

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493274003230

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 04-01-2019 , and ending 03-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BATTLE CREEK COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
32 W MICHIGAN AVE STE 1

City or town, state or province, country, and ZIP or foreign postal code
BATTLE CREEK, MI 49017

D Employer identification number

38-2045459

E Telephone number

(269) 962-2181

F Name and address of principal officer:
BRENDA L HUNT
32 W MICHIGAN AVE STE 1
BATTLE CREEK, MI 49017

G Gross receipts \$ 23,209,669

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.BCCFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1974

M State of legal domicile: MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
WE PROMOTE GIVING, BUILD ENDOWMENT, AND PROVIDE LEADERSHIP TO IMPROVE QUALITY OF LIFE.

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 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 95

6 Total number of volunteers (estimate if necessary) 6 250

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 5,609,079 4,025,575

9 Program service revenue (Part VIII, line 2g) 1,871,031 1,301,629

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,409,423 2,537,646

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95,982 150,764

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,985,515 8,015,614

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 8,395,845 6,186,865

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) 2,504,750 2,626,954

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶24,639

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 5,061,239 6,079,930

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 15,961,834 14,893,749

19 Revenue less expenses. Subtract line 18 from line 12 -5,976,319 -6,878,135

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 126,755,188 108,909,294

21 Total liabilities (Part X, line 26) 17,387,108 17,008,877

22 Net assets or fund balances. Subtract line 21 from line 20 109,368,080 91,900,417

Part II Signature Block

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

Sign Here

Signature of officer
BRENDA L HUNT PRESIDENT AND CEO
Type or print name and title

2020-09-30
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ REHMANN ROBSON LLC
Firm's address ▶ 2330 EAST PARIS AVE SE
GRAND RAPIDS, MI 49546

Preparer's signature
Date 2020-09-24
Check ☐ if self-employed
PTIN P00066715
Firm's EIN ▶ 38-3567911
Phone no. (616) 975-4100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

WE PROMOTE GIVING, BUILD ENDOWMENT, AND PROVIDE LEADERSHIP TO IMPROVE QUALITY OF LIFE.

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 \$ 6,186,865 including grants of \$ 6,186,865) (Revenue \$)
See Additional Data	

4b	(Code:) (Expenses \$ 6,344,067 including grants of \$) (Revenue \$ 1,301,629)
See Additional Data	

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-----------	--

4d	Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)	

4e	Total program service expenses ▶ 12,530,932
-----------	--

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	No
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 Yes	
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 Yes	
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	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		No
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 ComplianceCheck 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	208	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 95				
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			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					
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		
9 Sponsoring organizations maintaining donor advised funds.					
a 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?					
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? <i>If "No," provide an explanation in Schedule O</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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	14	
	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	14	
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-A 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:
▶BRENDA L HUNT 32 W MICHIGAN AVE STE 1 BATTLE CREEK, MI 49017 (269) 962-2181

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.

See instructions for the order in which to list the persons above.

☐ 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) ALLISON K GRAHAM TRUSTEE	1.00	X						0	0	0
(2) BRIAN COLEMAN TRUSTEE	1.00	X						0	0	0
(3) DANIEL GRAHAM TRUSTEE	1.00	X						0	0	0
(4) DOROTHY MCCLENDON VICE CHAIR	1.00	X		X				0	0	0
(5) ELISHAE S JOHNSON 2ND VICE CHAIR	1.00	X		X				0	0	0
(6) HUNTER KING TRUSTEE	1.00	X						0	0	0
(7) JAMES L TREADWELL TREASURER	1.00	X		X				0	0	0
(8) JOE MILLER MEMBER AT LARGE	1.00	X						0	0	0
(9) LINDA A MORRISON TRUSTEE	1.00	X						0	0	0
(10) LINDA M WENDT TRUSTEE	1.00	X						0	0	0
(11) PATRICK A HORAN CHAIR	1.00	X		X				0	0	0
(12) PRESTON HICKS SECRETARY	1.00	X		X				0	0	0
(13) STANLEY HORN TRUSTEE	1.00	X						0	0	0
(14) THERESA L DAWSON TRUSTEE	1.00	X						0	0	0
(15) ANNETTE CHAPMAN VP GRANTMAKING AND SCHOLAR	40.00			X				119,203	0	18,245
(16) BRENDA L HUNT PRESIDENT/CEO	40.00			X				196,853	0	21,876
(17) ABBY GREEN DIRECTOR OF FINANCE	1.00 40.00					X		112,628	0	20,395

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			
(18) THOMAS CROTHERS FORMER VP FINANCE AND INVESTMENTS	40.00						X	123,817	0	13,806
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								552,501	0	74,322

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 ► **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
KRISTEN TENNY, 609 N KALAMAZOO AVE MARSHALL, MI 49068	EARLY CHILDHOOD STAFF TRAINER	109,406

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**

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c	90,416									
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	3,935,159									
	g Noncash contributions included in lines 1a - 1f:\$		1g	231,916									
	h Total. Add lines 1a-1f		4,025,575										
Program Service Revenue	2a COMMUNITY BASED EDUCATION		Business Code	900099		1,265,543		1,265,543					
	b FUND MANAGEMENT FEES		561000		33,116		33,116						
	c SENIOR CENTER MEMBERSHIP		900099		2,970		2,970						
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		1,301,629										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					2,336,382				2,336,382			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	108,158									
	b Less: rental expenses		6b	0									
	c Rental income or (loss)		6c	108,158									
	d Net rental income or (loss)				108,158				108,158				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	15,343,591									
	b Less: cost or other basis and sales expenses		7b	15,142,327									
	c Gain or (loss)		7c	201,264									
	d Net gain or (loss)				201,264				201,264				
	8a Gross income from fundraising events (not including \$ 90,416 of contributions reported on line 1c). See Part IV, line 18		8a	94,334									
	b Less: direct expenses		8b	51,728									
	c Net income or (loss) from fundraising events				42,606				42,606				
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d													
12 Total revenue. See instructions					8,015,614		1,301,629		0				
									2,688,410				

Form 990 (2019)

