

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BATTLE CREEK COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>32 W MICHIGAN AVE STE 1</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>D</b> Employer identification number <b>38-2045459</b> <b>E</b> Telephone number <b>269-962-2181</b> <b>G</b> Gross receipts \$ <b>17,101,992.</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 ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BCCFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1974</b>		<b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<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>	<b>16</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>40</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>380</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>6,222,211.</b>	<b>4,379,985.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>194,636.</b>	<b>485,967.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>10,551,367.</b>	<b>1,727,088.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>58,233.</b>	<b>94,808.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>17,026,447.</b>	<b>6,687,848.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>6,828,471.</b>	<b>4,896,789.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,522,878.</b>	<b>1,650,429.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,302,079.</b>	<b>0.</b>	<b>23,750.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,341,722.</b>	<b>3,421,252.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,693,071.</b>	<b>9,992,220.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>5,333,376.</b>	<b>-3,304,372.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>113,010,571.</b>	<b>105,967,252.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>11,792,428.</b>	<b>11,667,322.</b>
<b>22</b>		<b>101,218,143.</b>	<b>94,299,930.</b>

**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 <b>BRENDA HUNT, PRESIDENT AND CEO</b> Type or print name and title	Date  			
<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>08/11/16</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00932757</b>
	Firm's name ▶ <b>REHMANN ROBSON LLC</b>	Firm's EIN ▶ <b>38-3635706</b>			
	Firm's address ▶ <b>2330 EAST PARIS AVE S.E. P.O. 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 \$ 4,896,789. including grants of \$ 4,896,789. ) (Revenue \$ ) GRANTMAKING AND SCHOLARSHIPS TO SUPPORT EDUCATION, HEALTH AND LIVABLE COMMUNITIES IN THE BATTLE CREEK, MI AREA

4b (Code: ) (Expenses \$ 2,271,687. including grants of \$ ) (Revenue \$ 485,967. ) 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 7,168,476.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 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
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 or for domestic individuals 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</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i> .....		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</b> <b>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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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 Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BRENDA L. HUNT - 269-962-2181 32 W MICHIGAN AVE STE 1, 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) AMY BAUMAN TREASURER	1.00	X		X				0.	0.	0.
(2) BILL SIMONDS PAST CHAIR	1.00	X		X				0.	0.	0.
(3) C. GLEN WALTER SECRETARY	1.00	X		X				0.	0.	0.
(4) DEONNE ESTES TRUSTEE	1.00	X						0.	0.	0.
(5) DOROTHY E. HEIGHT TRUSTEE	1.00	X						0.	0.	0.
(6) HALEY HARRIS TRUSTEE	1.00	X						0.	0.	0.
(7) MARCUS GLASS VICE CHAIR	1.00	X		X				0.	0.	0.
(8) PATRICK A. HORAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(9) RICK BARON CHAIR	1.00	X		X				0.	0.	0.
(10) THOMAS R. SHAW JR. MEMBER AT LARGE	1.00	X						0.	0.	0.
(11) TIMOTHY J. KOOL 2ND VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(12) THERESA L. DAWSON TRUSTEE	1.00	X						0.	0.	0.
(13) PHILLIP E. HARTER TRUSTEE	1.00	X						0.	0.	0.
(14) PRESTON HICKS TRUSTEE	1.00	X						0.	0.	0.
(15) KYLE THARP TRUSTEE	1.00	X						0.	0.	0.
(16) JAMES L. TREADWELL TRUSTEE	1.00	X						0.	0.	0.
(17) BRENDA L. HUNT PRESIDENT/CEO	37.50 1.00			X				172,500.	0.	18,683.





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	47,405.				
	<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>	4,332,580.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		187,522.				
	<b>h Total.</b> Add lines 1a-1f .....		4,379,985.				
	<b>Program Service Revenue</b>			<b>Business Code</b>			
<b>2 a</b> FUND MANAGEMENT FEES .....			561000	283,466.	283,466.		
<b>b</b> COMMUNITY BASED EDUCATION .....			900099	195,469.	195,469.		
<b>c</b> SENIOR CENTER MEMBERSHIP .....			900099	7,032.	7,032.		
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				485,967.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,267,304.		1,267,304.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	87,183.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		87,183.			
	<b>d</b> Net rental income or (loss) .....			87,183.		87,183.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	10,861,761.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		10,401,977.			
		<b>c</b> Gain or (loss) .....		459,784.			
	<b>d</b> Net gain or (loss) .....			459,784.		459,784.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 47,405. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	19,792.				
		<b>b</b> Less: direct expenses .....		12,167.			
<b>c</b> Net income or (loss) from fundraising events .....				7,625.		7,625.	
<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 .....						
<b>Miscellaneous Revenue</b>		<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. ....			6,687,848.	485,967.	0.	1,821,896.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,883,700.	4,883,700.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,089.	13,089.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	417,832.		227,217.	190,615.
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	943,030.	68,948.	475,325.	398,757.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,985.		21,200.	17,785.
9 Other employee benefits	148,993.	825.	80,573.	67,595.
10 Payroll taxes	101,589.	6,058.	51,950.	43,581.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	23,750.			23,750.
f Investment management fees	385,408.		209,585.	175,823.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	556,244.	379,435.	96,149.	80,660.
12 Advertising and promotion	59,961.	31,886.	15,267.	12,808.
13 Office expenses	132,572.	24,574.	58,729.	49,269.
14 Information technology	74,576.	7,686.	36,375.	30,515.
15 Royalties				
16 Occupancy	219,635.	93,557.	68,561.	57,517.
17 Travel	54,972.	35,218.	10,742.	9,012.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,764.	9,372.	37,192.	31,200.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,157.	47,780.	23,045.	19,332.
23 Insurance	49,598.	14,196.	19,252.	16,150.
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 <b>INTERFUND</b>	1,102,139.	1,102,139.	0.	0.
b <b>PROGRAMS</b>	152,154.	151,122.	561.	471.
c <b>MAINTENANCE</b>	139,392.	131,288.	4,407.	3,697.
d <b>TRAINING</b>	93,326.	6,055.	47,458.	39,813.
e All other expenses	233,354.	161,548.	38,077.	33,729.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	9,992,220.	7,168,476.	1,521,665.	1,302,079.
26 <b>Joint costs.</b> 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 .....	792,477.	<b>1</b>	776,323.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	456,973.	<b>3</b>	182,819.
	<b>4</b> Accounts receivable, net .....	32,326.	<b>4</b>	310,768.
	<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 .....		<b>5</b>	
	<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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,776,093.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 786,128.	735,399.	<b>10c</b> 1,989,965.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	109,877,906.	<b>12</b>	102,029,973.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,115,490.	<b>15</b>	677,404.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	113,010,571.	<b>16</b>	105,967,252.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	454,495.	<b>17</b>	203,483.
	<b>18</b> Grants payable .....	3,676,634.	<b>18</b>	3,747,708.
	<b>19</b> Deferred revenue .....	566,730.	<b>19</b>	760,687.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	5,594,569.	<b>21</b>	5,455,444.
	<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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	1,500,000.	<b>25</b>	1,500,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,792,428.	<b>26</b>	11,667,322.
<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 .....	93,502,242.	<b>27</b>	87,397,957.
	<b>28</b> Temporarily restricted net assets .....	5,041,623.	<b>28</b>	4,213,020.
	<b>29</b> Permanently restricted net assets .....	2,674,278.	<b>29</b>	2,688,953.
	<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 .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	101,218,143.	<b>33</b>	94,299,930.	
<b>34</b> Total liabilities and net assets/fund balances .....	113,010,571.	<b>34</b>	105,967,252.	

