EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2016 calendar year, or tax year beginning $$ JUL $1,2016$ and ending	JUN 30, 201	L7			
B c	Check if pplicable:	C Name of organization	D Employer ider	ntification number			
	Address	LAKE MICHIGAN COLLEGE FOUNDATION					
	Name change	Doing business as	38	-2714753			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	·				
	Final return/ termin-	2755 EAST NAPIER AVENUE		6-927-8100			
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code BENTON HARBOR, MI 49022-1899		G Gross receipts \$ 9,726,002.			
	⊒return □Applica □tion		H(a) Is this a grou for subordina				
	tion pending	SAME AS C ABOVE		tes included? Yes No			
1 1	Гах-ехе	mpt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$		ch a list. (see instructions)			
		E: ► NA	H(c) Group exem	,			
				6 M State of legal domicile; M I			
Pa	art I	Summary		· •			
•	1 E	Briefly describe the organization's mission or most significant activities: $\ { t THE} \ { t MISS}$					
Activities & Governance	9	COLLEGE FOUNDATION IS TO RAISE FUNDS IN SUPPO	ORT OF LAKE I	MICHIGAN			
erna	2 (Check this box 🕨 🔛 if the organization discontinued its operations or disposed of r	nore than 25% of its net				
Š	3 1			3 34			
<u>ھ</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4 31 5 0			
ies	5 7	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5 0 6 35			
ξΞ	6 7	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		7a 0.			
Ac	h	Net unrelated business taxable income from Form 990-T, line 34		7a 0.			
		tet unrelated business taxable moome norm of one of the of	Prior Year	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)	2,205,723				
nue	l	Program service revenue (Part VIII, line 2g)		0.			
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	503,178				
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-35,939				
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,672,962				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	386,540				
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
Ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,620	0. 0.			
Expenses	16a ⊦	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	19,020	0.			
Exp	17 (other expenses (Part IX, column (D), line 25) U Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	438,960	330,176.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	845,120				
		Revenue less expenses. Subtract line 18 from line 12	1,827,842				
or		·	Beginning of Current Ye				
Net Assets or	20 7	otal assets (Part X, line 16)	15,581,705				
t As	21 7	otal liabilities (Part X, line 26)	279,272				
2	22	Net assets or fund balances. Subtract line 21 from line 20	15,302,433	3. 17,722,692.			
	art II	Signature Block		form by and also and by the table			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta , and complete. Declaration of preparer (other than officer) is based on all information of which pre		t my knowledge and beliet, it is			
uu,	, correct	and complete. Declaration of preparet (other than officer) is based on an information of which pre-	Jaier has any knowledge.				
Sigi	n	Signature of officer	Date				
Her	1	KELLI HAHN, TREASURER					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check				
Paid	ı <u>İ</u>	KERRY J. NELSON, CPA KERRY J. NELSON, CP	A 02/14/18 self-e				
		Firm's name REHMANN ROBSON LLC	Firm's EIN	→ 38-3635706			
Use	Only	Firm's address 2330 EAST PARIS AVE SE		C1 C 0 D F 44 0 0			
		GRAND RAPIDS, MI 49546	Phone no.	616-975-4100			

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Pa	Statement of Program Service Accomplishments	- T.F.
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE LAKE MICHIGAN COLLEGE FOUNDATION IS TO RAISE FUNDS	
	IN SUPPORT OF LAKE MICHIGAN COLLEGE AND ITS STUDENTS. THE LAKE	
	MICHIGAN COLLEGE FOUNDATION IS THE MAIN FUND-RAISING ORGANIZATION OF	
	LAKE MICHIGAN COLLEGE FOR THE SOLICITATION, RECEIPT AND MANAGEMENT OF	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 405,079 . including grants of \$ 405,079 .) (Revenue \$	
	THE FOUNDATION EXISTS TO SUPPORT LAKE MICHIGAN COLLEGE AND ITS	— ′
	STUDENTS. SCHOLARSHIPS WERE AWARDED TO VARIOUS STUDENTS AND PAYMENTS	
	WERE MADE TO SUPPORT VARIOUS COLLEGE PROGRAMS.	
	WIND HIDE TO BOTTONT VINCTOOD CONDING!	
	·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
اء 4	Other program conjuge (Deceribe in Schedule O.)	
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 405,079 •	
4e	Total program service expenses ► 405,079.	(0010)
	Form 990	(ZU16)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			**
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	X	

Form **990** (2016)

Form 990 (2016) LAKE MICHIGAN COLLEGE FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23	Х	
04-	Schedule J	23	- 21	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		_v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A support of former officer diseases to the control of the control	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		200		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
-		,	000	(0015)

Form 990 (2016) LAKE MICHIGAN COLLEGE FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	(
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(וֹס		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	(
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		x
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?	0115 01	giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices n	rovided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vioco p	ovided to the payor.	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			
	to file Form 8282?	· 		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413) 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	-			13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the executive vestion and the second for indeed to be a second of the second of th			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Scheduling			14b		
	, journal in the provide an explanation in conceasing				990	(2016)

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.