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	5,026,217	5,026,217		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,160,648	1,160,648		
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	598,554		598,554	
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	1,576,509	756,610	819,899	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	53,214	21,998	31,216	
9 Other employee benefits	221,608	102,860	118,748	
10 Payroll taxes	177,069	67,354	109,715	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	139,432	139,432		
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)	2,608,915	2,524,014	84,901	
12 Advertising and promotion	296,276	203,441	92,835	
13 Office expenses	189,188	92,801	96,387	
14 Information technology	105,647	34,012	71,635	
15 Royalties				
16 Occupancy	321,554	204,204	117,350	
17 Travel	90,560	79,034	11,526	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,081	37,785	18,296	
20 Interest	12,351	12,351		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	228,246	227,048	1,198	
23 Insurance	122,638	63,522	59,116	
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 PROGRAMS	630,504	630,504		
b MAINTENANCE	394,167	380,102	14,065	
c SPECIAL EVENTS	188,475	188,475		
d CONTRACT SERVICES	185,174	185,174		
e All other expenses	510,722	393,346	92,737	24,639
25 Total functional expenses. Add lines 1 through 24e	14,893,749	12,530,932	2,338,178	24,639
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		544,595	1	1,913,615	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		6,434,830	3	3,368,699	
	4	Accounts receivable, net		750,293	4	6,433	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7	805,740	
	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	3,505,518			
	b	Less: accumulated depreciation	10b	1,203,032	2,600,373	10c	2,302,486
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		116,052,115	12	100,261,426	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		372,982	15	250,895	
16	Total assets. Add lines 1 through 15 (must equal line 34)		126,755,188	16	108,909,294		
Liabilities	17	Accounts payable and accrued expenses		340,580	17	784,253	
	18	Grants payable		2,429,533	18	2,509,596	
	19	Deferred revenue		550,918	19	540,815	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		14,066,077	21	11,080,674	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23	593,438	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	1,500,101	
	26	Total liabilities. Add lines 17 through 25		17,387,108	26	17,008,877	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		88,348,295	27	77,476,962	
	28	Net assets with donor restrictions		21,019,785	28	14,423,455	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		109,368,080	32	91,900,417		
33	Total liabilities and net assets/fund balances		126,755,188	33	108,909,294		

Part XI Reconciliation of Net AssetsCheck 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	8,015,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,893,749
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,878,135
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,368,080
5	Net unrealized gains (losses) on investments	5	-10,465,570
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	-123,958
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,900,417

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID:

Software Version:

EIN: 38-2045459

Name: BATTLE CREEK COMMUNITY FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

GRANTMAKING AND SCHOLARSHIPS TO SUPPORT EDUCATION, HEALTH AND LIVABLE COMMUNITIES IN THE BATTLE CREEK, MI AREA

Form 990, Part III, Line 4b:

PROGRAM EXPENSES, SCHOLARSHIPS AND SPECIAL PROJECTS GEARED TOWARD COMMUNITY EDUCATION, YOUTH AND OTHER COLLABORATIVE EFFORTS

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number
38-2045459

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,379,985	6,111,723	12,572,450	5,609,079	4,025,575	32,698,812
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	4,379,985	6,111,723	12,572,450	5,609,079	4,025,575	32,698,812
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) . . .						10,928,633
6 Public support. Subtract line 5 from line 4.						21,770,179

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	4,379,985	6,111,723	12,572,450	5,609,079	4,025,575	32,698,812
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,354,487	1,853,971	2,799,456	653,305	2,645,804	9,307,023
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.). . . .	19,792	75,981	64,018		94,334	254,125
11 Total support. Add lines 7 through 10						42,259,960
12 Gross receipts from related activities, etc. (see instructions)					12	3,476,652
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 2019 (line 6, column (f) divided by line 11, column (f))	14	51.510 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	45.420 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

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)		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 38-2045459
Name: BATTLE CREEK COMMUNITY FOUNDATION

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493274003230

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number
38-2045459

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	90	
2 Aggregate value of contributions to (during year)	811,759	
3 Aggregate value of grants from (during year)	794,208	
4 Aggregate value at end of year	17,551	

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 7/25/06, 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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	99,697,743	99,957,848	95,814,791	90,412,650	96,887,186
b Contributions	1,471,388	265,551	2,011,439	1,486,111	1,616,797
c Net investment earnings, gains, and losses	-7,402,959	4,192,804	9,020,282	10,606,625	-1,519,256
d Grants or scholarships	6,186,865	4,718,460	6,888,664	6,690,595	6,572,077
e Other expenditures for facilities and programs					
f Administrative expenses	493,125				
g End of year balance	87,086,182	99,697,743	99,957,848	95,814,791	90,412,650

2

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

a

Board designated or quasi-endowment ▶ 88.000 %

b

Permanent endowment ▶ 12.000 %

c

Temporarily restricted endowment ▶

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:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,301,653	711,251	1,590,402
c Leasehold improvements				
d Equipment		1,203,865	491,781	712,084
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,302,486

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OTHER INVESTMENTS	100,261,426	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	100,261,426	

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,500,101

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-2045459
Name: BATTLE CREEK COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT CHARITABLE ACTIVITIES IN THE GREATER BATTLE CREEK, MICHIGAN AREA.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986. THEY HAVE BEEN CLASSIFIED AS FOUNDATIONS WHICH ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRC. THE FOUNDATION ANALYZES ITS FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS (FISCAL 2017 THROUGH 2020) IN THESE JURISDICTIONS TO IDENTIFY POTENTIAL UNCERTAIN TAX POSITIONS. THE FOUNDATION TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS GENERAL OPERATING EXPENSES. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE COMBINING FINANCIAL STATEMENTS. THE FOUNDATION DOES 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 CHANGE IN THE NEXT TWELVE MONTHS. THE FOUNDATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT MARCH 31, 2020 OR 2019 AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 MILES FOR MEMORIES STROLL (event type)	(b) Event #2 POST FOUNDATION SILENT AUCTION (event type)	(c) Other events 12 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	38,176	32,971	113,603	184,750
	2 Less: Contributions	21,647	19,306	49,463	90,416
	3 Gross income (line 1 minus line 2)	16,529	13,665	64,140	94,334
Direct Expenses	4 Cash prizes			336	336
	5 Noncash prizes		15,382	4,732	20,114
	6 Rent/facility costs		1,345	1,186	2,531
	7 Food and beverages		2,100	3,280	5,380
	8 Entertainment		550	4,020	4,570
	9 Other direct expenses	2,360	1,703	14,734	18,797
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				51,728
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42,606

