<b>d)</b> the value of the goods,			o 1000 than ian market valu	o in any transaction	or onaring arrangement	, 5.1.511		
(a) Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, ar	d sharing an		nte
La J Elille III	(b) Alliount involved	(6) (10)	N/A	Oxompt organization	(G) Description	or autororo, autouctiono, a	2 3/12/1/9 2/1	angeme	
<u> </u>			M/A		<del> </del>				
		<del> </del>							
		<del></del>							
		<del></del>							
		ļ			-				
	<del> </del>					<del></del>			
		<u> </u>	·						
			·· ·						
•									
			•						
1							<u> </u>		
2a Is the for	indation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
	n 501(c) of the Code (othe						Yes	X	No
	complete the following sch		(0), 0 000.						
<u>u</u> 11 165, C	(a) Name of org	- de-de		(b) Type of organization		(c) Description of relation	 1ship		
	N/A	Jan Lation	-	(b) type of a gameston	·	(-)			
	IN/A								
						·····	<del></del>		
			<del></del>						
					statements, and to the	best of my knowledge -			
				ig accompanying schedules and n taxpayer) is based on all inform		. baa aay lunaydadaa	May the IRS of eturn with the	discuss t	his
Sign Here	7.1.1	011	<i>r</i> .	1-1.1.	1000	Š	hown below	(see ins	tr )?
	Muhat	sine	<u></u>	3 ///	D+1100	<u> </u>	X Yes		J No I
Sıç	inature of officer or trustee		<del> </del>	Daté	Title				
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTII	1		
			1	1-1	5/2/17	self- employed			
Paid		LOR	Mmy 1	L/m/			00630		
Preparer	Firm's name ► JAM	MES & SPRI	NGGATE	PLC		Firm's EIN ► 38 –	32130	32	
Use Only	<i>'</i>								
	Firm's address ▶ 49	0 WEST SO	UTH ST	REET					
		ALAMAZOO,				Phone no. 269-	<u> 384</u> -0	219	
	· · · · · · · · · · · · · · · · · · ·						Form <b>990</b>		(2016)

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

OMB No 1545-0047

Name of the organization

**Employer identification number** 

. SH	. SHUBECK MONSOUR FOUNDATION 38-3211370					
Organization type (check or	ue)·					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule  filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling					
property) from any	one contributor. Complete Parts I and II See instructions for determining a contributor	s total contributions				
Special Rules						
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r., during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour line 1 Complete Parts I and II	or 16b, and that received from				
year, total contribut	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

# SHUBECK MONSOUR FOUNDATION

38-3211370

Part I	Contributors (See instructions) Use duplicate copies of Part I if additi	ional space is needed	
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL SHUBECK & NANCY MONSOUR  1500 LONG ROAD  KALAMAZOO, MI 49008	\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_   \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Payroll Noncash Complete Part II for noncash contributions )

Employer identification number

## SHUBECK MONSOUR FOUNDATION

38-3211370

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

Employer identification number

	CK MONSOUR FOUNDATION		<del></del>	38-3211370				
Part III	Exclusively religious, charitable, etc., contributer. Complete contributor.	plumns (a) through (e) and the follow	ving line entry, For organization	18				
	completing Part III, enter the total of exclusively religious  Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once	e) ►\$				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
			]					
		(e) Transfer of gift						
		(e) Transier of gin	•					
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee				
				<del></del>				
·								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		<del></del>		······································				
	(e) Transfer of gift							
		(c) Transfer or give	•					
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee				
			····					
(a) No.		4						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		<u></u>	——       —————					
		(e) Transfer of gift						
	(o) includior of girt							
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee				
			<del></del>					
			<del></del>					
				·				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dees	ription of how gift is held				
Part I	(b) Furpose of gift	(c) Ose of gift	(u) Desc	eription of now gift is field				
<del></del>								
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee				
			<del></del>					

