

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **APR 1, 2013** and ending **MAR 31, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BATTLE CREEK COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>** - *** 5459</b>
	Doing Business As		<b>E</b> Telephone number <b>269-962-2181</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>34 W JACKSON STREET</b>		<b>G</b> Gross receipts \$ <b>14,195,431.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BATTLE CREEK, MI 49017</b>		
<b>F</b> Name and address of principal officer: <b>BRENDA HUNT</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> 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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE PROMOTE GIVING, BUILD ENDOWMENT, AND PROVIDE LEADERSHIP TO IMPROVE QUALITY OF LIFE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 16	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 16	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> 65	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 380	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 3,828,371.	Current Year: 3,540,641.
	<b>9</b> Program service revenue (Part VIII, line 2g)	-11,239.	160,926.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,540,623.	3,642,476.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,373.	56,522.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,396,128.	7,400,565.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,000,816.	2,840,221.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,659,513.	1,479,484.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>970,434.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,018,146.	2,004,604.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,678,475.	6,324,309.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-4,282,347.	1,076,256.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 100,062,863.	End of Year: 108,846,770.
	<b>21</b> Total liabilities (Part X, line 26)	10,069,587.	10,126,342.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	89,993,276.	98,720,428.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>BRENDA HUNT, PRESIDENT AND CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KERRY J. NELSON, CPA</b>	Preparer's signature <b>KERRY J. NELSON, CPA</b>	Date <b>07/24/14</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00932757</b>
	Firm's name ▶ <b>REHMANN ROBSON LLC</b>	Firm's EIN ▶ <b>** - *** 5706</b>			
	Firm's address ▶ <b>2330 EAST PARIS AVE SE PO BOX 6547 GRAND RAPIDS, MI 49516-6547</b>	Phone no. <b>616-975-4100</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,840,221. including grants of \$ 2,840,221. ) (Revenue \$ ) TOTAL GRANTS AWARDED TO SUPPORT EDUCATION, COMMUNITY INVOLVEMENT AND PROMOTION, AS WELL AS HEALTH AND WELFARE.

4b (Code: ) (Expenses \$ 1,353,732. including grants of \$ ) (Revenue \$ 160,926. ) PROGRAM EXPENSES, SCHOLARSHIPS AND SPECIAL PROJECTS GEARED TOWARD COMMUNITY EDUCATION, YOUTH AND OTHER COLLABORATIVE EFFORTS

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 4,193,953.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form body containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, physical address, and telephone number of the person who possesses the books and records of the organization: BRENDA L. HUNT - 269-962-2181
34 W JACKSON ST, ONE RIVERWALK CENTRE, BATTLE CREEK, MI 49017

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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 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) JUDITH WILLIAMSON TRUSTEE	1.00	X						0.	0.	0.
(2) ROBERT DEVRIES CHAIR	1.00	X		X				0.	0.	0.
(3) BILL SIMONDS VICE CHAIR	1.00	X		X				0.	0.	0.
(4) KATHY RIZOR SECRETARY	1.00	X		X				0.	0.	0.
(5) RICK BARON 2ND VICE CHAIR	1.00	X		X				0.	0.	0.
(6) LINDA PATENAUDE TRUSTEE	1.00	X						0.	0.	0.
(7) SUSAN BALDWIN TRUSTEE	1.00	X						0.	0.	0.
(8) AMY BAUMAN TREASURER	1.00	X		X				0.	0.	0.
(9) SONJA DOTSON TRUSTEE	1.00	X						0.	0.	0.
(10) DEONNE ESTES MEMBER AT LARGE	1.00	X						0.	0.	0.
(11) CAITLYN CUBBERLY TRUSTEE	1.00	X						0.	0.	0.
(12) MARCUS GLASS TRUSTEE	1.00	X						0.	0.	0.
(13) BRENDA J. MINTER TRUSTEE	1.00	X						0.	0.	0.
(14) THOMAS R. SHAW JR. TRUSTEE	1.00	X						0.	0.	0.
(15) JARED HEDDINGER TRUSTEE	1.00	X						0.	0.	0.
(16) C. GLEN WALTER TRUSTEE	1.00	X						0.	0.	0.
(17) BRENDA L. HUNT PRESIDENT/CEO	37.50			X				156,750.	0.	28,237.





**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	75,037.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,465,604.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		100,099.				
	<b>h Total.</b> Add lines 1a-1f		3,540,641.				
	Program Service Revenue	<b>2 a</b> COMMUNITY BASED EDUCATION	<b>Business Code</b> 900099	80,292.	80,292.		
<b>b</b> FUND MANAGEMENT FEES		561000	72,681.	72,681.			
<b>c</b> SENIOR CENTER MEMBERSHIP		900099	7,953.	7,953.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			160,926.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,740,976.			2,740,976.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	22,185.				
		(ii) Personal	0.				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)		22,185.			
	<b>d</b> Net rental income or (loss)		22,185.			22,185.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	7,674,231.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses		6,772,731.			
		<b>c</b> Gain or (loss)		901,500.			
	<b>d</b> Net gain or (loss)		901,500.			901,500.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 75,037. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	56,472.				
		<b>b</b> Less: direct expenses		22,135.			
<b>c</b> Net income or (loss) from fundraising events			34,337.			34,337.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			7,400,565.	160,926.	0.	3,698,998.	

**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 governments and organizations in the United States. See Part IV, line 21	2,840,221.	2,840,221.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	187,350.		101,881.	85,469.
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	1,012,076.	141,354.	473,499.	397,223.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,331.	1,523.	18,929.	15,879.
9 Other employee benefits	153,398.	10,909.	77,485.	65,004.
10 Payroll taxes	90,329.	9,053.	44,198.	37,078.
11 Fees for services (non-employees):				
a Management	39,260.	39,260.		
b Legal				
c Accounting				
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 Sch O.)	385,348.	189,695.	106,396.	89,257.
12 Advertising and promotion	52,642.	20,430.	17,517.	14,695.
13 Office expenses	153,353.	54,342.	53,842.	45,169.
14 Information technology	51,035.	2,351.	26,474.	22,210.
15 Royalties				
16 Occupancy	112,000.	42,801.	37,630.	31,569.
17 Travel	53,937.	42,111.	6,431.	5,395.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,984.	7,348.	44,394.	37,242.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,712.	4,842.	22,225.	18,645.
23 Insurance	29,736.	256.	16,031.	13,449.
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 INTERFUND	278,711.	278,711.		
b MAINTENANCE	248,525.	221,464.	14,716.	12,345.
c MISCELLANEOUS	121,159.	53,553.	38,199.	29,407.
d PROGRAMS	103,194.	103,194.		
e All other expenses	241,008.	130,535.	60,075.	50,398.
25 Total functional expenses. Add lines 1 through 24e	6,324,309.	4,193,953.	1,159,922.	970,434.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	448,045.	1	2,628,099.		
	<b>2</b> Savings and temporary cash investments .....		2	1,009,408.		
	<b>3</b> Pledges and grants receivable, net .....	560,040.	3	545,309.		
	<b>4</b> Accounts receivable, net .....	115,469.	4	46,855.		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6			
	<b>7</b> Notes and loans receivable, net .....		7			
	<b>8</b> Inventories for sale or use .....		8			
	<b>9</b> Prepaid expenses and deferred charges .....		9			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,136,793.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 650,900.	156,551.	<b>10c</b>	485,893.	
	<b>11</b> Investments - publicly traded securities .....			11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	98,058,832.	12		103,424,503.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			13		
	<b>14</b> Intangible assets .....			14		
	<b>15</b> Other assets. See Part IV, line 11 .....	723,926.	15		706,703.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	100,062,863.	16		108,846,770.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	90,878.	17	180,039.		
	<b>18</b> Grants payable .....	4,615,375.	18	2,549,937.		
	<b>19</b> Deferred revenue .....	800,444.	19	579,394.		
	<b>20</b> Tax-exempt bond liabilities .....		20			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21			
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24			
	<b>25</b> 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 .....	4,562,890.	25		6,816,972.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,069,587.	26		10,126,342.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	82,685,469.	27	90,346,919.		
	<b>28</b> Temporarily restricted net assets .....	4,633,529.	28	5,699,231.		
	<b>29</b> Permanently restricted net assets .....	2,674,278.	29	2,674,278.		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		30			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32			
<b>33</b> Total net assets or fund balances .....	89,993,276.	33		98,720,428.		
<b>34</b> Total liabilities and net assets/fund balances .....	100,062,863.	34		108,846,770.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,400,565.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,324,309.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,076,256.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,993,276.
5	Net unrealized gains (losses) on investments	5	8,127,809.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	104,433.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-581,346.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,720,428.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