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer	☐ Employee	☐ Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ Yes ☐ No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number
38-2045459

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 105
- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP	1025	1,160,648			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
PART I, LINE 2:	GRANTEES THAT HAVE BEEN AWARDED A COMPETITIVE GRANT HAVE A TIME LIMITATION OF ONE YEAR TO COMPLETE THEIR GRANT, AT WHICH TIME THEY ARE REQUIRED TO SUBMIT A REPORT ANSWERING 14 QUESTIONS AS OUTLINED BY BCCF ABOUT THEIR PROJECT AND A STATEMENT OF GRANT EXPENDITURES. THE GRANT REPORT QUESTIONS AND STATEMENT OF GRANT EXPENDITURES ARE FORMS PROVIDED TO THEM BY THE BATTLE CREEK COMMUNITY FOUNDATION (BCCF). AT THE END OF 12 MONTHS, BCCF VERIFIES WHETHER A FINAL REPORT HAS BEEN RECEIVED FOR EACH AWARDED GRANT. IF A FINAL GRANT REPORT HAS NOT BEEN RECEIVED, BCCF STAFF WILL FOLLOW-UP WITH THAT PARTICULAR GRANTEE FOR SUBMITTAL OF THE FINAL GRANT REPORT. WHEN GRANTEES SUBMIT THEIR FINAL REPORT AS REQUIRED FOR EACH GRANT AWARD, THE RECEIPT OF THE REPORT IS DOCUMENTED IN THE FOUNDATION INFORMATION MANAGEMENT SYSTEM (FIMS) AND THE GRANT IS CLOSED. AT THAT TIME, IT IS DOCUMENTED WHETHER THE GRANT WAS CLOSED IN GOOD STANDING OR NOT AND A LETTER IS SENT OUT TO THE GRANTEE VERIFYING THEIR STATUS. A COPY OF THE FINAL GRANT REPORT, GRANT APPLICATION AND STATEMENT OF GRANT EXPENDITURES IS PROVIDED TO A BCCF CONSULTANT FOR EVALUATION PURPOSES. INDEPENDENT EVALUATION OF EACH GRANT IS REPORTED BACK TO BCCF LEADERSHIP.

Additional Data

Software ID:
Software Version:
EIN: 38-2045459
Name: BATTLE CREEK COMMUNITY FOUNDATION

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
A PHILIP RANDOLPH INSTITUTE-BATTLE CREEK CHAPTER PO BOX 653 BATTLE CREEK, MI 490160653	38-3492509	501(C)(3)	10,000				GENERAL/OPERATING
AACORN FARM INC 5877 RAMSDELL DR NE ROCKFORD, MI 49341	45-2576096	501(C)(3)	6,000				AACORN SKILL-BUILDING 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
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN ROAD SUITE C-1 BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	9,070				FOR DECEMBER PAYROLL
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN ROAD SUITE C-1 BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	16,177				EMERGENCY GAP FUNDING FOR 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
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN ROAD SUITE C-1 BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	32,356				DECEMBER PAYROLL, STAFF STIPENDS, PTO AND UNPAID WAGES
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN ROAD SUITE C-1 BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	19,536				SEPTEMBER PAYROLL

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
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN ROAD SUITE C-1 BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	5,258				HEALTHCARE BENEFITS FROM DECEMBER 1, 2019 TO JANUARY 31, 2020
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN ROAD SUITE C-1 BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	8,138				FOR 2ND PART OF DECEMBER PAYROLL

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
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN ROAD SUITE C-1 BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	17,118				OPERATING SUPPORT THAT INCLUDES: PAYROLL, GENERAL OPERATING & LIABILITY INSURANCE, WORKERS COMP, NORTHERN INITIATIVES LOAN PAYMENT AND CAPITAL FOR FUTURE VEHICLE PURCHASE.
AGAPE MENTORSHIP 781 GOGUAC ST BATTLE CREEK, MI 49015	84-2856269	501(C)(3)	9,900				MENTORSHIP 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
ALANO CLUB OF BATTLE CREEK 1125 W TERRITORIAL ROAD BATTLE CREEK, MI 49015	38-2488305	501(C)(3)	14,500				PARKING LOT IMPROVEMENTS
ALBION COMMUNITY FOUNDATION PO BOX 156 ALBION, MI 49224	23-7019029	501(C)(3)	7,882				2019-20 COUNTY YOUTH GRANTMAKING DITRIBUTION

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
ALL SPECIES KINSHIP PO BOX 4055 BATTLE CREEK, MI 49016	20-0498076	501(C)(3)	24,000				GENERAL SUPPORT
ART CENTER OF BATTLE CREEK 265 E EMMETT STREET BATTLE CREEK, MI 49017	38-6021101	501(C)(3)	25,440				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
ART CENTER OF BATTLE CREEK 265 E EMMETT STREET BATTLE CREEK, MI 49017	38-6021101	501(C)(3)	8,840				UPGRADES FOR PAINTING/DRAWING STUDIO
ART CENTER OF BATTLE CREEK 265 E EMMETT STREET BATTLE CREEK, MI 49017	38-6021101	501(C)(3)	25,000				ARTS OPERATING GRANT

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
ATHENS AREA HISTORICAL SOCIETY PO BOX 22 ATHENS, MI 49011	38-2415187	501(C)(3)	6,000				GREENFIELD HOUSE RESTORATION
BATTLE CREEK ACADEMY 480 PARKWAY DRIVE BATTLE CREEK, MI 49037	38-1554660	501(C)(3)	40,640				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
BATTLE CREEK ACADEMY 480 PARKWAY DRIVE BATTLE CREEK, MI 49037	38-1554660	501(C)(3)	6,043				BATTLE CREEK ACADEMY
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION INC 63 N 24TH STREET BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	7,500				IMPLEMENTATION OF "THE MADRINA" INITIATIVE - BRIDGING COMMUNICATION WITH FAMILIES AND STAFF

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
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION INC 63 N 24TH STREET BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	8,000				\$6000.00 TO SUPPORT ST PHILLIP CATHOLIC CHURCH , \$1000.00 TO SUPEFEST, \$500.00 TO SUPPORT THE KDSA, AND \$500.00 TO SUPPORT THE CATHOLIC SCHOOL FUND
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION INC 63 N 24TH STREET BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	34,538				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION INC 63 N 24TH STREET BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	7,000				TUITION ASSISTANCE
BATTLE CREEK AREA CHAMBER FOUNDATION RIVERWALK CENTRE 3A BATTLE CREEK, MI 49017	38-3506154	501(C)(3)	7,500				TO SUPPOORT THE ESTABLISHMENT OF THE CHAMBERS FUTURE FORWARD CAMPAIGN