**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	6,687,848.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,992,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,304,372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,218,143.
5	Net unrealized gains (losses) on investments	5	-3,320,698.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-293,143.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,299,930.

**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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,588,808.	3,828,371.	3,540,641.	6,242,213.	4,379,985.	21,580,018.
<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 .....	3,588,808.	3,828,371.	3,540,641.	6,242,213.	4,379,985.	21,580,018.
<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) .....						7,157,535.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,422,483.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	3,588,808.	3,828,371.	3,540,641.	6,242,213.	4,379,985.	21,580,018.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,257,539.	2,573,260.	3,664,661.	783,098.	1,354,487.	9,633,045.
<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 VI.) .....	10,108.	26,180.	56,472.	123,222.	19,792.	235,774.
<b>11 Total support.</b> Add lines 7 through 10						31,448,837.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	900,386.
<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 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	45.86 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	41.10 %
<b>16a 33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 VI 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 - 2014.</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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.) .....						
<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 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Lined area for supplemental information with a large diagonal 'COPY' watermark.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** **BATTLE CREEK COMMUNITY FOUNDATION** **Employer identification number** **38-2045459**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	86	
2 Aggregate value of contributions to (during year) .....	772,692.	
3 Aggregate value of grants from (during year) .....	1,318,689.	
4 Aggregate value at end of year .....	6,249,917.	
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" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

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

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

a Revenue included on Form 990, Part VIII, line 1 .....

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

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

Schedule D (Form 990) 2015

532051  
11-02-15

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	5,594,569.
d Additions during the year	257,560.
e Distributions during the year	396,685.
f Ending balance	5,455,444.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	95,801,460.	87,748,073.	87,752,423.	86,140,308.	86,367,157.
b Contributions	1,724,393.	1,809,498.	1,654,545.	2,289,113.	1,877,250.
c Net investment earnings, gains, and losses	7,416,039.	10,657,899.	7,973,818.	7,996,146.	2,422,430.
d Grants or scholarships	8,054,706.	4,414,010.	8,212,448.	8,673,144.	4,526,529.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	96,887,186.	95,801,460.	87,748,073.	87,752,423.	86,140,308.

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

- a Board designated or quasi-endowment  94.46 %
- b Permanent endowment  2.78 %
- c Temporarily restricted endowment  2.76 %

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

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

- (i) unrelated organizations  Yes  No
- (ii) related organizations  Yes  No

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,788,794.	194,473.	1,594,321.
c Leasehold improvements				
d Equipment		987,299.	591,655.	395,644.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,989,965.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER INVESTMENTS	102,029,973.	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>102,029,973.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<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" on 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) FUNDS DUE TO OTHERS NON-CUSTODIAL	1,135,097.
(3) DTO	364,903.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,500,000.</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" on Form 990, Part IV, line 12a.

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

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

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

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

**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 IV, LINE 1B:**

CUSTODIAL FUNDS MANAGED FOR OTHERS

**PART V, LINE 4:**

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

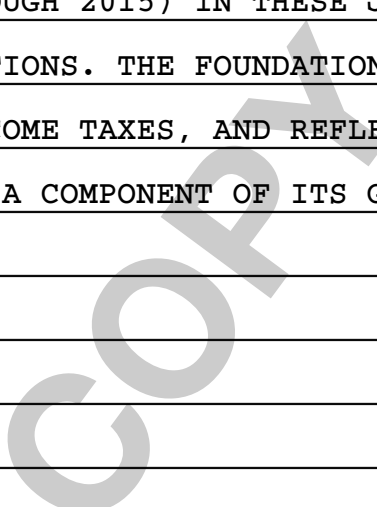
**PART X, LINE 2:**

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. ALTHOUGH THE

**Part XIII** Supplemental Information (continued)

FOUNDATION WAS GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE INCOME." SUCH INCOME, PURSUANT TO THE INTERNAL REVENUE CODE AND RELATED REGULATIONS, INCLUDES INVESTMENT INCOME SUCH AS INTEREST RECEIVED FROM SOURCES OTHER THAN DIRECTLY FROM PROGRAM FEES.