Form 990 (2013)

**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.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  
**BATTLE CREEK COMMUNITY FOUNDATION**

Employer identification number  
**\*\* - \*\*\* 5459**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,393,313.	7,000,495.	3,588,808.	3,828,371.	3,540,641.	23,351,628.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,393,313.	7,000,495.	3,588,808.	3,828,371.	3,540,641.	23,351,628.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						9,575,405.
<b>6 Public support.</b> Subtract line 5 from line 4.						13,776,223.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	5,393,313.	7,000,495.	3,588,808.	3,828,371.	3,540,641.	23,351,628.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,700,542.	1,152,335.	1,257,539.	2,573,260.	3,664,661.	10,348,337.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	10,235.	48,664.	10,108.	26,180.	56,472.	151,659.
<b>11 Total support.</b> Add lines 7 through 10						33,851,624.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	1,409,348.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	40.70 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	41.64 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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





**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization **BATTLE CREEK COMMUNITY FOUNDATION** Employer identification number **\*\* - \*\*\*5459**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	84	
2 Aggregate contributions to (during year) .....	951,408.	
3 Aggregate grants from (during year) .....	970,886.	
4 Aggregate value at end of year .....	6,689,855.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part 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" to 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

(check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,752,423.	86,140,308.	86,367,157.	78,095,559.	57,241,622.
b Contributions	1,654,545.	2,289,113.	1,877,250.	3,276,821.	2,983,395.
c Net investment earnings, gains, and losses	7,973,818.	7,996,146.	2,422,430.	9,547,542.	22,393,049.
d Grants or scholarships	8,212,448.	8,673,144.	4,526,529.	4,552,765.	4,522,507.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	87,748,073.	87,752,423.	86,140,308.	86,367,157.	78,095,559.

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

- a Board designated or quasi-endowment  94.20 %
- b Permanent endowment  3.00 %
- c Temporarily restricted endowment  2.80 %

The percentages in 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  3a(i)
- (ii) related organizations  3a(ii)

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		491,843.	138,985.	352,858.
c Leasehold improvements				
d Equipment		644,950.	511,915.	133,035.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				485,893.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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	103,424,503.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>103,424,503.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CUSTODIAL FUNDS MANAGED FOR OTHERS	6,816,972.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>6,816,972.</b>

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	14,814,162.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	7,709,235.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	104,481.	
e	Add lines 2a through 2d	2e		7,813,716.
3	Subtract line 2e from line 1	3		7,000,446.
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	400,119.	
c	Add lines 4a and 4b	4c		400,119.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,400,565.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,191,443.
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	22,135.	
e	Add lines 2a through 2d	2e		22,135.
3	Subtract line 2e from line 1	3		6,169,308.
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	155,001.	
c	Add lines 4a and 4b	4c		155,001.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,324,309.

**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.

**PART V, LINE 4:**

**EXPLANATION: THE ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT CHARITABLE ACTIVITIES IN THE GREATER BATTLE CREEK, MICHIGAN AREA.**

**PART X, LINE 2:**

**EXPLANATION: THE FOUNDATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2010 THROUGH 2013, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF MARCH 31, 2014. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FOUNDATION'S 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**

Part XIII Supplemental Information (continued)

CHANGE IN THE NEXT TWELVE MONTHS. THE FOUNDATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT MARCH 31, 2014 OR 2013, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT-INTEREST AGREEMENT 104,481.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -22,135.

CONTRIBUTIONS TO CUSTODIAL ACCOUNTS 284,749.

INVESTMENT EARNINGS ON CUSTODIAL FUNDS 137,505.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 400,119.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 22,135.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS AND WITHDRAWALS FROM CUSTODIAL FUNDS 115,741.

MANAGEMENT FEES FROM CUSTODIAL ACCOUNTS 39,260.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 155,001.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	(b) Event #2	(c) Other events	(d) Total events
		MILES FOR MEMORIES	SAFE PLACE GALA	31	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	37,890.	14,750.	78,869.	131,509.
	<b>2</b> Less: Contributions .....	29,140.	9,215.	36,682.	75,037.
	<b>3</b> Gross income (line 1 minus line 2) .....	8,750.	5,535.	42,187.	56,472.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....			571.	571.
	<b>6</b> Rent/facility costs .....		9,855.		9,855.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	4,420.	7,289.		11,709.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				22,135.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				34,337.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**BATTLE CREEK COMMUNITY FOUNDATION**