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
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	75,000				EMERGENCY RELIEF CHILD DAYCARE PLAN ESTABLISHED SPECIFICALLY FOR BRONSON EMPLOYEES
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	35,710				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	29,500				PREP WORK FOR ALL AMERICAN CITIES AWARD CELEBRATION
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	12,000				YOUTH SUMMER/FALL FITNESS PILOT 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
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	27,401				RENOVATION COST FOR SPACE AT THE BATTLE CREEK FAMILY YMCA FOR SENIOR HEALTH PARTNERS
BATTLE CREEK POLICE DEPARTMENT 34 NORTH DIVISION STREET BATTLE CREEK, MI 49014	38-6004523	501(C)(3)	37,000				VIOLENCE INTERRUPTION INITIATIVE

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
BATTLE CREEK POLICE DEPARTMENT 34 NORTH DIVISION STREET BATTLE CREEK, MI 49014	38-6004523	501(C)(3)	57,500				TO PROVIDE AN ANALYST FOR ONE YEAR PER CONTRACT WITH BCCF
BATTLE CREEK UNLIMITED INC 4950 WEST DICKMAN ROAD SUITE 1 BATTLE CREEK, MI 49037	38-1951806	501(C)(3)	30,000				FOR ECONOMIC DEVELOPMENT IN DOWNTOWN - SPECIFICALLY THE CARLYLE BUILDING AND IN PARTNERSHIP WITH THE BATTLE CREEK COMMUNITY FOUNDATION IN REDEVELOPMENT OF THIS SITE FOR THE PAST 15 YEARS.

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 SOUTHWEST MICHIGAN 34 WEST JACKSON STREET SUITE 5A BATTLE CREEK, MI 49017	38-1902743	501(C)(3)	6,500				ONE TO ONE MENTORING
BINDER PARK ZOOLOGICAL SOCIETY INC 7400 DIVISION DRIVE BATTLE CREEK, MI 49014	51-0163223	501(C)(3)	17,500				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
BINDER PARK ZOOLOGICAL SOCIETY INC 7400 DIVISION DRIVE BATTLE CREEK, MI 49014	51-0163223	501(C)(3)	177,640				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
BOYS AND GIRLS CLUBS OF BENTON HARBOR 600 NATE WELLS SR DR BENTON HARBOR, MI 49022	38-3461586	501(C)(3)	37,000				PROJECT LEARN

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
BRASS BAND OF BATTLE CREEK 1107 DEERFIELD ST MARSHALL, MI 49068	38-3414879	501(C)(3)	55,000				SUPPORT FOR DEC. 7 2019 CHRISTMAS CONCERT
BRASS BAND OF BATTLE CREEK PO BOX 556 MARSHALL, MI 49068	38-3414879	501(C)(3)	6,220				AUDIT 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
BRASS BAND OF BATTLE CREEK 1107 DEERFIELD ST MARSHALL, MI 49068	38-3414879	501(C)(3)	40,000				OPERATING SUPPORT
BRASS BAND OF BATTLE CREEK 1107 DEERFIELD ST MARSHALL, MI 49068	38-3414879	501(C)(3)	30,000				BRASS BAND OF BATTLE CREEK 2020 SPRING CONCERT MARKETING AND OPERATING SUPPPORT

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
BRONSON BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI 49017	38-2776791	501(C)(3)	150,000				BRONSON BATTLE CREEK: MAWBY CENTER CONSTRUCTION EXPENSES
BRONSON BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI 49017	38-2776791	501(C)(3)	18,750				BRONSON BATTLE CREEK: SONOSITE ULTRASOUND MACHINES

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
BRONSON BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI 49017	38-2776791	501(C)(3)	10,000				MAWBY CENTER SIGNAGE
BRONSON BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI 49017	38-2776791	501(C)(3)	100,000				BRONSON BATTLE CREEK: CARDIAC AND PULMONARY REHAB GYM EXPANSION

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
BRONSON BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI 49017	38-2776791	501(C)(3)	200,000				SERVICE LINE EXPANSION
BRONSON HEALTH FOUNDATION 301 JOHN STREET BOX C KALAMAZOO, MI 49007	38-2415081	501(C)(3)	37,500				50% MATCH FOR BRONSON BATTLE CREEK SONOSITE ULTRASOUND MACHINES

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
BRONSON HEALTH FOUNDATION 301 JOHN STREET BOX C KALAMAZOO, MI 49007	38-2415081	501(C)(3)	295,000				MAWBY PARKING LOT REPAIRS
BRONSON HEALTH FOUNDATION 301 JOHN STREET BOX C KALAMAZOO, MI 49007	38-2415081	501(C)(3)	50,000				ULTRASOUND TRAINING EQUIPMENT

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
BRONSON HEALTH FOUNDATION 301 JOHN STREET BOX C KALAMAZOO, MI 49007	38-2415081	501(C)(3)	25,000				MATCH GIFT TO ESTABLISH FRANK J. SARDONE DAF
BRONSON HEALTH FOUNDATION 301 JOHN STREET BOX C KALAMAZOO, MI 49007	38-2415081	501(C)(3)	100,000				ELEVATED URGENT COVID-19 CHILDCARE RESPONSE FOR FRONTLINE STAFF

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
BURMA CENTER (BURMESE AMERICAN INITIATIVE) 765 UPTON AVE BATTLE CREEK, MI 49037	45-3441524	501(C)(3)	9,905				CENSUS 2020 COMPLETE BURMESE COUNT
CALHOUN CHRISTIAN SCHOOL 20 S WOODROW AVENUE BATTLE CREEK, MI 49015	75-3103392	501(C)(3)	8,800				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
CALHOUN COMMUNITY HIGH SCHOOL 765 UPTON AVENUE SPRINGFIELD, MI 49037	38-6004358	501(C)(3)	100,000				LOAN FOR NEW CONSTRUCTION OF SCHOOL AT BURMA CENTER - 1ST INSTALLMENT OF \$50,000
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT 190 E MICHIGAN AVENUE BATTLE CREEK, MI 49014	38-6004358	501(C)(3)	10,000				SCHOOL WELLNESS PROGRAM (SWP)