THE FOUNDATION ANALYZES ITS FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS (2012 THROUGH 2015) IN THESE JURISDICTIONS TO IDENTIFY POTENTIAL UNCERTAIN TAX POSITIONS. THE FOUNDATION TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS GENERAL OPERATING EXPENSES.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		MILES FOR MEMORIES	PSA HALL OF FAME GOLF OU	3		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	39,294.	9,325.	18,578.	67,197.
	2	Less: Contributions	31,417.	5,800.	10,188.	47,405.
	3	Gross income (line 1 minus line 2)	7,877.	3,525.	8,390.	19,792.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		236.	1,250.	1,486.
	6	Rent/facility costs				
	7	Food and beverages		626.	797.	1,423.
	8	Entertainment		2,116.	2,757.	4,873.
	9	Other direct expenses	3,108.	821.	456.	4,385.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				12,167.
11	Net income summary. Subtract line 10 from line 3, column (d)				7,625.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	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
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: MELANIE HANNA

(I) ADDRESS OF FUNDRAISER: 6304 MALVEY AVE., FORT WORTH, TX 76116

(II) ACTIVITY: FUNDRAISING FOR NATIONAL COLLEGE EQUESTRIAN ASSOCIATION



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **BATTLE CREEK COMMUNITY FOUNDATION** Employer identification number **38-2045459**

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

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

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

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

1 (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
AGAPE MINISTRIES 781 GOGUAC ST. BATTLE CREEK, MI 49017	38-3103759	501(C)(3)	29,050.	0.			EDUCATION/INSTRUCTION
AGW DANCE NETWORK 410 W. VAN BUREN STREET BATTLE CREEK, MI 49017	01-0791837	501(C)(3)	5,000.	0.			ARTS, CULTURE, HUMANITIES
ALBION COLLEGE 611 E PORTER STREET ALBION, MI 49224	38-1359081	501(C)(3)	30,000.	0.			EDUCATION/INSTRUCTION
ALBION COMMUNITY FOUNDATION 203 S. SUPERIOR STREET ALBION, MI 49224	23-7019029	501(C)(3)	10,000.	0.			ARTS, CULTURE, HUMANITIES
ALBION ECONOMIC DEVELOPMENT CORPORATION - 309 SUPERIOR ST. - ALBION, MI 49224	38-6004655	501(C)(3)	22,500.	0.			FOOD, NUTRITION, AGRICULTURE
ALL SPECIES KINSHIP P.O. BOX 4055 BATTLE CREEK, MI 49016	20-0498076	501(C)(3)	10,000.	0.			ANIMAL RELATED ACTIVITIES

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

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

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

Schedule I (Form 990) (2015)

**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
ALL SPECIES KINSHIP P.O. BOX 4055 BATTLE CREEK, MI 49016	20-0498076	501(C)(3)	10,000.	0.			ANIMAL RELATED ACTIVITIES
ALL SPECIES KINSHIP P.O. BOX 4055 BATTLE CREEK, MI 49016	20-0498076	501(C)(3)	10,000.	0.			ANIMAL RELATED ACTIVITIES
ALLIANCE FOR HAITI'S CHILDREN 1820 ELGIN DRIVE VIENNA, VA 22182	27-1780946	501(C)(3)	75,000.	0.			YOUTH DEVELOPMENT
AMERICAN RED CROSS SOUTHWEST MICHIGAN - 5640 VENTURE CT. - KALAMAZOO, MI 49009	38-1366902	501(C)(3)	21,000.	0.			DISEASE/DISORDER/MEDICAL DISCIPLINES
ANYBODIES PLAYGROUND RENOVATION COMMUNITY PROJECT FUND - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	6,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	38-6021101	501(C)(3)	7,000.	0.			ARTS, CULTURE, HUMANITIES
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	38-6021101	501(C)(3)	16,250.	0.			ARTS, CULTURE, HUMANITIES
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	38-6021101	501(C)(3)	20,000.	0.			ARTS, CULTURE, HUMANITIES
ART CENTER OF BATTLE CREEK 265 E. EMMETT STREET BATTLE CREEK, MI 49017	38-6021101	501(C)(3)	30,103.	0.			ARTS, CULTURE, HUMANITIES

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
ATHENS AREA SCHOOLS 4320 K DRIVE SOUTH EAST LEROY, MI 49051	38-6000745	501(C)(3)	7,252.	0.			EDUCATION/INSTRUCTION
BATTLE CREEK ACADEMY 480 PARKWAY DRIVE BATTLE CREEK, MI 49037	38-1554660	501(C)(3)	23,815.	0.			EDUCATION/INSTRUCTION
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC. - 63 N. 24TH STREET - BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	5,000.	0.			EDUCATION/INSTRUCTION
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC. - 63 N. 24TH STREET - BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	5,340.	0.			EDUCATION/INSTRUCTION
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC. - 63 N. 24TH STREET - BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	5,540.	0.			EDUCATION/INSTRUCTION
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC. - 63 N. 24TH STREET - BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	32,760.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BATTLE CREEK AREA CHAMBER OF COMMERCE - 34 WEST JACKSON STREET, SUITE 3 - BATTLE CREEK, MI 49017	38-0331530	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
BATTLE CREEK AREA CHAMBER OF COMMERCE - 34 WEST JACKSON STREET, SUITE 3A - BATTLE CREEK, MI 49017	38-0331530	501(C)(3)	32,185.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
BATTLE CREEK AREA FREEDOM SCHOOL 132 ABBINGTON COURT BATTLE CREEK, MI 49015	26-3286390	501(C)(3)	8,500.	0.			EDUCATION/INSTRUCTION

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
BATTLE CREEK AREA HABITAT FOR HUMANITY - 286 CAPITAL AVENUE, NE - BATTLE CREEK, MI 49017	38-2846821	501(C)(3)	12,000.	0.			HOUSING, SHELTER
BATTLE CREEK CENTRAL HALL OF FAME SCHOLARSHIP FUND - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	22,000.	0.			EDUCATION/INSTRUCTION
BATTLE CREEK CHRISTIAN SCHOOL SUPPORT FUND - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	9,720.	0.			EDUCATION/INSTRUCTION
BATTLE CREEK COMMUNITY FOUNDATION 32 W. MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	6,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
BATTLE CREEK COMMUNITY FOUNDATION 32 W. MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	20,520.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
BATTLE CREEK COMMUNITY FOUNDATION 32 W. MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	21,500.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	7,670.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING

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
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	30,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	40,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	60,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	215,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	42,390.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
BCCF 40TH ANNIVERSARY 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	5,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
BCCF ARTS & CULTURE OPERATING 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	111,103.	0.			ARTS, CULTURE, HUMANITIES
BETHEL CHRISTIAN REFORMED CHURCH 7693 CHURCHILL RD MANHATTAN, MT 59741	81-0348578	501(C)(3)	5,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
BINDER PARK ZOOLOGICAL SOCIETY, INC. - 7400 DIVISION DRIVE - BATTLE CREEK, MI 49014	51-0163223	501(C)(3)	5,000.	0.			ANIMAL RELATED ACTIVITIES

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
BINDER PARK ZOOLOGICAL SOCIETY, INC. - 7400 DIVISION DRIVE - BATTLE CREEK, MI 49014	51-0163223	501(C)(3)	10,000.	0.			ANIMAL RELATED ACTIVITIES
BINDER PARK ZOOLOGICAL SOCIETY, INC. - 7400 DIVISION DRIVE - BATTLE CREEK, MI 49014	51-0163223	501(C)(3)	10,000.	0.			ANIMAL RELATED ACTIVITIES
BINDER PARK ZOOLOGICAL SOCIETY, INC. - 7400 DIVISION DRIVE - BATTLE CREEK, MI 49014	51-0163223	501(C)(3)	108,280.	0.			ANIMAL RELATED ACTIVITIES
BME NETWORKS, INC. 1444 BISCAYNE BLVD, SUITE 203 MIAMI, FL 33132	46-3083316	501(C)(3)	50,000.	0.			COMMUNITIES OF COLOR/MINORITY PROGRAMS
BOY SCOUTS OF AMERICA, SOUTHERN SHORES FIELD SERVICE COUNCIL - 1791 W. COLUMBIA AVE. - BATTLE CREEK, MI 49015	38-1998734	501(C)(3)	21,970.	0.			YOUTH DEVELOPMENT
BRASS BAND OF BATTLE CREEK 1107 DEERFIELD ST. MARSHALL, MI 49068	38-3414879	501(C)(3)	5,000.	0.			ARTS, CULTURE, HUMANITIES
BRASS BAND OF BATTLE CREEK 1107 DEERFIELD ST. MARSHALL, MI 49068	38-3414879	501(C)(3)	5,000.	0.			EDUCATION/INSTRUCTION
BREASTFEEDING COALITION OF CALHOUN COUNTY - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	25,967.	0.			WOMEN'S PROGRAMS/ISSUES
BRONSON BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI 49017	38-2776791	501(C)(3)	31,500.	0.			HEALTH, GENERAL & REHABILITATIVE

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 ADOLESCENT OBESITY PREVENTION PROJECTS - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	5,449.	0.			HEALTH, GENERAL & REHABILITATIVE
BRONSON HEALTH FOUNDATION 301 JOHN STREET, BOX C KALAMAZOO, MI 49007	38-2415081	501(C)(3)	5,000.	0.			HEALTH, GENERAL & REHABILITATIVE
BRONSON HEALTH FOUNDATION 301 JOHN STREET, BOX C KALAMAZOO, MI 49007	38-2415081	501(C)(3)	25,000.	0.			HEALTH, GENERAL & REHABILITATIVE
BULLOCK MINORITY EDUCATION FUND 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	39,330.	0.			EDUCATION/INSTRUCTION
BURMA CENTER (BURMESE AMERICAN INITIATIVE) - 765 UPTON AVE - BATTLE CREEK, MI 49037	45-3441524	501(C)(3)	5,000.	0.			COMMUNITIES OF COLOR/MINORITY PROGRAMS
CALHOUN COUNTY FAIRGROUNDS TRANSITION FUND - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	10,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT - 190 E. MICHIGAN AVENUE, STE. A100 - BATTLE CREEK, MI 49014	38-6004358	501(C)(3)	7,499.	0.			HEALTH, GENERAL & REHABILITATIVE
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT - 190 E. MICHIGAN AVENUE, STE. A100 - BATTLE CREEK, MI 49014	38-6004358	501(C)(3)	7,499.	0.			HEALTH, GENERAL & REHABILITATIVE
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT - 190 E. MICHIGAN AVENUE, STE. A100 - BATTLE CREEK, MI 49014	38-6004358	501(C)(3)	75,000.	0.			HEALTH, GENERAL & REHABILITATIVE

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
CALHOUN COUNTY VISITORS BUREAU 34 WEST JACKSON BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	20,000.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
CALHOUN GREAT START COLLABORATIVE 475 E. ROOSEVELT AVE BATTLE CREEK, MI 49017	38-6062816	501(C)(3)	6,295.	0.			EDUCATION/INSTRUCTION
CARSON SCHOLARS FUND, INC. 305 W. CHESAPEAKE AVENUE TOWSON, MD 21204	52-1851346	501(C)(3)	7,500.	0.			EDUCATION/INSTRUCTION
CEREAL CITY HOOPSTERS 64 MAPLE TERRACE BATTLE CREEK, MI 49017	38-3227928	501(C)(3)	5,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	10,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	10,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
CHEFF THERAPEUTIC RIDING CENTER 8450 N. 43RD STREET AUGUSTA, MI 49012	38-6061238	501(C)(3)	5,300.	0.			HEALTH, GENERAL & REHABILITATIVE
CHEFF THERAPEUTIC RIDING CENTER 8450 N. 43RD STREET AUGUSTA, MI 49012	38-6061238	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
CITY OF ALBION 112 CASS STREET ALBION, MI 49224	38-6004655	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING

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.)