**Employer identification number  
\*\*-\*\*\*5459**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALHOUN COUNTY ARTS COUNCIL P.O. BOX 1079 BATTLE CREEK, MI 49016-1079	**_***1848	501(C)(3)	142,100.	0.			GENERAL SUPPORT
BRASS BAND OF BATTLE CREEK 519 N. MADISON ST. MARSHALL, MI 49068	**_***4879	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BINDER PARK ZOOLOGICAL SOCIETY INC. - 7400 DIVISION DRIVE - BATTLE CREEK, MI 49014	**_***3223	501(C)(3)	92,920.	0.			GENERAL SUPPORT
ROBERT B. MILLER COLLEGE 450 NORTH AVENUE BATTLE CREEK, MI 49017-3397	**_***9120	501(C)(3)	60,000.	0.			FOR NEW PRESIDENT SEARCH EXPENSES
BATTLE CREEK PUBLIC SCHOOLS FINANCIAL SERVICES - 3 W VAN BUREN ST - BATTLE CREEK, MI 49017	**_***0746	501(C)(3)	55,000.	0.			INTERIOR STAFFING (BCCAN) WITHIN BATTLE CREEK PUBLIC SCHOOLS - PILOT PROJECT
HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN - 2500 WATKINS ROAD - BATTLE CREEK, MI 49015	**_***7902	501(C)(3)	51,060.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **166.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BEHAVIORAL IDEAS LAB INC. 80 BROAD ST 30TH FLOOR NEW YORK, NY 10004	**-***8009	501(C)(3)	50,000.	0.			SUPPORT FOR PLANNING, DESIGN AND DEVELOPMENT OF AN INNOVATIVE PROJECT TO SEEK TO INTERRUPT THE
CORPORATION FOR ENTERPRISE DEVELOPMENT - 1200 G STREET NW - WASHINGTON, DC 20005	**-***1804	501(C)(3)	50,000.	0.			GENERAL SUPPORT FOR PLANNING, DESIGN AND DEVELOPMENT OF INNOVATIVE WAYS TO USE ASSET
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	**-***2756	501(C)(3)	50,000.	0.			TO SUPPORT THE WOMEN'S LIFE RECOVERY PROGRAM
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	**-***2756	501(C)(3)	50,000.	0.			TO SUPPORT THE EMILY ANDRUS HOME OPENING AS THE NEW WOMEN'S LIFE RECOVERY PROGRAM; FROM AN
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 34 W. JACKSON STREET STE. 4B - BATTLE CREEK, MI 49017	**-***9193	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE ATLANTA, GA 30310	**-***8873	501(C)(3)	49,500.	0.			RESTRICTED FOR PROJECT "NOW OR NEVER: SAVING OUR AFRICAN AMERICAN AND LATINO BOYS AND MEN"
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	**-***7748	501(C)(3)	45,530.	0.			GENERAL SUPPORT
COMPREHENSIVE SENIOR CARE CORPORATION - 200 W. MICHIGAN AVE. SUITE 103 - BATTLE CREEK, MI 49017	**-***6698	501(C)(3)	45,000.	0.			SENSOR TECHNOLOGY FOR SUPPORTING INDEPENDENCE
WILLARD PUBLIC LIBRARY 7 W. VAN BUREN STREET BATTLE CREEK, MI 49017	**-***1873	501(C)(3)	44,240.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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. N.E. BATTLE CREEK, MI 49017	**-***6068	501(C)(3)	38,390.	0.			GENERAL SUPPORT
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016-0199	**-***6401	501(C)(3)	37,500.	0.			FOR S.A.F.E. PLACE URGENT NEEDS. THESE FUNDS ARE MATCHED BY \$27,500.00 OF PRIVATE DONOR FUNDING.
KELLOGG COMMUNITY COLLEGE FOUNDATION - 450 NORTH AVENUE - BATTLE CREEK, MI 49017	**-***1520	501(C)(3)	37,420.	0.			GENERAL SUPPORT
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	**-***2756	501(C)(3)	32,000.	0.			MEN'S LIFE RECOVERY PROGRAM
COMMUNITY INCLUSIVE RECREATION 154 WEST STREET BATTLE CREEK, MI 49037	**-***0874	501(C)(3)	30,000.	0.			GRANT FOR GENERAL SUPPORT AND ORGANIZATIONAL PLANNING, DEVELOPMENT, TRANSITION PLANNING AND
LIFESPAN INC. 166 E. GOODALE AVENUE SPRINGFIELD, MI 49037	**-***8476	501(C)(3)	30,000.	0.			GRANT PROPOSAL FOR ASSISTANCE TO THE TERMINALLY ILL &/OR FAMILIES OF THE
MIAMI UNIVERSITY FOUNDATION 725 E. CHESTNUT STREET OXFORD, OH 45056	**-***6014	501(C)(3)	30,000.	0.			FUNDING SUPPORT OF THE MIAMI UNIVERSITY URBAN TEACHING COHORT, UNDER THE GUIDANCE OF DR. TAMMY
FOOD BANK OF SOUTH CENTRAL MICHIGAN - P.O. BOX 408 - BATTLE CREEK, MI 49016-0408	**-***5948	501(C)(3)	29,254.	0.			GENERAL SUPPORT
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION INC. - 63 N. 24TH STREET - BATTLE CREEK, MI 49015	**-***7841	501(C)(3)	29,070.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 PO BOX 1613 BATTLE CREEK, MI 49016	**-***7748	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION INC. - 63 N. 24TH STREET - BATTLE CREEK, MI 49015	**-***7841	501(C)(3)	25,197.	0.			GENERAL SUPPORT
AMERICANS FOR OXFORD INC. 500 FIFTH AVENUE 32ND FLOOR NEW YORK, NY 10110	**-***5060	501(C)(3)	25,000.	0.			FUNDS FOR THE UNIVERSITY OF OXFORD TO BE RESTRICTED FOR USE BY KELLOGG COLLEGE TO
FIRST PRESBYTERIAN CHURCH 111 CAPITAL AVE. BATTLE CREEK, MI 49017	**-***6922	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GUIDESTAR USA INC. 4801 COURTHOUSE STREET WILLIAMSBURG, VA 23188	**-***4039	501(C)(3)	25,000.	0.			CORE OPERATING FUNDING TO SUPPORT GUIDESTAR'S EFFORTS TO WORK IN PARTNERSHIP WITH OTHER
INTEGRATED HEALTH PARTNERS 165 N WASHINGTON BATTLE CREEK, MI 49037	**-***2060	501(C)(3)	25,000.	0.			COMMUNITY HEALTHCARE ACCESS TO INFORMATION NETWORK
INTERCAMBIO DE COMUNIDADES 4735 WALNUT STREET SUITE B BOULDER, CO 80301	**-***8381	501(C)(3)	25,000.	0.			CORE OPERATING FUNDING TO SUPPORT PROGRAMS BENEFITING VULNERABLE CHILDREN AND FAMILIES
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016-0199	**-***6401	501(C)(3)	25,000.	0.			FOR GENERAL OPERATIONS FROM FUNDRAISING PROCEEDS FROM NOVEMBER 7, 2013 STEVEN FORD FUNDRAISER
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 145 CAPITAL AVE. NE - BATTLE CREEK, MI 49017	**-***3184	501(C)(3)	24,310.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	**_***1101	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
ALBION ECONOMIC DEVELOPMENT CORPORATION - PO BOX 729 - ALBION, MI 49224	**_***4655	501(C)(3)	20,000.	0.			ESTABLISHMENT OF ALBION COMMUNITY FOOD CENTER
BINDER PARK ZOOLOGICAL SOCIETY INC. - 7400 DIVISION DRIVE - BATTLE CREEK, MI 49014	**_***3223	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BURMA CENTER (BURMESE AMERICAN INITIATIVE) - 4317 W. DICKMAN ROAD - SPRINGFIELD, MI 49037	**_***1329	501(C)(3)	20,000.	0.			RESOURCE NAVIGATION
CENTER ON PHILANTHROPY AT INDIANA UNIVERSITY - 550 WEST NORTH ST. STE. 301 - INDIANAPOLIS, IN 46202-3272	**_***1673	501(C)(3)	20,000.	0.			TO ESTABLISH ONE RISE SCHOLARSHIP
GUARDIAN FINANCE AND ADVOCACY SERVICES - 18 WEST MICHIGAN AVENUE - BATTLE CREEK, MI 49017	**_***2034	501(C)(3)	20,000.	0.			FINANCIAL SERVICES NETWORK EXPANSION PROJECT
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N. 39TH STREET AUGUSTA, MI 49012	**_***7869	501(C)(3)	20,000.	0.			GENERAL SUPPORT
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	**_***9593	501(C)(3)	20,000.	0.			UBUNTU FUND SCHOLARSHIPS
GIRL SCOUTS HEART OF MICHIGAN 601 W. MAPLE STREET KALAMAZOO, MI 49008	**_***1320	501(C)(3)	19,850.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NORTHSIDE SENIOR CONGREGANT MEAL PROGRAM AND SOCIAL SERVICES - 485 N WASHINGTON AVENUE - BATTLE CREEK, MI 49014	**-***6101	501(C)(3)	19,500.	0.			NORTHSIDE SENIOR CONGREGANT MEAL AND SENIOR SERVICES PROGRAM
SOUTHERN SHORES FIELD SERVICE COUNCIL-BOY SCOUTS OF AMERICA - 1035 W. MAPLE STREET - KALAMAZOO, MI 49008	**-***6300	501(C)(3)	19,083.	0.			EARLY FUND DISTRIBUTION 2013-14
COMMUNITY HEALTHCARE CONNECTIONS 190 E MICHIGAN AVE SUITE 385 BATTLE CREEK, MI 49014	**-***7744	501(C)(3)	19,000.	0.			NURSING CLINIC
SUBSTANCE ABUSE COUNCIL 140 W. MICHIGAN AVENUE BATTLE CREEK, MI 49017	**-***9513	501(C)(3)	18,500.	0.			SMOKING CESSATION
BATTLE CREEK ACADEMY 480 PARKWAY DRIVE BATTLE CREEK, MI 49037	**-***4660	501(C)(3)	18,010.	0.			GENERAL SUPPORT
COMMUNITY HEALTHCARE CONNECTIONS 190 E. MICHIGAN AVENUE #385 BATTLE CREEK, MI 49014	**-***7744	501(C)(3)	18,000.	0.			NAVIGATION SERVICES
GIRLS ON THE RUN OF CALHOUN COUNTY 140 WEST MICHIGAN AVENUE BATTLE CREEK, MI 49015	**-***5263	501(C)(3)	17,000.	0.			SCHOLARSHIP FUNDING FOR GIRLS ON THE RUN OF CALHOUN COUNTY
COMMUNITY HEALTHCARE CONNECTIONS 190 E MICHIGAN AVE SUITE 385 BATTLE CREEK, MI 49014	**-***7744	501(C)(3)	16,500.	0.			DENTAL PARTNERSHIP
JUNIOR ACHIEVEMENT OF SOUTHWEST MICHIGAN - 2775 W. DICKMAN RD. SUITE H3 - BATTLE CREEK, MI 49037	**-***5420	501(C)(3)	16,160.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DOTY WILDFLOWER ASSOCIATION 210 KNOLL DRIVE BATTLE CREEK, MI 49017	**_***5459	509(A)(1)	15,620.	0.			GENERAL SUPPORT
EARTH UNIVERSITY FOUNDATION 5 PIEDMONT CENTER SUITE 215 ATLANTA, GA 30305-1509	**_***0639	501(C)(3)	15,000.	0.			SCHOLARSHIP SUPPORT - WKCF REGIONS
EARTH UNIVERSITY FOUNDATION 5 PIEDMONT CENTER SUITE 215 ATLANTA, GA 30305-1509	**_***0639	501(C)(3)	15,000.	0.			HAITIAN STUDENT SCHOLARSHIP
LEILA ARBORETUM SOCIETY 928 W. MICHIGAN AVE. BATTLE CREEK, MI 49037	**_***8975	501(C)(3)	15,000.	0.			TO ASSIST IN ESTABLISHING AN "EXECUTIVE DIRECTOR CREATIVITY FUND" WITHIN LAS
ST. PETER LUTHERAN CHURCH 1079 RIVERSIDE DRIVE BATTLE CREEK, MI 49015	**_***5459	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WORLD OF CHILDREN 6200 STONERIDGE MALL ROAD 3RD FLOOR PLEASANTON, CA 94588	**_***2381	501(C)(3)	15,000.	0.			PROGRAM AWARD SUPPORT
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	**_***1101	501(C)(3)	14,810.	0.			GENERAL SUPPORT
SHRINERS HOPSITALS FOR CHILDREN P.O. BOX 31356 TAMPA, FL 33631-3356	**_***3608	501(C)(3)	14,240.	0.			GENERAL SUPPORT
COMMUNITY HEALTHCARE CONNECTIONS 190 E MICHIGAN AVE SUITE 385 BATTLE CREEK, MI 49014	**_***7744	501(C)(3)	14,000.	0.			HEALTH ASSISTANCE FUND