3 Grants and Contributions Paid During the	<del></del>	<del></del>		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
TRATE COLORDITAL	NOVE			
ERITAGE COMMUNITY 400 PORTAGE ST	NONE	PUBLIC CHARITY	GENERAL	
ALAMAZOO MI 49001				500
ALAMAZOO, MI 49001		<del>  -</del> -	, , , , , , , , , , , , , , , , , , , ,	500
INTERLOCHEN PUBLIC RADIO	NONE	PUBLIC CHARITY	GENERAL	
P.O. BOX 199				
NTERLOCHEN MI 49643				500
		}		
JOAVES AND FISHES	NONE	PUBLIC CHARITY	GENERAL	
01 PORTAGE ST				
ALAMAZOO MI 49001	<del>-  </del>	<del> </del>		3,000
MICHIGAN PUBLIC RADIO	NONE	PUBLIC CHARITY	GENERAL	
003 STATE STREET				
INN ARBOR, MI 48109				500
ALVATION ARMY	NONE	PUBLIC CHARITY	GENERAL	
.700 S BURDICK ST				
KALAMAZOO, MI 49001	<del></del>	<del></del>		2,000
THE GILMORE	NONE	PUBLIC CHARITY	GENERAL	<u>:</u>
359 SOUTH KALAMAZOO MALL SUITE 101			1	
KALAMAZOO, MI 49007		<u> </u>		3,000
•				
VMU FUND	NONE	PUBLIC CHARITY	GENERAL	
1902 W MICHIGAN AVE				
CALAMAZOO, MI 49008				5,000
NATERSHED COUNCIL	NONE	PUBLIC CHARITY	GENERAL	
126 BAY ST				
PETOSKEY, MI 49770				50
ANINE CAMPANION	NONE	PUBLIC CHARITY	GENERAL	
965 DUTTON AVE				
ANTA ROSA, CA 95407		-		1,000
PARKS FOUNDATION	NONE	PUBLIC CHARITY	GENERAL	
PO BOX 50467	[			
KALAMAZOO, MI 49048			<u> </u>	600
Total from continuation sheets				16,150

FORM 990-PF INTEREST	ON SAVII	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE		(A REVEI PER BO	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
MERRILL LYNCH			3.	3.		
TOTAL TO PART I, LINE	E 3		3.	3.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SE	CURITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENU	(B) E NET INVES KS MENT INCO		
MERRILL LYNCH	11,319	•	0. 11,3	19. 11,31	.9.	
TO PART I, LINE 4	11,319		0. 11,3	19. 11,31	.9.	
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
ACCOUNTING FEES	_	1,375.		0.	0.	
TO FORM 990-PF, PG 1,	LN 16B	1,375.		0.	0.	
FORM 990-PF		TAXES			STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		<del>-</del>	
EXCISE TAXES FOREIGN TAXES		332. 87.		0. 7.	0.	
TO FORM 990-PF, PG 1,	. LN 18	419.	8	7 <b>.</b>	0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
MICHIGAN ANNUAL REPORT INVESTMENT FEE	20. 150.		0. 150.		:	20
TO FORM 990-PF, PG 1, LN 23	170.		150.			20.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKET	Г
EXXON MOBIL CORP I SHARES MSCI EAFE INDEX FUND JP MORGAN CHASE JOHNSON & JOHNSON KAYNE ANDERSON MLP POWERSHARES QQQ TR UNITS SER FIDUCIARY/CLAY MLP OPP PPTY E VANGUARD DIVIDEND APPRECIATION	1 FD			7,402. 38,440. 21,915. 25,113. 52,807. 9,964. 26,991. 21,523.	18,53 41,2 47,49 56,49 45,73 23,69 23,49	77 . 59 . 53 . 96 . 52 .
TOTAL TO FORM 990-PF, PART II, LINE 10B			204,155.		303,43	31
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	•
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKET	г
S&P DEPOSITORY RECEIPTS MIDCAP SPDR TRUST SER 1	<del></del>	COST		55,239. 61,063.	158,93 191,59	
TOTAL TO FORM 990-PF, PART II	I, LINE 13			116,302.	350,52	 28

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

8

NAME OF MANAGER

MICHAEL B. SHUBECK NANCY A. MONSOUR EMILY SHUBECK

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MICHAEL SHUBECK & NANCY MONSOUR 1500 LONG ROAD KALAMAZOO, MI 49008

TELEPHONE NUMBER

269-343-1452

FORM AND CONTENT OF APPLICATIONS

NOT SPECIFIED

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

TO PROVIDE FINANCIAL SUPPORT TO EXEMPT ORGANIZATIONS THAT PROVIDE SERVICES AND SPONSOR PROGRAMS WHICH ADDRESS THE NEEDS AND ENHANCE THE WELL BEING OF PEOPLE WHO LIVE IN WESTERN MICHIGAN.