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
CAREWELL SERVICES SOUTHWEST 200 W MICHIGAN AVENUE STE 102 BATTLE CREEK, MI 49017	38-3013931	501(C)(3)	10,000				SENIORS COUNT 2020 CENSUS OUTREACH
CAREWELL SERVICES SOUTHWEST 200 W MICHIGAN AVENUE STE 102 BATTLE CREEK, MI 49017	38-3013931	501(C)(3)	12,000				SENIOR PROJECT FRESH 2019

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
CEREAL CITY HOOPSTERS 64 MAPLE TERRACE BATTLE CREEK, MI 49017	38-3227928	501(C)(3)	10,000				GENERAL SUPPORT
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	10,000				GENERAL 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
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	18,000				SUPPLEMENTAL INFANT CARE PROGRAM
CITY OF MUSKEGON POLICE 980 JEFFERSON STREET MUSKEGON, MI 49440	38-6004522	501(C)(3)	17,327				MUSKEGON COUNTY SILENT OBSERVER, SOCIAL JUSTICE COMMISSION, AND THE BOYS AND GIRLS CLUB OF MUSKEGON LAKESHORE

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
COMMUNITIES IN SCHOOLS MICHIGAN 741 N CEDAR ST SUITE 100 LANSING, MI 48906	45-3736821	501(C)(3)	10,000				CIS OF MICHIGAN-BATTLE CREEK
COMMUNITY FOUNDATION OF WEST KENTUCKY 333 BROADWAY ST PADUCAH, KY 42001	61-1304905	501(C)(3)	70,000				ACADEMIC BOOK PROJECT 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
COUNCIL OF MICHIGAN FOUNDATIONS ONE S HARBOR AVENUE STE 3 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	10,000				ROB COLLIER PUBLIC POLICY FUND
COUNCIL OF MICHIGAN FOUNDATIONS ONE S HARBOR AVENUE STE 3 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	11,400				2019-20 MEMBERSHIP

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
DIOCESE OF KALAMAZOO 215 NORTH WESTNEDGE AVENUE KALAMAZOO, MI 49007	53-0196617	501(C)(3)	6,000				BISHOP'S ANNUAL APPEAL OFFICE
DISABILITY NETWORK SOUTHWEST MICHIGAN 517 EAST CROSSTOWN PARKWAY KALAMAZOO, MI 49001	38-2351028	501(C)(3)	17,000				RAMP UP - CALHOUN

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
EASTEND STUDIO AND GALLERY 143 WEST MICHIGAN AVENUE MARSHALL, MI 49068	43-2098353	501(C)(3)	9,999				GENERAL OPERATING SUPPORT
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST 145 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-6053184	501(C)(3)	22,470				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
FIRST PRESBYTERIAN CHURCH 111 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-1366922	501(C)(3)	26,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
GIRL SCOUTS HEART OF MICHIGAN 601 WEST MAPLE ST KALAMAZOO, MI 49008	38-1641320	501(C)(3)	18,150				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
GLOBAL VILLAGES MINISTRIES 8712 N RIDGE AVE BERRIEN SPRINGS, MI 49103	20-4913689	501(C)(3)	20,000				OLMALIAKA HOME REBUILD PROJECT
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND 4820 WAYNE ROAD BATTLE CREEK, MI 49037	38-1426892	501(C)(3)	9,800				GOODWILL CONNECTS

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
GRACE HEALTH 181 W EMMETT STREET BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	150,000				STUDENT HEALTH CENTER RENOVATIONS AT LAKEVIEW HIGH SCHOOL
GRACE HEALTH 181 W EMMETT STREET BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	15,000				FOR CONSTRUCTION OF A SCHOOL-BASED HEALTH CLINIC AT SPRINGFIELD MIDDLE SCHOOL

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
GRACE HEALTH 181 W EMMETT STREET BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	35,000				SCHOOL-BASED HEALTH CENTERS
GRAMBLING STATE UNIVERSITY FOUNDATION 100 FOUNDERS ST 219 GRAMBLING, LA 71245	05-0624523	501(C)(3)	20,000				CHEMISTRY DEPARTMENT

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
GREATER KINGDOM INTERNATIONAL 50 SPENCER ST BATTLE CREEK, MI 49014	56-2298725	501(C)(3)	7,260				BE COUNTED POST ADDITION
GULL LAKE COMMUNITY SCHOOLS FOUNDATION 11775 EAST D AVENUE RICHLAND, MI 49083	38-2489077	501(C)(3)	10,000				OLIN FAMILY SCHOLARSHIP

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
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	20,000				WOMEN'S LIFE RECOVERY PROGRAM
HISTORICAL SOCIETY OF BATTLE CREEK 165 N WASHINGTON AVENUE BATTLE CREEK, MI 49017	38-1902816	501(C)(3)	16,100				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
HOMER COMMUNITY SCHOOLS 403 S HILLSDALE HOMER, MI 49245	38-6000792	501(C)(3)	6,500				HOMER GAP PROGRAM
HOMER PUBLIC LIBRARY 141 WEST MAIN STREET HOMER, MI 49245	38-6004697	501(C)(3)	9,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
HOSPITAL HOSPITALITY HOUSE OF SOUTHWEST MICHIGAN 828 S BURDICK ST KALAMAZOO, MI 49001	38-2540700	501(C)(3)	20,000				GENERAL SUPPORT
HOSPITAL HOSPITALITY HOUSE OF SOUTHWEST MICHIGAN 828 S BURDICK ST KALAMAZOO, MI 49001	38-2540700	501(C)(3)	10,000				CALHOUN COUNTY OPERATING SUPPORT AND OUTREACH

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
HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN 2500 WATKINS ROAD BATTLE CREEK, MI 49015	38-1437902	501(C)(3)	50,540				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
INGE FAMILY FOUNDATION 1351 W TEXTILE RD ANN ARBOR, MI 48108	83-2161097	501(C)(3)	25,000				TICKETS FOR DINGERS EVENT