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SPROUT URBAN FARMS PO BOX 1334 BATTLE CREEK, MI 49016	**-***7870	501(C)(3)	14,000.	0.			COMMUNITY GARDENING, FOOD ACCESS, AND FOOD HUB
COMMUNITY INCLUSIVE RECREATION 154 WEST STREET BATTLE CREEK, MI 49037	**-***0874	501(C)(3)	13,660.	0.			GENERAL SUPPORT
STARTING OVER FOR SUCCESS 1215 PRITCHARDVILLE ROAD HASTINGS, MI 49058	**-***6697	501(C)(3)	13,165.	0.			TRANSITIONAL HOME FOR EX-OFFENDERS
COMMUNITY HEALTHCARE CONNECTIONS 190 E MICHIGAN AVE SUITE 385 BATTLE CREEK, MI 49014	**-***7744	501(C)(3)	13,000.	0.			MOBILE CLINIC INITIATIVE (MC)
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016-0199	**-***6401	501(C)(3)	12,900.	0.			GENERAL SUPPORT
TOLEDO NORTHWESTERN OHIO FOOD BANK 24 EAST WOODRUFF AVENUE TOLEDO, OH 43604	**-***1016	501(C)(3)	12,600.	0.			GENERAL SUPPORT
CITYLINC MINISTRIES 70 CALHOUN ST. BATTLE CREEK, MI 49017	**-***4420	501(C)(3)	12,518.	0.			POSITIVE IMPACT YOUTH PROGRAM
FOOD BANK OF SOUTH CENTRAL MICHIGAN - P.O. BOX 408 - BATTLE CREEK, MI 49016-0408	**-***5948	501(C)(3)	12,406.	0.			FOOD PURCHASE - NORTHEAST FOOD PANTRY
BARN THEATRE SCHOOL FOR ADVANCED THEATRE TRAINING - P.O. BOX 277 - AUGUSTA, MI 49012	**-***7021	501(C)(3)	12,015.	0.			GENERAL OPERATING SUPPORT

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JUNIOR LEAGUE OF BATTLE CREEK 34 W. JACKSON ST. STE. 1 BATTLE CREEK, MI 49017	**_***7366	501(C)(3)	12,000.	0.			GENERAL SUPPORT
KINGMAN MUSEUM INC. 175 LIMIT STREET BATTLE CREEK, MI 49037-2176	**_***5906	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
WHAT A DO THEATRE 4071 WEST DICKMAN ROAD BATTLE CREEK, MI 49037	**_***7542	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
SENIOR SERVICES INC. ATTN: ACCOUNTING KALAMAZOO, MI 49001	**_***7660	501(C)(3)	11,662.	0.			VOLUNTEER MANAGER MEALS ON WHEELS
COUNCIL OF MICHIGAN FOUNDATIONS ONE S. HARBOR AVENUE STE. 3 GRAND HAVEN, MI 49417	**_***3347	501(C)(3)	11,000.	0.			2013 MEMBERSHIP DUES
KELLOGG COMMUNITY COLLEGE 450 NORTH AVENUE BATTLE CREEK, MI 49017	**_***2332	501(C)(3)	11,000.	0.			KCC BRUIN BOTS
FAMILY HEALTH CENTER OF BATTLE CREEK - 181 W. EMMETT STREET - BATTLE CREEK, MI 49037	**_***9075	501(C)(3)	10,799.	0.			PACK N PLAY PROGRAM
ADVANCEMENT PROJECT 1910 WEST SUNSET BOULEVARD LOS ANGELES, CA 90026	**_***5230	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR THE 2014 WATER COOLER CONFERENCE TO PROMOTE SUPPORT FOR EARLY
ALANO CLUB OF BATTLE CREEK 1125 W. TERRITORIAL ROAD BATTLE CREEK, MI 49015	**_***8305	501(C)(3)	10,000.	0.			ANNUAL CAMPAIGN