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CITY OF MARSHALL DIAL-A-RIDE TRANSIT (DART) - 323 W. MICHIGAN AVE. - MARSHALL, MI 49068	38-6004708	501(C)(3)	16,530.	0.			HEALTH, GENERAL & REHABILITATIVE
COMMUNITY HEALTHCARE CONNECTIONS 62 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49017	20-2717744	501(C)(3)	7,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COMMUNITY HEALTHCARE CONNECTIONS 62 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49017	20-2717744	501(C)(3)	8,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COMMUNITY HEALTHCARE CONNECTIONS 62 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49017	20-2717744	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COMMUNITY HEALTHCARE CONNECTIONS 62 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49017	20-2717744	501(C)(3)	13,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COMMUNITY INCLUSIVE RECREATION 331 WEST JACKSON STREET BATTLE CREEK, MI 49037	38-3180874	501(C)(3)	5,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
COMMUNITY INCLUSIVE RECREATION 331 WEST JACKSON STREET BATTLE CREEK, MI 49037	38-3180874	501(C)(3)	5,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
COMMUNITY INCLUSIVE RECREATION 331 WEST JACKSON STREET BATTLE CREEK, MI 49037	38-3180874	501(C)(3)	15,080.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
COMPREHENSIVE SENIOR CARE CORPORATION - 200 W. MICHIGAN AVE. SUITE 103 - BATTLE CREEK, MI 49017	01-0866698	501(C)(3)	7,500.	0.			HEALTH, GENERAL & REHABILITATIVE

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**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
COMPREHENSIVE SENIOR CARE CORPORATION - 200 W. MICHIGAN AVE. SUITE 103 - BATTLE CREEK, MI 49017	01-0866698	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COMPREHENSIVE SENIOR CARE CORPORATION - 200 W. MICHIGAN AVE. SUITE 103 - BATTLE CREEK, MI 49017	01-0866698	501(C)(3)	14,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COMPREHENSIVE SENIOR CARE CORPORATION - 200 W. MICHIGAN AVE. SUITE 103 - BATTLE CREEK, MI 49017	01-0866698	501(C)(3)	30,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COMPREHENSIVE SENIOR CARE CORPORATION - 200 W. MICHIGAN AVE. SUITE 103 - BATTLE CREEK, MI 49017	01-0866698	501(C)(3)	35,000.	0.			HEALTH, GENERAL & REHABILITATIVE
COUNCIL OF MICHIGAN FOUNDATIONS ONE S. HARBOR AVENUE, STE. 3 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	11,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
EARTH UNIVERSITY FOUNDATION 3525 PIEDMONT ROAD NE ATLANTA, GA 30305	38-2920639	501(C)(3)	30,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
EARTH UNIVERSITY FOUNDATION 3525 PIEDMONT ROAD NE ATLANTA, GA 30305	38-2920639	501(C)(3)	30,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
ECUMENICAL SENIOR CENTER 702 N. BURDICK STREET KALAMAZOO, MI 49007	38-3021624	501(C)(3)	45,646.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
FAMILY & CHILDREN SERVICES 778 WEST COLUMBIA AVENUE BATTLE CREEK, MI 49015	38-2118101	501(C)(3)	10,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE

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FAMILY & CHILDREN SERVICES 778 WEST COLUMBIA AVENUE BATTLE CREEK, MI 49015	38-2118101	501(C)(3)	10,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
FAMILY & CHILDREN SERVICES 778 WEST COLUMBIA AVENUE BATTLE CREEK, MI 49015	38-2118101	501(C)(3)	17,006.	0.			HEALTH, GENERAL & REHABILITATIVE
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 145 CAPITAL AVE. NE - BATTLE CREEK, MI 49017	38-6053184	501(C)(3)	5,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 145 CAPITAL AVE. NE - BATTLE CREEK, MI 49017	38-6053184	501(C)(3)	26,610.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
FIRST PRESBYTERIAN CHURCH 111 CAPITAL AVE., NE BATTLE CREEK, MI 49017	38-1366922	501(C)(3)	25,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
FISHER, SPIEGEL, KUNKLE, GERBER, P.C. - 4625 BECKLEY ROAD, #100 - BATTLE CREEK, MI 49015	38-2785556	501(C)(3)	5,000.	0.			EDUCATION/INSTRUCTION
FOOD BANK OF SOUTH CENTRAL MICHIGAN - P.O. BOX 408 - BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	5,000.	0.			FOOD, NUTRITION, AGRICULTURE
FOOD BANK OF SOUTH CENTRAL MICHIGAN - P.O. BOX 408 - BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	36,622.	0.			FOOD, NUTRITION, AGRICULTURE
FRANKE CENTER FOR THE ARTS 214 E. MANSION STREET MARSHALL, MI 49068	38-3636933	509(A)(3)	5,000.	0.			ARTS, CULTURE, HUMANITIES

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FSH SOCIETY - LEXINGTON, MA 450 BEDFORD ST. LEXINGTON, MA 02420	52-1762747	501(C)(3)	5,000.	0.			DISEASE/DISORDER/MEDICAL DISCIPLINES
FUND FOR BATTLE CREEK 32 W. MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	82,390.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
GENERATION E INSTITUTE 34 W. JACKSON ST. BATTLE CREEK, MI 49017	20-4693586	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
GET A MUSEUM FOR BATTLE CREEK AREA 149 PLEASANTVIEW DRIVE BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	6,933.	0.			ARTS, CULTURE, HUMANITIES
GET A MUSEUM FOR BATTLE CREEK AREA 149 PLEASANTVIEW DRIVE BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	7,500.	0.			ARTS, CULTURE, HUMANITIES
GET A MUSEUM FOR BATTLE CREEK AREA 149 PLEASANTVIEW DRIVE BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	9,244.	0.			ARTS, CULTURE, HUMANITIES
GIRL SCOUTS HEART OF MICHIGAN 601 WEST MAPLE ST. KALAMAZOO, MI 49008	38-1641320	501(C)(3)	6,500.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
GIRL SCOUTS HEART OF MICHIGAN 601 WEST MAPLE ST. KALAMAZOO, MI 49008	38-1641320	501(C)(3)	21,400.	0.			YOUTH DEVELOPMENT
GIRLS ON THE RUN OF CALHOUN COUNTY P.O. BOX 257 EAST LEROY, MI 49051	38-3318175	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE