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
INTERNATIONAL YOUTH FOUNDATION 1 EAST PRATT STREET SUITE 701 BALTIMORE, MD 21202	38-2935397	501(C)(3)	8,900				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
JUNIOR ACHIEVEMENT OF SOUTHWEST MICHIGAN 2775 W DICKMAN RD SUITE H3 BATTLE CREEK, MI 49037	38-1515420	501(C)(3)	14,340				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
JUNIOR LEAGUE OF BATTLE CREEK 32 W MICHIGAN AVE SUITE 1 BATTLE CREEK, MI 49017	38-6107366	501(C)(3)	7,890				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
KALAMAZOO RIVER WATERSHED COUNCIL 1523 RIVERVIEW DR STE A KALAMAZOO, MI 49004	32-3458206	501(C)(3)	6,000				CAPACITY BUILDING: DEVELOPING THE WAY FOWARD

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
KELLOGG COMMUNITY COLLEGE 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-1942332	501(C)(3)	7,589				EDUCATION / INSTRUCTION
KELLOGG COMMUNITY COLLEGE FOUNDATION 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-3411520	501(C)(3)	15,000				SCHOLARSHIP FUND FOR SKILLED TRADES

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
KELLOGG COMMUNITY COLLEGE FOUNDATION 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-3411520	501(C)(3)	75,000				NORTH END GATEWAY PROJECT
KELLOGG COMMUNITY COLLEGE FOUNDATION 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-3411520	501(C)(3)	33,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
KINGMAN MUSEUM INC 175 LIMIT STREET BATTLE CREEK, MI 49037	38-3585906	501(C)(3)	30,000				REVITALIZATION PROJECT KINGMAN MUSEUM
KINGMAN MUSEUM INC 175 LIMIT STREET BATTLE CREEK, MI 49037	38-3585906	501(C)(3)	5,750				AN AUDIT

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
LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015	38-6000747	501(C)(3)	13,731				BEHAVIORAL HEALTH
LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015	38-6000747	501(C)(3)	10,300				LAKEVIEW SCHOOLS DISTRICT 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
LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015	38-6000747	501(C)(3)	6,300				RESILIENCE PROJECT
LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015	38-6000747	501(C)(3)	20,000				AFTER SCHOOL PROGRAMMING AND FAMILY OUTREACH AT MINGES BROOK THROUGH THE REMAINDER OF THE 2019-20 ACADEMIC YEAR AND TO SUPPORT FOR THE LAUNCH OF STARR'S NEW "COURAGEOUS CLASSROOMS SKILLS OF THE WEEK" TEACHER DEVELOPMENT CURRICULUM.

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
LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015	38-6000747	501(C)(3)	50,976				LAKEVIEW SCHOOLS RESILIENCY PROJECT INVOICES SGLN - 7189 - 7199- 7215- 7231
LANSING PARKS AND RECREATION 200 N FOSTER AVENUE LANSING, MI 48912	38-6004628	501(C)(3)	36,835				TEEN BASKETBALL

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
LANSING POLICE DEPARTMENT 120 WEST MICHIGAN AVENUE LANSING, MI 48933	38-6004628	501(C)(3)	25,194				MULTIPLE PROGRAMS
LEILA ARBORETUM SOCIETY 928 W MICHIGAN AVE BATTLE CREEK, MI 49037	38-2528975	501(C)(3)	17,730				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
LEILA ARBORETUM SOCIETY 928 W MICHIGAN AVE BATTLE CREEK, MI 49037	38-2528975	501(C)(3)	6,125				ALMOST OCTOBER FEST
MARIAN BURCH ADULT DAY CARE & REHAB CENTER 1150 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49014	38-3054907	501(C)(3)	35,000				CAPITAL CAMPAIGN ADULT DAY CARE CENTER REMODELING

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
MARIAN BURCH ADULT DAY CARE & REHAB CENTER 1150 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49014	38-3054907	501(C)(3)	37,500				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
MARSHALL COMMUNITY FOUNDATION 614 HOMER ROAD MARSHALL, MI 49068	23-7011281	501(C)(3)	7,882				2019-20 COUNTY YOUTH GRANTMAKING DITRIBUTION

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
MICHIGAN CROSSROADS COUNCIL 137 SOUTH MARKETPLACE BLVD LANSING, MI 48917	22-1576300	501(C)(3)	19,270				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
MICHIGAN STATE UNIVERSITY - DEPARTMENT OF FOOD SCIENCE AND HUMAN NUTRITION 204 GM TROUT FSHN BUILDING EAST LANSING, MI 48824	38-6005984	501(C)(3)	30,000				GENERAL 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
MSU EXTENSION CALHOUN COUNTY 462 AUDITORIUM RD ROOM 2 EAST LANSING, MI 48824	38-6005984	501(C)(3)	9,799				4-H CREATIVE & EXPRESSIVE ARTS
MUSKEGAN HEIGHTS POLICE DEPARTMENT 2715 BAKER STREET NORTON SHORES, MI 49444	38-6004639	501(C)(3)	17,327				COMMUNITY IMPACT AGAINST NEIGHBORHOOD VIOLENCE

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
NEW LEVEL SPORTS MINISTRIES 400 WEST MICHIGAN BATTLE CREEK, MI 49037	01-0582339	501(C)(3)	10,000				GENERAL SUPPORT
NORTHPOINTE WOODS 700 NORTH AVENUE BATTLE CREEK, MI 49017	38-3370058	501(C)(3)	300,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
OLIVET COLLEGE OFFICE OF FINANCIAL AID 320 SOUTH MAIN STREET OLIVET, MI 40976	38-1459365	501(C)(3)	50,000				BSN PROGRAM 2018-19 SCHOOL YEAR (2 OF 2)
OUTDOOR EDUCATION CENTER BCPS 10160 SOUTH M-37 HIGHWAY DOWLING, MI 49050	38-6000746	501(C)(3)	41,690				CAPITAL IMPROVEMENTS PROJECTS AT THE BATTLE CREEK OUTDOOR EDUCATION 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
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1811120	501(C)(3)	6,000				PROJECT T.R.U.S.T.
PRESBYTERIAN CENTER FOR CHILDREN 200 WEST MANSION STREET MARSHALL, MI 49068	38-1398845	501(C)(3)	10,000				FUNDS TO SUPPORT BCSSA RECOVERY EFFORTS FOR CHILDCARE SERVICES IN MARSHALL MI