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ALL SPECIES KINSHIP P.O. BOX 4055 BATTLE CREEK, MI 49016-4055	**-***8076	501(C)(3)	10,000.	0.			FOR CONTINUING INNER CITY DOG RESCUE & OTHER HUMANE ASSISTANCE
ALL SPECIES KINSHIP P.O. BOX 4055 BATTLE CREEK, MI 49016-4055	**-***8076	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALL SPECIES KINSHIP P.O. BOX 4055 BATTLE CREEK, MI 49016-4055	**-***8076	501(C)(3)	10,000.	0.			INNER CITY DOG INITIATIVE - FALL 2013
HOMER COMMUNITY FOUNDATION-SAVE THE LAKE FUND - 104 S HILLSDALE ST - HOMER, MI 49245	**-***5459	509(A)(1)	10,000.	0.			GRANT FOR INVOICE #945
BBB WISE GIVING ALLIANCE 3033 WILSON BOULEVARD SUITE 600 ARLINGTON, VA 22201	**-***0270	501(C)(3)	10,000.	0.			CORE OPERATING FUNDING TO SUPPORT BBB WISE GIVING ALLIANCE'S EFFORTS TO WORK IN PARTNERSHIP WITH
BINDER PARK ZOOLOGICAL SOCIETY INC. - 7400 DIVISION DRIVE - BATTLE CREEK, MI 49014	**-***3223	501(C)(3)	10,000.	0.			TWO PRIDE OF THE ZOO CAPITAL CAMPAIGN DONATION OPPORTUNITIES
BRONSON HEALTH FOUNDATION 301 JOHN STREET BOX C KALAMAZOO, MI 49007	**-***5081	501(C)(3)	10,000.	0.			TO SUPPORT THE ROBERT A. FABI, M.D., BRONSON NEUROSCIENCES FUND
CEREAL CITY DEVELOPMENT CORPORATION - DBA: KELLOGG ARENA ONE MCCAMLY SQUARE - BATTLE CREEK, MI 49017	**-***7779	501(C)(3)	10,000.	0.			KELLOGG ARENA SUSTAINABILITY INITIATIVE
CEREAL CITY HOOPSTERS 64 MAPLE TERRACE BATTLE CREEK, MI 49017	**-***7928	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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CEREAL CITY HOOPSTERS 64 MAPLE TERRACE BATTLE CREEK, MI 49017	**-***7928	501(C)(3)	10,000.	0.			TO SUPPORT THE EXPANSION OF CLAUDE EVANS PARK FOR THE NORTHSIDE BC SO THAT YOUTH CAN ENGAGE IN
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	**-***5611	501(C)(3)	10,000.	0.			TO PROVIDE BACK-TO-SCHOOL CLOTHING & SUPPLIES FOR AT RISK YOUTH
CHILDREN'S INSTITUTE INC. 2121 WEST TEMPLE STREET LOS ANGELES, CA 90026	**-***1424	501(C)(3)	10,000.	0.			SUPPORT FOR DANIEL BEATY'S PARTICIPATION AND PERFORMANCE AT INDEPENDENT SECTOR ANNUAL
COMMUNITY INCLUSIVE RECREATION 154 WEST STREET BATTLE CREEK, MI 49037	**-***0874	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FAIR FOOD NETWORK 205 E. WASHINGTON ST. STE. B ANN ARBOR, MI 48104	**-***3394	501(C)(3)	10,000.	0.			DOUBLE UP FOOD BUCKS
FAMILY HEALTH CENTER OF BATTLE CREEK - 181 W. EMMETT STREET - BATTLE CREEK, MI 49037	**-***9075	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND - 4820 WAYNE ROAD - BATTLE CREEK, MI 49037	**-***6892	501(C)(3)	10,000.	0.			SUMMER YOUTH PROGRAM - EDUCATION AND EMPLOYMENT
KAZOO SCHOOL 1401 CHERRY STREET KALAMAZOO, MI 49008	**-***8301	501(C)(3)	10,000.	0.			TO PROVIDE SCHOLARSHIPS TO SUPPORT CHILDREN WHO OTHERWISE MIGHT NOT BE ABLE TO ATTEND THE SCHOOL
KELLOGG MANOR HOUSE AT THE KELLOGG BIOLOGICAL STATION - 3700 EAST GULL LAKE DRIVE - HICKORY CORNERS, MI 49060	**-***5984	501(C)(3)	10,000.	0.			SUPPORT FOR THE W.K. KELLOGG MANOR HOUSE & ESTATE ENDOWMENT FUND

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LEILA ARBORETUM SOCIETY 928 W. MICHIGAN AVE. BATTLE CREEK, MI 49037	**_***8975	501(C)(3)	10,000.	0.			URBAN DALE COMMUNITY VEGETABLE GARDEN AND GARDENING 365 - URBAN FARMER TRAINING PROGRAM
LEILA ARBORETUM SOCIETY 928 W. MICHIGAN AVE. BATTLE CREEK, MI 49037	**_***8975	501(C)(3)	10,000.	0.			URBAN DALE COMMUNITY VEGETABLE GARDEN AND GARDENING 365 - URBAN FARMER TRAINING PROGRAM
NATIONAL BARN ALLIANCE 9526 LOCUST IDILL DRIVE GREAT FALLS, VA 22066	**_***7265	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATIONAL AND ORGANIZATIONAL PROGRAMS
NOAH'S ARK ORPHAN CARE PO BOX 13408 FLINT, MI 48501	**_***1493	501(C)(3)	10,000.	0.			SCHOLARSHIPS AND GENERAL SUPPORT OF THE WORK OF NOAH'S ARK ORPHAN CARE IN MALAWI, AFRICA
POOR MAGAZINE INC. 2940 16TH STREET SAN FRANCISCO, CA 94103	**_***0014	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR EFFORTS TO PROMOTE THE WELLBEING AND EMPOWERMENT OF VULNERABLE CHILDREN
REGION 3B AREA AGENCY ON AGING 200 W. MICHIGAN AVENUE STE. 102 BATTLE CREEK, MI 49017	**_***3931	501(C)(3)	10,000.	0.			SENIOR PROJECT FRESH COUPON BOOKS
REGION 3B AREA AGENCY ON AGING 200 W. MICHIGAN AVENUE STE. 102 BATTLE CREEK, MI 49017	**_***3931	501(C)(3)	10,000.	0.			ALBION SENIOR HEALTH ACTION PLAN
ROBERT B. MILLER COLLEGE 450 NORTH AVENUE BATTLE CREEK, MI 49017-3397	**_***9120	501(C)(3)	10,000.	0.			IN HONOR OF THE MILLER FOUNDATION'S 50TH ANNIVERSARY. THE GRANT IS TO SUPPORT
ROBERT B. MILLER COLLEGE 450 NORTH AVENUE BATTLE CREEK, MI 49017-3397	**_***9120	501(C)(3)	10,000.	0.			FOR NEW PRESIDENT SEARCH EXPENSES