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GLENN CROSS ARTS & INFRASTRUCTURE 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	9,820.	0.			ARTS, CULTURE, HUMANITIES
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND - 4820 WAYNE ROAD - BATTLE CREEK, MI 49037	38-1426892	501(C)(3)	10,000.	0.			EMPLOYMENT & JOBS
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND SUPPORT FUND - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	57,810.	0.			EMPLOYMENT & JOBS
GRACE HEALTH 181 W. EMMETT STREET BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	10,000.	0.			DISEASE/DISORDER/MEDICAL DISCIPLINES
GRAMBLING STATE UNIVERSITY FOUNDATION - 100 FOUNDERS ST #219 - GRAMBLING, LA 71245	05-0624523	501(C)(3)	30,000.	0.			EDUCATION/INSTRUCTION
GREATER BATTLE CREEK ICE HOCKEY ASSOCIATION - 75 HUSTON STREET - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	30,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
GREATER BATTLE CREEK ICE HOCKEY ASSOCIATION - 75 HUSTON STREET - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	150,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	5,000.	0.			HOUSING, SHELTER
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE

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HERITAGE BATTLE CREEK 165 N. WASHINGTON AVENUE BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	22,803.	0.			ARTS, CULTURE, HUMANITIES
HOMER AREA COMMUNITY FOUNDATION OPERATING ENDOWMENT FUND - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	6,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
HOMER COMMUNITY SCHOOLS 403 SOUTH HILLSDALE HOMER, MI 49245	38-6000792	501(C)(3)	15,000.	0.			EDUCATION/INSTRUCTION
HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN - 2500 WATKINS ROAD - BATTLE CREEK, MI 49015	38-1437902	501(C)(3)	5,000.	0.			ANIMAL RELATED ACTIVITIES
HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN - 2500 WATKINS ROAD - BATTLE CREEK, MI 49015	38-1437902	501(C)(3)	57,930.	0.			ANIMAL RELATED ACTIVITIES
HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN - 2500 WATKINS ROAD - BATTLE CREEK, MI 49015	38-1437902	501(C)(3)	57,930.	0.			ANIMAL RELATED ACTIVITIES
INTERCAMBIO DE COMUNIDADES 4735 WALNUT STREET, SUITE B BOULDER, CO 80301	20-0078381	501(C)(3)	10,000.	0.			COMMUNITIES OF COLOR/MINORITY PROGRAMS
INTERNATIONAL FESTIVAL OF LIGHTS 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	5,000.	0.			ARTS, CULTURE, HUMANITIES
INTERNATIONAL FESTIVAL OF LIGHTS 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	5,000.	0.			ARTS, CULTURE, HUMANITIES

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INTERNATIONAL YOUTH FOUNDATION 32 SOUTH ST., STE. 500 BALTIMORE, MD 21202	38-2935397	501(C)(3)	10,490.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
JOSEPH & MARION HEMPEL FUND 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	5,000.	0.			HEALTH, GENERAL & REHABILITATIVE
JUNIOR ACHIEVEMENT OF SOUTHWEST MICHIGAN - 2775 W. DICKMAN RD. SUITE H3 - BATTLE CREEK, MI 49037	38-1515420	501(C)(3)	5,000.	0.			EDUCATION/INSTRUCTION
JUNIOR ACHIEVEMENT OF SOUTHWEST MICHIGAN - 2775 W. DICKMAN RD. SUITE H3 - BATTLE CREEK, MI 49037	38-1515420	501(C)(3)	18,980.	0.			EDUCATION/INSTRUCTION
JUNIOR LEAGUE OF BATTLE CREEK 32 W MICHIGAN AVE, SUITE 1 BATTLE CREEK, MI 49017	38-6107366	501(C)(3)	15,000.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
KAMBLY LIVING CENTER 1003 NORTH AVENUE BATTLE CREEK, MI 49017	38-1622320	501(C)(3)	10,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
KAPPA ALPHA PSI 2322-24 NORTH BROAD ST. PHILADELPHIA, PA 19132	23-2205286	501(C)(3)	150,000.	0.			EDUCATION/INSTRUCTION
KELLOGG BIRD SANCTUARY 3700 EAST GULL LAKE DRIVE HICKORY CORNERS, MI 49060	38-6005984	501(C)(3)	10,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
KELLOGG COMMUNITY COLLEGE FOUNDATION - 450 NORTH AVENUE - BATTLE CREEK, MI 49017	38-3411520	501(C)(3)	10,000.	0.			EDUCATION/INSTRUCTION

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KINGMAN MUSEUM, INC. 175 LIMIT STREET BATTLE CREEK, MI 49037	38-358-5906	501(C)(3)	7,500.	0.			ARTS, CULTURE, HUMANITIES
KINGMAN MUSEUM, INC. 175 LIMIT STREET BATTLE CREEK, MI 49037	38-358-5906	501(C)(3)	35,000.	0.			ARTS, CULTURE, HUMANITIES
KM SPECIAL ASSISTANCE 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	10,000.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	5,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	7,000.	0.			HEALTH, GENERAL & REHABILITATIVE
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	10,000.	0.			FOOD, NUTRITION, AGRICULTURE
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	13,752.	0.			FOOD, NUTRITION, AGRICULTURE
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	16,600.	0.			HEALTH, GENERAL & REHABILITATIVE
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	37,577.	0.			HEALTH, GENERAL & REHABILITATIVE

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KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	100,000.	0.			HEALTH, GENERAL & REHABILITATIVE
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	150,000.	0.			FOOD, NUTRITION, AGRICULTURE
KOOL FAMILY COMMUNITY CENTER 200 W. MICHIGAN AVE. BATTLE CREEK, MI 49017	26-2064623	501(C)(3)	375,000.	0.			HEALTH, GENERAL & REHABILITATIVE
LAKESIDE FOR CHILDREN FOUNDATION 3921 OAKLAND DRIVE KALAMAZOO, MI 49008	38-3696364	501(C)(3)	5,000.	0.			HEALTH, GENERAL & REHABILITATIVE
LAKEVIEW FORD COMMUNITY FUND 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	29,722.	0.			ARTS, CULTURE, HUMANITIES
LEGACY SCHOLARS SUPPORTING ORGANIZATION - 32 WEST MICHIGAN AVE., SUITE 1 - BATTLE CREEK, MI 49017	34-2039472	501(C)(3)	38,993.	0.			EDUCATION/INSTRUCTION
LEILA ARBORETUM SOCIETY 928 W. MICHIGAN AVE. BATTLE CREEK, MI 49037	38-2528975	501(C)(3)	10,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
LEILA ARBORETUM SOCIETY 928 W. MICHIGAN AVE. BATTLE CREEK, MI 49037	38-2528975	501(C)(3)	10,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
LIVABLE COMMUNITIES PROJECT FUND 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	10,000.	0.			ARTS, CULTURE, HUMANITIES