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
SANCTUARY OF PRAISE COGIC 7615 MORGAN ROAD BATTLE CREEK, MI 49017	38-2714719	501(C)(3)	9,871				I MATTER 2020 CENSUS COUNT CAMPAIGN
SECONDS NEW VISION & OUTREACH MINISTRIES 485 NORTH WASHINGTON AVENUE BATTLE CREEK, MI 49016	38-2926101	501(C)(3)	9,999				WE'RE READING! AFTER SCHOOL LITERACY INCENTIVE 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
SECONDS NEW VISION & OUTREACH MINISTRIES 485 NORTH WASHINGTON AVENUE BATTLE CREEK, MI 49016	38-2926101	501(C)(3)	17,150				REPAIRS FOR TWO TRANSITIONAL HOUSES OWNED BY SECONDS NEW VISION AND OUTREACH MINISTRIES THAT SERVE INDIVIDUALS REFERED BY THE INASMUCH HOUSE
SEXUAL ASSAULT SERVICES OF CALHOUN COUNTY 36 WEST MANCHESTER BATTLE CREEK, MI 49016	38-2776791	501(C)(3)	10,000				SEXUAL ASSAULT PREVENTION 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
SHARE CENTER 120 GROVE STREET BATTLE CREEK, MI 49037	38-3022871	501(C)(3)	14,000				COMMUNITY MEALS
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N 39TH STREET AUGUSTA, MI 49012	38-3167869	501(C)(3)	8,610				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N 39TH STREET AUGUSTA, MI 49012	38-3167869	501(C)(3)	25,000				BUILDING CHARACTER BUILDING COMMUNITIES - A 25TH ANNIVERSARY CAMPAIGN FOR SHERMAN LAKE YMCA
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N 39TH STREET AUGUSTA, MI 49012	38-3167869	501(C)(3)	20,000				BUILDING CHARACTER BUILDING COMMUNITIES - A 25TH ANNIVERSARY CAMPAIGN FOR SHERMAN LAKE YMCA

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
SHRINERS HOSPITAL FOR CHILDREN 2900 NORTH ROCKY POINTE DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	15,440				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
SOUTH MICHIGAN FOOD BANK PO BOX 408 BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	5,800				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
SOUTH MICHIGAN FOOD BANK PO BOX 408 BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	10,000				CENSUS RESPONSE INITIATIVE
SOUTHERN UNIVERSITY SYSTEM FOUNDATION PO BOX 9562 BATON ROUGE, LA 70813	23-7052911	501(C)(3)	10,000				CAPACITY BUILDING

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
SOUTHERN UNIVERSITY SYSTEM FOUNDATION PO BOX 9562 BATON ROUGE, LA 70813	23-7052911	501(C)(3)	25,000				GENERAL SUPPORT
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 WEST VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	10,000				GENERAL 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
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 WEST VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	15,000				CENSUS 2020 ADMINISTRATION
ST PETER LUTHERAN CHURCH 1079 RIVERSIDE DRIVE BATTLE CREEK, MI 49015	38-2429955	501(C)(3)	13,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
ST PHILIP CATHOLIC CHURCH 112 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1359094	501(C)(3)	50,000				GENERAL SUPPORT
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501(C)(3)	7,000				GENERAL 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
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501(C)(3)	56,000				LAKEVIEW RESILIENT SCHOOLS PROJECT
SUMMIT POINTE 140 W MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-3318175	501(C)(3)	6,000				ANNUAL FEE TO BE A TCC DATA PLATFORM SUPERVISOR

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
SUMMIT POINTE 140 W MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-3318175	501(C)(3)	50,000				PSYCHIATRIC EMERGENCY SERVICES
SUMMIT POINTE 140 W MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-3318175	501(C)(3)	7,500				4 OFFICER TO ATTEND THE CRISIS INTERVENTION TEAM INTERNATIONAL CONFERENCE

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
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	23,000				MUSIC CENTER SPRING CONCERT 2020
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	17,300				BATTLE CREEK SYMPHONY

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
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	25,000				THE MUSIC CENTER OF SOUTH CENTRAL MICHIGAN OPERATIONS SUPPORT
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	20,000				OPERATIONS 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
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	8,000				GOSPEL CHRISTMAS SYMPHONY CONCERT
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	41,550				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	38,000				FINAL INSTALLMENT FOR THE 60 OUTREACH CLASSROOM PERFORMANCES FOR BCPS AND LAKEVIEW SCHOOLS, INCLUDING THE INSTRUMENT PETTING ZOOS, VOCAL QUARTETS, AND BRASS BAND TRIOS THROUGHOUT SPRING 2019 AND THE 2 BC SYMPHONY SCHOOL CONCERT PERFORMANCES FOR APPROXIMATE
THE SALVATION ARMY PO BOX 93 BATTLE CREEK, MI 49016	13-3485289	501(C)(3)	25,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
THE SALVATION ARMY PO BOX 93 BATTLE CREEK, MI 49016	13-3485289	501(C)(3)	7,560				ANNUAL DISTRIBUTION
TRINITY LUTHERAN CHURCH 2055 EAST COLUMBIA AVENUE BATTLE CREEK, MI 49014	38-6006959	501(C)(3)	10,000				FOR CONSULTING SERVICES FOR THE WOMAN'S CO-OP

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
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION 709 S WESTNEDGE AVE KALAMAZOO, MI 49007	38-1359193	501(C)(3)	96,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION 709 S WESTNEDGE AVE KALAMAZOO, MI 49007	38-1359193	501(C)(3)	10,000				GENERAL 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
UNIVERSITY OF TOLEDO FOUNDATION 2801 W BANCROFT ST MS319 TOLEDO, OH 43606	34-6555110	501(C)(3)	20,000				\$10,000.00 TO BE USED BY THE MEN'S TENNIS TEAM; \$10,000.00 TO BE USED BY THE WOMEN'S TENNIS TEAM
URBAN ALLIANCE INC 1009 STOCKBRIDGE KALAMAZOO, MI 49001	20-4969751	501(C)(3)	37,000				KALAMAZOO GROUP VIOLENCE INTERRUPTION STRATEGY

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
VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	10,000				2020 CENSUS HISPANIC/LATINO COUNT
VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	15,000				FROM EDUCATION TO EMPOWERMENT