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SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N. 39TH STREET AUGUSTA, MI 49012	**-***7869	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N. 39TH STREET AUGUSTA, MI 49012	**-***7869	501(C)(3)	10,000.	0.			ASSIST IN THE DEVELOPMENT OF THE PARK, A CREATIVE OUTDOOR PLAY SPACE
SOUTHERN AFRICA LEGAL SERVICES FOUNDATION - 1015 15TH STREET N. W. - WASHINGTON, DC 20005	**-***8054	501(C)(3)	10,000.	0.			CORE OPERATING SUPPORT TO SUPPORT THE LEGAL RESOURCES CENTRE, SOUTH AFRICA'S LARGEST AND
SOUTHERN SHORES FIELD SERVICE COUNCIL-BOY SCOUTS OF AMERICA - 1035 W. MAPLE STREET - KALAMAZOO, MI 49008	**-***6300	501(C)(3)	10,000.	0.			IN SUPPORT OF THE PROGRAMS OF THIS COUNCIL OF THE BSA
ST. MARK LUTHERAN CHURCH 114 E. MINGES ROAD BATTLE CREEK, MI 49015	**-***2216	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE AVENUE D BOYS CHOIR P.O. BOX 2046 FORT PIERCE, FL 34954	*****6354	501(C)(3)	10,000.	0.			GENERAL YOUTH PROGRAMMING SUPPORT
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	**-***7748	501(C)(3)	10,000.	0.			CIRQUE FANTASY - BEAUTY AND THE BEAST
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 709 S. WESTNEDGE AVE. - KALAMAZOO, MI 49007	**-***9193	501(C)(3)	10,000.	0.			TO SUPPORT PROGRAMS THAT RESPOND TO THE NEEDS OF VULNERABLE CHILDREN
URBAN LEAGUE OF BATTLE CREEK 172 WEST VANBUREN STREET BATTLE CREEK, MI 49017	**-***7220	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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INTERNATIONAL YOUTH FOUNDATION 32 SOUTH ST. STE. 500 BALTIMORE, MD 21202	**-***5397	501(C)(3)	9,660.	0.			GENERAL SUPPORT
GENERATION E INSTITUTE 15 CAPITAL AVE. NE SUITE 207 BATTLE CREEK, MI 49017	**-***3586	501(C)(3)	9,600.	0.			ENTREPRENEURSHIP, A CALL TO ACTION
COUNCIL ON FOUNDATIONS P.O. BOX 75661 BALTMORE, MD 21275-5661	**-***8327	501(C)(3)	9,510.	0.			2013 MEMBERSHIP DUES
GIRL SCOUTS HEART OF MICHIGAN 601 WEST MAPLE ST. KALAMAZOO, MI 49008	**-***1320	501(C)(3)	9,250.	0.			GIRL SCOUTS HEART OF MICHIGAN AFTER-SCHOOL OUTREACH PROGRAM
KALAMAZOO YOUTH FOR CHRIST 122 W. CROSSTOWN PARKWAY KALAMAZOO, MI 49001	**-***3558	501(C)(3)	9,000.	0.			SUPPORT MISSION TRIPS TO THE DOMINICAN REPUBLIC
LIONS CLUB OF BATTLE CREEK 309 BECKETT PARK BATTLE CREEK, MI 49015	**-***0225	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PARENT TO PARENT 406 E. MICHIGAN AVENUE KALAMAZOO, MI 49007	**-***6664	501(C)(3)	8,000.	0.			PART TIME FAMILY SUPPORT PARTNER
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016-0199	**-***6401	501(C)(3)	8,000.	0.			DEBRA FROST MEMORIAL - S.A.F.E. PLACE 30TH ANNIVERSARY GIFT
ST. MARK LUTHERAN CHURCH 114 E. MINGES ROAD BATTLE CREEK, MI 49015	**-***2216	501(C)(3)	8,000.	0.			GENERAL OPERATING EXPENSES

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OLD LAKEVIEW AREA NEIGHBORHOOD NETWORK - 99 WINTER STREET - BATTLE CREEK, MI 49015	**_***7220	501(C)(3)	7,800.	0.			OLAN OUTREACH
GRAND TETON MUSIC FESTIVAL 4015 NORTH LAKE CREEK DRIVE WILSON, WY 83014	**_***4152	501(C)(3)	7,594.	0.			GENERAL SUPPORT
BATTLE CREEK YOUTH ORCHESTRA PO BOX 846 BATTLE CREEK, MI 49016	**_***3717	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT 2013-2014
CARSON SCHOLARS FUND INC. 305 W. CHESAPEAKE AVENUE TOWSON, MD 21204	**_***1346	501(C)(3)	7,500.	0.			2013 CARSON SCHOLARS RECIPIENTS
FESTIVUS COMMITTEE 146 N. WABASH BATTLE CREEK, MI 49017	**_***5459	509(A)(1)	7,500.	0.			FESTIVUS
IRVING S. GILMORE INTERNATIONAL KEYBOARD FESTIVAL - 359 S. KALAMAZOO MALL STE.101 - KALAMAZOO, MI 49007-4843	**_***8071	501(C)(3)	7,500.	0.			FOR THE BARRY HARRIS JAZZ CLUB
SOUTHERN SHORES FIELD SERVICE COUNCIL-BOY SCOUTS OF AMERICA - 1035 W. MAPLE STREET - KALAMAZOO, MI 49008	**_***6300	501(C)(3)	7,500.	0.			SPEAKER AT FALL CAMPOREE 2013
LEILA ARBORETUM SOCIETY 928 W. MICHIGAN AVENUE BATTLE CREEK, MI 49037	**_***8975	501(C)(3)	7,211.	0.			2012-13 OPERATING SUPPORT GRANT
BATTLE CREEK AREA MATH & SCIENCE CENTER - 765 UPTON AVENUE - BATTLE CREEK, MI 49037	**_***0746	501(C)(3)	7,000.	0.			TO HONOR THE SERVICE OF CONNIE DUNCAN

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BRASS BAND OF BATTLE CREEK 519 N. MADISON ST. MARSHALL, MI 49068	**-***4879	501(C)(3)	7,000.	0.			BBBC YOUTH BRASS BAND
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016-0199	**-***6401	501(C)(3)	7,000.	0.			FOR S.A.F.E. PLACE URGENT NEEDS - PART OF MATCHING GRANT PER THE BATTLE CREEK COMMUNITY
ST. PHILIP CHURCH 112 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	**-***9094	501(C)(3)	7,000.	0.			ANNUAL DONATION
REDEMPTION LUTHERAN CHURCH 2450 W. MICHIGAN AVENUE BATTLE CREEK, MI 49017	**-***5997	501(C)(3)	6,930.	0.			GENERAL SUPPORT
VAN ANDEL INSTITUTE 333 BOSTWOCK AVENUE NE GRAND RAPIDS, MI 49503	**-***0820	501(C)(3)	6,814.	0.			DONATION FROM MILES FOR MEMORIES CPF
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	**-***1101	501(C)(3)	6,000.	0.			DISTRIBUTION FROM FUNDS FOR PROGRAMMING
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	**-***1101	501(C)(3)	6,000.	0.			DISTRIBUTION FROM FUNDS FOR PROGRAMMING
CEREAL CITY HOOPSTERS 64 MAPLE TERRACE BATTLE CREEK, MI 49017	**-***7928	501(C)(3)	6,000.	0.			RESTRICTED TO USE IN MEETING THE COMMUNITY FUNDRAISING CHALLENGE
HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN - 2500 WATKINS ROAD - BATTLE CREEK, MI 49015	**-***7902	501(C)(3)	5,750.	0.			COMMUNITY LOW INCOME SPAY/NEUTER PROGRAM