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MARSHALL ACADEMY 18203 HOMER RD MARSHALL, MI 49068	38-3553078	501(C)(3)	5,000.	0.			EDUCATION/INSTRUCTION
MARSHALL ACADEMY 18203 HOMER RD MARSHALL, MI 49068	38-3553078	501(C)(3)	5,000.	0.			EDUCATION/INSTRUCTION
MARTIN HEALTH FOUNDATION P.O. BOX 9010 STUART, FL 34995	59-2307522	501(C)(3)	5,000.	0.			HEALTH, GENERAL & REHABILITATIVE
MICHIGAN STATE UNIVERSITY COLLEGE OF AG. & NAT. RESOURCES - COLLEGE OF AG. & NAT. RESOURCES; EXTERNAL RELATIONS OFFICE - EAST LANSING,	38-6005984	501(C)(3)	30,000.	0.			EDUCATION/INSTRUCTION
MPOWERED ENTREPRENEURSHIP 530 SOUTH ST. ANN ARBOR, MI 48109	38-6006309	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
MUSCULAR DYSTROPHY ASSOCIATION 2133 UNIVERSITY PARK DRIVE, STE. 40 OKEMOS, MI 48864	13-1665552	501(C)(3)	6,570.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
NEW LEVEL SPORTS MINISTRIES 400 WEST MICHIGAN BATTLE CREEK, MI 49037	01-0582339	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
NEW LEVEL SPORTS MINISTRIES 400 WEST MICHIGAN BATTLE CREEK, MI 49037	01-0582339	501(C)(3)	8,000.	0.			HEALTH, GENERAL & REHABILITATIVE
NORTHPOINTE WOODS 700 NORTH AVENUE BATTLE CREEK, MI 49017	38-3370058	501(C)(3)	37,521.	0.			HEALTH, GENERAL & REHABILITATIVE

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PREGNANCY CARE WORKGROUP 32 WEST MICHIGAN AVE., SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	5,000.	0.			HEALTH, GENERAL & REHABILITATIVE
PRESBYTERIAN CHURCH OF JACKSON HOLE - P.O. BOX 7530 - JACKSON, WY 83002	83-0308728	501(C)(3)	6,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
PRESCOTT HOUSE 214 N. ARIZONA AVE PRESCOTT, AZ 86301	46-1821459	501(C)(3)	6,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
REGION 3B AREA AGENCY ON AGING 200 W. MICHIGAN AVENUE, STE. 102 BATTLE CREEK, MI 49017	38-3013931	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE
REGION 3B AREA AGENCY ON AGING 200 W. MICHIGAN AVENUE, STE. 102 BATTLE CREEK, MI 49017	38-3013931	501(C)(3)	12,500.	0.			HEALTH, GENERAL & REHABILITATIVE
ROTARY CLUB OF BATTLE CREEK P.O. BOX 2254 BATTLE CREEK, MI 49016	38-0986278	501(C)(3)	18,390.	0.			EDUCATION/INSTRUCTION
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	8,090.	0.			PUBLIC PROTECTION, CRIME, JUSTICE, LEGAL SERVICES
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	10,000.	0.			PUBLIC PROTECTION, CRIME, JUSTICE, LEGAL SERVICES
S.A.F.E. PLACE P.O. BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	45,893.	0.			PUBLIC PROTECTION, CRIME, JUSTICE, LEGAL SERVICES

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SEXUAL ASSAULT SERVICES OF CALHOUN COUNTY - 36 WEST MANCHESTER - BATTLE CREEK, MI 49037	38-2776791	501(C)(3)	7,607.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N. 39TH STREET AUGUSTA, MI 49012	38-3167869	501(C)(3)	9,720.	0.			YOUTH DEVELOPMENT
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N. 39TH STREET AUGUSTA, MI 49012	38-3167869	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N. 39TH STREET AUGUSTA, MI 49012	38-3167869	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
SHRINERS HOSPITALS FOR CHILDREN P.O. BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	17,420.	0.			DISEASE/DISORDER/MEDICAL DISCIPLINES
SOUTHERN SHORES FIELD SERVICE COUNCIL-BOY SCOUTS OF AMERICA - 1791 W. COLUMBIA AVE - BATTLE CREEK, MI 49015	22-1576300	501(C)(3)	7,500.	0.			RECREATION, LEISURE, SPORTS, ATHLETICS
SOUTHERN UNIVERSITY SYSTEM FOUNDATION - PO BOX 9562 - BATON ROUGE, LA 70813	23-7052911	501(C)(3)	5,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
SOUTHERN UNIVERSITY SYSTEM FOUNDATION - PO BOX 9562 - BATON ROUGE, LA 70813	23-7052911	501(C)(3)	30,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
SOUTHERN UNIVERSITY SYSTEM FOUNDATION - PO BOX 9562 - BATON ROUGE, LA 70813	23-7052911	501(C)(3)	175,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE

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
ST. BALDRICKS FOUNDATION 1333 S. MAYFLOWER AVENUE, STE. 400 MONROVIA, CA 91016	20-1173824	501(C)(3)	7,316.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
ST. MARK LUTHERAN CHURCH 114 E. MINGES ROAD BATTLE CREEK, MI 49015	38-1882216	501(C)(3)	10,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
ST. PHILIP CHURCH 112 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1359094	501(C)(3)	9,000.	0.			EDUCATION/INSTRUCTION
ST. PHILIP CHURCH 112 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1359094	501(C)(3)	50,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501(C)(3)	11,040.	0.			YOUTH DEVELOPMENT
THE FIRST TEE OF BATTLE CREEK 7255 B DR S BATTLE CREEK, MI 49014	38-6004523	501(C)(3)	13,000.	0.			HEALTH, GENERAL & REHABILITATIVE
THE LINKS FOUNDATION, INC. 1200 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005	52-1170830	501(C)(3)	15,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
THE LINKS FOUNDATION, INC. 1200 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005	52-1170830	501(C)(3)	35,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
THE LINKS FOUNDATION, INC. P.O. BOX 160236 ALTAMONTE SPRINGS, FL 32716	52-1170830	501(C)(3)	10,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE