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
WALK IN TRUTH MINISTRIES 2001 W SAGINAW STREET LANSING, MI 48915	20-4927126	501(C)(3)	7,000				ONE FAITH MOBILE OUTREACH
WASHINGTON HEIGHTS URBAN FARMING COLLECTIVE 115 WEST STREET APT L05 BATTLE CREEK, MI 49015	38-2528975	501(C)(3)	9,500				URBAN FARMING COLLECTIVE

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
WEST MICHIGAN SILENT OBSERVER 250 MONROE NW SUITE 150 GRAND RAPIDS, MI 49503	82-2884153	501(C)(3)	18,500				SILENT OBSERVER
WESTERN MICHIGAN UNIVERSITY FOUNDATION 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	38-2138856	501(C)(3)	10,000				\$5,000.00 TO THE SEITA SCHOLARS PROGRAM; \$5,000.00 TO THE STUDENT EMERGENCY RELIEF ENDOWMENT

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
WILLARD PUBLIC LIBRARY 7 W VAN BUREN STREET BATTLE CREEK, MI 49017	38-3211873	501(C)(3)	41,460				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
WMU HOMER STRYKER MD SCHOOL OF MEDICINE 1000 OAKLAND DRIVE KALAMAZOO, MI 49008	45-4135256	501(C)(3)	7,500				2019 IMAGINE GALA

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
WOMAN'S CO-OP 2055 EAST COLUMBIA AVENUE BATTLE CREEK, MI 49014	26-2699012	501(C)(3)	9,135				ADDITIONAL SPONSORSHIP
YORKVILLE COMMUNITY CHURCH 11523 EAST D AVENUE RICHLAND, MI 40983	38-2812405	501(C)(3)	23,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION

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
YORKVILLE COMMUNITY CHURCH 11523 EAST D AVENUE RICHLAND, MI 49083	38-2812405	501(C)(3)	27,000				ORGANIZATIONAL ENDOWMENT DISTRIBUTION
YOUNG CHILD ASSOCIATES DBA STARS AND STRIPES 100 N WASHINGTON AVENUE BATTLE CREEK, MI 49037	38-3343325	501(C)(3)	65,000				ADDITIONAL LOAN - DEBT RETIREMENT

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
YWCA OF CLEVELAND 4019 PROSPECT AVE CLEVELAND, OH 44103	34-0714800	501(C)(3)	10,000				QUEST 2019: REMEMBERING 400 YEARS OF INEQUALITY IN AMERICAN AND DISMANTLING ITS IMPACT ON INFANT MORTALITY

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization BATTLE CREEK COMMUNITY FOUNDATION		Employer identification number 38-2045459

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
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 on Line 1a?		2 Yes	
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 nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

[illegible]

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
PART I, LINE 1A	GYM MEMBERSHIPS ARE PROVIDED TO STAFF AS PART OF THE BENEFIT PACKAGE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number
38-2045459

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	15		STOCK MARKET PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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 nonstandard contributions?

31

Yes

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II.

33

If the organization didn't 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:	THE ORGANIZATION USES AN UNRELATED BROKERAGE FIRM TO SELL ANY CONTRIBUTIONS OF STOCK.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

BATTLE CREEK COMMUNITY FOUNDATION

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

38-2045459

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE, AND THEN A FINAL VERSION IS PREPARED. THIS IS RECOMMENDED TO THE BOARD OF TRUSTEES FOR APPROVAL BY THE AUDIT COMMITTEE. ONCE APPROVED, THE RETURN IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TDOKE DICLOSES ANY POTENTIAL INTEREST AND EO REVIEWS ANY POTENTIAL CONFLICT AT THE TIME OF BOARD ACTION. THE TDOKE ABSTAINS FROM VOTE IN THOSE CASES. THE ORGANIZATION CONSISTENTLY MONITORS ITS CONFLICT OF INTEREST POLICY BY ENSURING NEW BOARD MEMBERS AND VOLUNTEERS, AS WELL AS STAFF SIGN A CONFLICT OF INTEREST STATEMENT AND A FULL DISCLOSURE POLICY. POLICIES THAT OCCUR IN OUR EMPLOYEE HANDBOOK AND OUR VOLUNTEER PROGRAM MANUAL ALSO REINFORCE THIS POLICY AS TERMS OF EMPLOYMENT/VOLUNTEERING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OUTSIDE CONSULTANTS CONDUCT A COMPENSATION ASSESSMENT ON BEHALF OF THE BOARD, WHO REVIEWS AND APPROVES THEIR COMPENSATION YEARLY. A YEARLY REVIEW OF WAGES FOR SIMILAR POSITIONS IN THE GEOGRAPHIC AREA AS WELL OTHER COMMUNITY FOUNDATIONS IS CONDUCTED YEARLY AND PAY RANGES ARE ADJUSTED IF NECESSARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,524,014. MANAGEMENT AND GENERAL EXPENSES 84,901. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,608,915.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGES IN SPLIT INTEREST AGREEMENTS -123,958.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTING AND OVERSEEING THE WORK OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE ORGANIZATION LEASES EMPLOYEES FROM ACCESSPOINT. ACCESSPOINT ISSUES FORM W-2S TO THE LEASED EMPLOYEES.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number
38-2045459

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY 32 W MICHIGAN STE 1 BATTLE CREEK, MI 49017 26-2064622	TITLE HOLDING COMPANY	MI	501(C)2		BATTLE CREEK COMMUNITY FOUNDATION	Yes	
(2)LEGACY SCHOLARS 32 W MICHIGAN STE 1 BATTLE CREEK, MI 49017 34-2039472	YOUTH MENTORING AND SCHOLARSHIP	MI	501(C)(3)	LINE 12A, I		Yes	
(3)ENCOURAGE BC 32 W MICHIGAN STE 1 BATTLE CREEK, MI 49017 82-1086634	COMMUNITY PROJECT FISCAL SERVICES AND SUPPORT	MI	501(C)(3)	LINE 12A, I		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	

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	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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

Yes

Yes

Yes

No

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-2045459
Name: BATTLE CREEK COMMUNITY FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY	K	17,208	FMV
BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY	B	1,313,352	CASH
ENCOURAGE BC	Q	30,000	FMV
ENCOURAGE BC	M	165,000	
ENCOURAGE BC	B	86,936	CASH
LEGACY SCHOLARS	Q	30,000	FMV
LEGACY SCHOLARS	B	79,009	CASH