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MICHIGAN YOUTH CHALLENGE ACADEMY BLDG #13 5500 ARMSTRONG RD BATTLE CREEK, MI 49037	**-***0134	501(C)(3)	5,750.	0.			OUTREACH AND SUSTAINABILITY PROGRAM
READ ALOUD LLC 922B CAPITAL AVENUE SW BATTLE CREEK, MI 49015	**-***7220	501(C)(3)	5,673.	0.			THE CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS
HERITAGE BATTLE CREEK 165 N. WASHINGTON AVENUE BATTLE CREEK, MI 49017	**-***5459	509(A)(1)	5,190.	0.			GENERAL SUPPORT
ALUMNI ASSOCIATION OF THE UNIVERSITY OF MICHIGAN - 200 FLETCHER STREET - ANN ARBOR, MI 48109	**-***6591	501(C)(3)	5,000.	0.			TO ESTABLISH A SCHOLARSHIP
ALUMNI ASSOCIATION OF THE UNIVERSITY OF MICHIGAN - 200 FLETCHER STREET - ANN ARBOR, MI 48109	**-***6591	501(C)(3)	5,000.	0.			LEAD SCHOLARS GENERAL FUND
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	**-***1101	501(C)(3)	5,000.	0.			ART OF THE GARDEN EXHIBIT
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVE. N.E. BATTLE CREEK, MI 49017	**-***6068	501(C)(3)	5,000.	0.			PEAPODS PROGRAM
BINDA DYSLEXIA CENTER 450 NORTH AVE BATTLE CREEK, MI 49017	**-***3249	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSE: TO HELP WITH SPECIAL PROGRAMS FOR TEACHERS AND PARENTS
BRASS BAND OF BATTLE CREEK 519 N. MADISON ST. MARSHALL, MI 49068	**-***4879	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	**-***6791	501(C)(3)	5,000.	0.			SPRING FLING FUNDRAISER FOR THE CANCER CENTER
BURMA CENTER (BURMESE AMERICAN INITIATIVE) - 4317 WEST DICKMAN ROAD - SPRINGFIELD, MI 49037	**-***1329	501(C)(3)	5,000.	0.			ENGLISH AS A SECOND LANGUAGE
CALHOUN COUNTY CANCER CONTROL COALITION - PO BOX 413 - BATTLE CREEK, MI 49016	**-***9513	501(C)(3)	5,000.	0.			CALHOUN COUNTY CANCER CONTROL COALITION
CALHOUN COUNTY CANCER CONTROL COALITION - SUBSTANCE ABUSE COUNCIL - BATTLE CREEK, MI 49017	**-***9513	501(C)(3)	5,000.	0.			SPONSORSHIP OF COLON CANCER AWARENESS 5K RUN/WALK
COMMUNITY HEALTHCARE CONNECTIONS 190 E MICHIGAN AVE SUITE 385 BATTLE CREEK, MI 49014	**-***7744	501(C)(3)	5,000.	0.			TO SUPPORT CHILDREN (UP TO 22 YEARS OLD) IN SECURING TRANSPORTATION FOR MEDICAL SERVICES
COMMUNITY INCLUSIVE RECREATION 154 WEST STREET BATTLE CREEK, MI 49037	**-***0874	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GENERATION E INSTITUTE 15 CAPITAL AVE. NE SUITE 207 BATTLE CREEK, MI 49017	**-***3586	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
IFYE ASSOCIATION OF THE U.S.A. 6037 FREJON SYLVANIA, OH 43560	**-***5638	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MARTIN HEALTH FOUNDATION P.O. BOX 9010 STUART, FL 34995	**-***7522	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 STATE UNIVERSITY - DEPARTMENT OF FOOD SCIENCE AND HUMAN NUTRITION - 204 G.M. TROUT FSHN BUILDING - EAST LANSING, MI	**-***5984	501(C)(3)	5,000.	0.			A112265 - DALE R. RAMSOS ENDOWED FUND FOR NUTRITIONAL RESEARCH
NONPROFIT ALLIANCE AT KELLOGG COMMUNITY COLLEGE - ROLL BUILDING THIRD FLOOR 301 - BATTLE CREEK, MI 49017	**-***2332	501(C)(3)	5,000.	0.			FOSTERING NONPROFIT SECTOR EXCELLENCE IN GREATER BATTLE CREEK
OAKLAWN HOSPITAL 200 NORTH MADISON MARSHALL, MI 49068	**-***8347	501(C)(3)	5,000.	0.			CUNCUSSION BASELINE TESTING PROGRAM
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016-0199	**-***6401	501(C)(3)	5,000.	0.			FOR S.A.F.E. PLACE URGENT NEEDS - PART OF MATCHING GRANT PER THE BATTLE CREEK COMMUNITY
SOUTHWEST MICHIGAN CHAPTER OF THE AMERICAN GUILD OF ORGANISTS - 725 VILLAGE ST APT 2 - KALAMAZOO, MI 49008-1191	**-***1583	501(C)(3)	5,000.	0.			TO SUPPORT RESTORATION OF AEOLIAN-SKINNER ORGAN AT WK KELLOGG AUDITORIUM IN BATTLE CREEK
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 709 S. WESTNEDGE AVE. - KALAMAZOO, MI 49007	**-***9193	501(C)(3)	5,000.	0.			SALOME THOMAS-EL VISIT TO BATTLE CREEK AREA
URBAN LEAGUE OF BATTLE CREEK 172 WEST VANBUREN STREET BATTLE CREEK, MI 49017	**-***7220	501(C)(3)	5,000.	0.			FREEDOM SCHOOL PROGRAM- GENERAL SUPPORT

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

**PART I, LINE 2:**

EXPLANATION: 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

**Part IV** Supplemental Information

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BEHAVIORAL IDEAS LAB INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR PLANNING, DESIGN AND  
 DEVELOPMENT OF AN INNOVATIVE PROJECT TO SEEK TO INTERRUPT THE  
 INTERGENERATIONAL TRANSFER OF POVERTY AMONG VULNERABLE CHILDREN AND  
 FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

CORPORATION FOR ENTERPRISE DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR PLANNING, DESIGN  
 AND DEVELOPMENT OF INNOVATIVE WAYS TO USE ASSET DEVELOPMENT STRATEGIES TO  
 INTERRUPT THE INTERGENERATIONAL TRANSFER OF POVERTY AMONG VULNERABLE  
 CHILDREN AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: HAVEN OF REST MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EMILY ANDRUS HOME  
 OPENING AS THE NEW WOMEN'S LIFE RECOVERY PROGRAM; FROM AN ANONYMOUS DONOR

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY INCLUSIVE RECREATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR GENERAL SUPPORT AND ORGANIZATIONAL PLANNING, DEVELOPMENT, TRANSITION PLANNING AND EXECUTION

NAME OF ORGANIZATION OR GOVERNMENT: LIFESPAN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT PROPOSAL FOR ASSISTANCE TO THE TERMINALLY ILL &/OR FAMILIES OF THE TERMINALLY ILL

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORT OF THE MIAMI UNIVERSITY URBAN TEACHING COHORT, UNDER THE GUIDANCE OF DR. TAMMY SCHWARTZ

NAME OF ORGANIZATION OR GOVERNMENT: AMERICANS FOR OXFORD INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR THE UNIVERSITY OF OXFORD TO BE RESTRICTED FOR USE BY KELLOGG COLLEGE TO PROVIDE PRESIDENT JONATHAN MICHIE OF KELLOGG COLLEGE WITH DISCRETIONARY FUNDS TO BE USED AS HE DEEMS APPROPRIATE FOR KELLOGG COLLEGE.

NAME OF ORGANIZATION OR GOVERNMENT: GUIDESTAR USA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CORE OPERATING FUNDING TO SUPPORT GUIDESTAR'S EFFORTS TO WORK IN PARTNERSHIP WITH OTHER ORGANIZATIONS TO PROMOTE EFFECTIVE PHILANTHROPY AND BUILD A STRONG NONPROFIT SECTOR.