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 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	10,000.	0.			ARTS, CULTURE, HUMANITIES
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	10,000.	0.			ARTS, CULTURE, HUMANITIES
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	34,000.	0.			ARTS, CULTURE, HUMANITIES
THE MUSIC CENTER 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-6087748	501(C)(3)	38,072.	0.			ARTS, CULTURE, HUMANITIES
THE SALVATION ARMY P.O. BOX 93 BATTLE CREEK, MI 49016	13-3485289	501(C)(3)	25,000.	0.			HUMAN SERVICE-MULTIPURPOSE/OTHE
THE UNIVERSITY MICHIGAN DIFFERENCE 3003 S. STATE STREET SUITE 9000 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	10,000.	0.			EDUCATION/INSTRUCTION
TOLEDO SEAGATE FOODBANK OF NW OHIO 526 HIGH STREET TOLEDO, OH 43609	51-0252948	501(C)(3)	11,500.	0.			FOOD, NUTRITION, AGRICULTURE
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 709 S. WESTNEDGE AVE. - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	6,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 709 S. WESTNEDGE AVE. - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	10,000.	0.			EDUCATION/INSTRUCTION

Schedule I (Form 990)

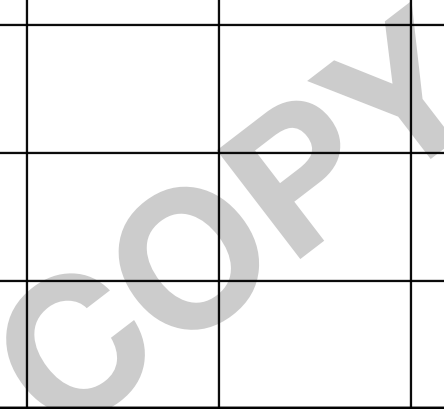
**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 709 S. WESTNEDGE AVE. - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING
VOCES 520 W. MICHIGAN AVE. BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	10,000.	0.			COMMUNITIES OF COLOR/MINORITY PROGRAMS
VOCES 520 W. MICHIGAN AVE. BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	11,468.	0.			HEALTH, GENERAL & REHABILITATIVE
WEST MARIN FUND PO BOX 1496 POINT REYES STATION, CA 94956	27-4102086	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
WHAT A DO THEATRE 4071 WEST DICKMAN ROAD BATTLE CREEK, MI 49037	27-1287542	501(C)(3)	9,650.	0.			EDUCATION/INSTRUCTION
WILLARD PUBLIC LIBRARY 7 W. VAN BUREN STREET BATTLE CREEK, MI 49017	38-3211873	501(C)(3)	48,660.	0.			EDUCATION/INSTRUCTION
WORLD OF CHILDREN 6200 STONERIDGE MALL ROAD, 3RD FLOOR PLEASANTON, CA 94588	31-1772381	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
ZERO DAY 206 BROOKSTONE CIRCLE DEWITT, MI 48820	27-3284326	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH ASSISTANCE TO COVERAGE WAGES, FAMILY TRAVEL AND FUNERAL EXPENSES	4	13,089.	0.		



**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:

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BATTLE CREEK COMMUNITY FOUNDATION**

Employer identification number

**38-2045459**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <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)          |

**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

**2** 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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

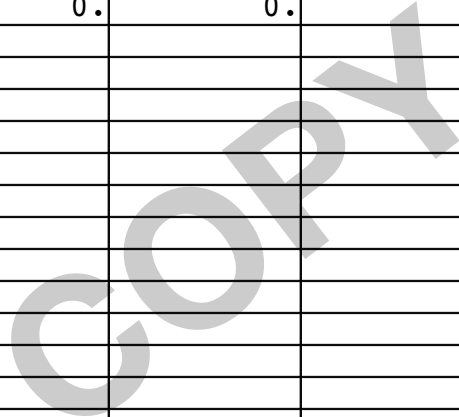


**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRENDA L. HUNT PRESIDENT/CEO	(i)	157,500.	15,000.	0.	7,875.	10,808.	191,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(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:

HEALTH AND FITNESS BENEFITS ARE MADE AVAILABLE TO ALL EMPLOYEES.

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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 **38-2045459**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	12	187,522.	STOCK MARKET PRICE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		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) (2015)



**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

**2015**

Open to Public  
Inspection

Name of the organization

BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number

38-2045459

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

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

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

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:

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:

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

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

CHANGES IN SPLIT INTEREST AGREEMENTS -293,143.

Name of the organization

BATTLE CREEK COMMUNITY FOUNDATION

Employer identification number

38-2045459

FORM 990, PART XII, LINE 2C

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

COPY

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization **BATTLE CREEK COMMUNITY FOUNDATION** Employer identification number **38-2045459**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY - 26-2064622, 32 W MICHIGAN, STE 1, BATTLE CREEK, MI 49017	TITLE HOLDING COMPANY	MICHIGAN	501(C)2		BATTLE CREEK COMMUNITY FOUNDATION	X	
LEGACY SCHOLARS - 34-2039472 32 W MICHIGAN, STE 1 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) 2015

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	58,357.	CASH
(2) BURNHAM BROOK COMMUNITY CENTER TITLE HOLDING COMPANY	R	60,548.	HISTORICAL COST
(3)			
(4)			
(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

32 W MICHIGAN, STE 1

BATTLE CREEK, MI 49017

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

LEGACY SCHOLARS

EIN: 34-2039472

32 W MICHIGAN, STE 1

BATTLE CREEK, MI 49017