NAME OF ORGANIZATION OR GOVERNMENT: ADVANCEMENT PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR THE 2014 WATER COOLER CONFERENCE TO PROMOTE SUPPORT FOR EARLY CHILDHOOD EDUCATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BBB WISE GIVING ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: CORE OPERATING FUNDING TO SUPPORT BBB WISE GIVING ALLIANCE'S EFFORTS TO WORK IN PARTNERSHIP WITH OTHER ORGANIZATIONS TO PROMOTE EFFECTIVE PHILANTHROPY AND BUILD A STRONG NONPROFIT SECTOR.

NAME OF ORGANIZATION OR GOVERNMENT: CEREAL CITY HOOPSTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF CLAUDE EVANS PARK FOR THE NORTHSIDE BC SO THAT YOUTH CAN ENGAGE IN FAMILY AND FUN EVENTS.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S INSTITUTE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR DANIEL BEATY'S PARTICIPATION AND PERFORMANCE AT INDEPENDENT SECTOR ANNUAL CONFERENCE IN NYC SEPTEMBER 29 - OCTOBER 1, 2013 TO RAISE AWARENESS OF ISSUES OF RACIAL EQUITY, RACIAL DISCRIMINATION, AND THE CHALLENGES FACING YOUTH OF COLOR AS THEY STRIVE TO BECOME ADULTS IN CONTEMPORARY AMERICA

NAME OF ORGANIZATION OR GOVERNMENT: LEILA ARBORETUM SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: URBANDALE COMMUNITY VEGETABLE GARDEN AND GARDENING 365 - URBAN FARMER TRAINING PROGRAM EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: LEILA ARBORETUM SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: URBANDALE COMMUNITY VEGETABLE GARDEN AND GARDENING 365 - URBAN FARMER TRAINING PROGRAM EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: POOR MAGAZINE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR EFFORTS TO

**Part IV** Supplemental Information

PROMOTE THE WELLBEING AND EMPOWERMENT OF VULNERABLE CHILDREN AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: ROBERT B. MILLER COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF THE MILLER FOUNDATION'S 50TH ANNIVERSARY. THE GRANT IS TO SUPPORT OPPORTUNITIES FOR LOCAL RESIDENTS TO ACCESS THE COLLEGE (SUCH AS SCHOLARSHIPS).

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHERN AFRICA LEGAL SERVICES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CORE OPERATING SUPPORT TO SUPPORT THE LEGAL RESOURCES CENTRE, SOUTH AFRICA'S LARGEST AND OLDEST PUBLIC INTEREST LAW ORGANIZATION, AND TO SUPPORT ACCESS TO JUSTICE FOR THE POOR AND DISENFRANCHISED OF SOUTH AFRICA

NAME OF ORGANIZATION OR GOVERNMENT: S.A.F.E. PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR S.A.F.E. PLACE URGENT NEEDS - PART OF MATCHING GRANT PER THE BATTLE CREEK COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: S.A.F.E. PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR S.A.F.E. PLACE URGENT NEEDS - PART OF MATCHING GRANT PER THE BATTLE CREEK COMMUNITY FOUNDATION



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

**BATTLE CREEK COMMUNITY FOUNDATION**

Employer identification number

**\*\* - \*\*\* 5459**

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p><b>b</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 .....</p>	<b>1b</b>	<input checked="" type="checkbox"/>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>	<input checked="" type="checkbox"/>									
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>		<input checked="" type="checkbox"/>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>		<input checked="" type="checkbox"/>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>		<input checked="" type="checkbox"/>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>											
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p><b>a</b> The organization? .....</p>	<b>5a</b>		<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>		<input checked="" type="checkbox"/>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p><b>a</b> The organization? .....</p>	<b>6a</b>		<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>		<input checked="" type="checkbox"/>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>		<input checked="" type="checkbox"/>								
<p><b>8</b> Were any amounts reported in 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 .....</p>	<b>8</b>		<input checked="" type="checkbox"/>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>										

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

Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRENDA L. HUNT PRESIDENT/CEO	(i)	144,750.	12,000.	0.	10,723.	17,514.	184,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 1A:**

**EXPLANATION: BATTLE CREEK COUNTRY CLUB MEMBERSHIP FOR PRESIDENT AND CEO.**

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **BATTLE CREEK COMMUNITY FOUNDATION** Employer identification number **\*\* - \*\*\*5459**

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	1 50,099.	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	X	1 50,000.	APPRAISED VALUE	
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number

\*\* - \*\*\*5459

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY OF THE FORM 990 IS PROVIDED TO BOTH THE AUDIT COMMITTEE AND THE FULL BOARD OF TRUSTEES AT A BOARD MEETING FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION FOR KEY EMPLOYEES IS HANDLED BY THE COMPENSATION COMMITTEE WHICH CONSISTS OF THE DIRECTOR OF HUMAN RESOURCES IN CONJUNCTION WITH VOLUNTEER MEMBERS OF OUR BOARD. SEVERAL FACTORS CONTRIBUTE TO DETERMINING WAGES OF KEY EMPLOYEES SUCH AS WAGE SURVEYS AMONG OTHER COMMUNITY FOUNDATIONS, JOB DESCRIPTIONS, AND PERFORMANCE REVIEWS. WHEN ALL FACTORS HAVE BEEN ANALYZED A DETERMINATION IS MADE ON WAGES, BONUSES OR OTHER FORMS OF COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization  
BATTLE CREEK COMMUNITY FOUNDATION

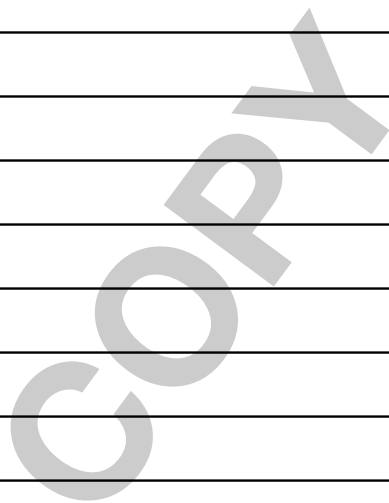
Employer identification number  
\*\*-\*\*\*5459

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN SPLIT INTEREST AGREEMENTS	104,481.
CHANGE IN VALUES OF CUSTODIAL FUND ACCOUNTS	-685,827.
TOTAL TO FORM 990, PART XI, LINE 9	-581,346.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS FOR SELECTING AND OVERSEEING THE WORK OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.



**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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**BATTLE CREEK COMMUNITY FOUNDATION**

Employer identification number  
**\*\* - \*\*\* 5459**

**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
BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY - 26-2064622, 34 W JACKSON STREET, ONE RIVERWALK CENTRE, BATTLE CREEK, MI	TITLE HOLDING COMPANY	MICHIGAN	501(C)2	LINE 1	BATTLE CREEK COMMUNITY FOUNDATION	X	
LEGACY SCHOLARS - 34-2039472 34 W JACKSON STREET, ONE RIVERWALK CENTRE BATTLE CREEK, MI 49017	YOUTH MENTORING AND SCHOLARSHIP	MICHIGAN	501(C)(3)	LINE 11A, I			X

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS



**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY	B	100,000.	FAIR MARKET VALUE
(2) BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY	K	59,962.	FAIR MARKET VALUE
(3) LEGACY SCHOLARS	B	130,000.	FAIR MARKET VALUE
(4) BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY	R	535,265.	NET BOOK VALUE
(5)			
(6)			



**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY

EIN: 26-2064622

34 W JACKSON STREET, ONE RIVERWALK CENTRE

BATTLE CREEK, MI 49017

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

LEGACY SCHOLARS

EIN: 34-2039472

34 W JACKSON STREET, ONE RIVERWALK CENTRE

BATTLE CREEK, MI 49017