						X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34	1					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3:	L					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other						
	officer, director, trustee, or key employee?			2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the			_					
J	of officers, directors, or trustees, or key employees to a management company or other person?			3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
				5		X			
5 Did the organization become aware during the year of a significant diversion of the organization's assets?6 Did the organization have members or stockholders?									
6				6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•		7a		x			
more members of the governing body?									
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-						
а	The governing body?			8a	X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	t the						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
	(The social Disposit Mishington as as periodo not require as a second not require as a second not require as a				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100					
~			, annatos,	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y beloi	e illing the form:	IIa	-25				
b 10-				40-	Х				
12a				12a	X	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Λ	_			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -			v				
	in Schedule O how this was done			12c	X	37			
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent						
	$persons, comparability\ data,\ and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$								
	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		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 arranger	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		· ·						
	exempt status with respect to such arrangements?			16b					
Sec	tion 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	on 501(c)(3)e only)	vailabl					
10	for public inspection. Indicate how you made these available. Check all that apply.	OFCIII	on our (c)(o)s unity) i	.vanaDl	_				
40	Own website Another's website X Upon request Other (explain			J 4: · -	:=1				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	TILICT OF	interest policy, and	tinanc	ıaı				
	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 boo	oks and	d records:						
	MARY KLEMM - 269-927-6849								
	2755 E. NAPIER AVE, BENTON HARBOR, MI 49022								

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.

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	box	not cl , unles	ss per	ition more son is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RANDY BETTICH DIRECTOR	1.00	х						0.	0.	0.
(2) JIM MAROHN	1.00							•	•	
PRESIDENT	1.00	х		Х				0.	0.	0.
(3) SCOTT MCFARLAND	1.00							•	•	
DIRECTOR		Х						0.	0.	0.
(4) DEB O'CONNOR	1.00								•	
DIRECTOR		Х						0.	0.	0.
(5) GREG O'NIEL	1.00								-	
DIRECTOR		Х						0.	0.	0.
(6) TIM PASSARO	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RANDY REIMERS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TREVOR KUBATZKE	1.00									
DIRECTOR	39.00	X						0.	45,278.	9,590.
(9) JIM ROSS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DOUG SCHAFFER	1.00									
DIRECTOR	39.00	Х						0.	104,780.	46,942.
(11) JOAN SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MARY JO TOMASINI	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) MIKE WELCH	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) AMY WHITE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(15) DAVID SCHAFFER	1.00								•	•
VICE PRESIDENT	1 00	Х		X		_		0.	0.	0.
(16) JAMES KRYZEWSKI	1.00	٠,								^
DIRECTOR	1 00	Х				_		0.	0.	0.
(17) MIKE KNYTYCH	1.00								_	^
DIRECTOR		X						0.	0.	0. Form 990 (2016)

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(A) Name and title	(B) Average hours per week	box	not c , unle: cer ar	Posi heck i	more rson i	than is both	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	' ·	from from organiz and rel organiza	the ation ated
(18) JOHN JANICK	1.00	Х						0.				0
DIRECTOR (19) RICK BLAKE	1.00	^						0.	<u> </u>	+		0.
DIRECTOR	1,00	х						0.	0			0.
(20) JOHN BRINKER	1.00									\top		-
DIRECTOR		Х						0.	0			0.
(21) ROBERT BURCH	1.00								_			
DIRECTOR	1 00	Х				_		0.	0	•		0.
(22) ALFRED BUTZBAUGH	1.00	٦,										^
DIRECTOR (23) MICHAEL CARLSON	1.00	Х						0.	U	·-		0.
DIRECTOR	1.00	Х						0.	۱ ،			0.
(24) MATT CLAY	1.00	25				\vdash				$\dot{+}$		•
DIRECTOR		х						0.	0			0.
(25) JEFF CURRY	1.00											
DIRECTOR		Х						0.	0	•		0.
(26) SCOTT DIENES	1.00	l										
DIRECTOR		Х					<u> </u>	0.		•	<u> </u>	0.
1b Sub-total								0.	150,058 353,605			532. 194.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.	503,663			726.
Total number of individuals (including but not not not not not not not not not no						 e) wh	no re		•	• -		7200
compensation from the organization						,		-				0
 											Ye	s No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for si										<u> </u>	3	<u> </u>
4 For any individual listed on line 1a, is the su											. 37	
and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual		· 	4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										,	5	х
Section B. Independent Contractors	piete Scheaule	3 J T	or st	icn į	oers	on						
Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comper	satior	า from	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	NC	INC	5			\dashv	Description of s	ervices	Com	npensat	ion
							\dashv					
2 Total number of independent contractors (in	acluding but a	at lin	nitor	1 +0 +	ther	o lic	tod	above) who received m	ore than			
\$100,000 of compensation from the organiz	•	טנ ווו'	mec	ו נט ו	tnos (_	ıeu	above, who received mo	JIE UIAII			
SEE PART VII, SECTION		IN	UΑ	TI			HE	ETS		Fo	rm 99 ((2016)

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	HIGAN CO	ΙШ	LEG	Ľ	ΡU	NU	DA	TION	38-271	4/53
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individu	Instituti	Officer	Key employee	Highest	Former			
(27) GLORIA ENDER DIRECTOR	1.00	х						0.	0.	0 .
(28) CRAIG ERIKSON DIRECTOR	1.00	х						0.	0.	0
(29) SCOTT GEIK DIRECTOR	1.00	х						0.	0.	0
(30) JOHN GROVER DIRECTOR	1.00	х						0.	0.	0
(31) STEVEN HADAWAY DIRECTOR	1.00	х						0.	0.	0
(32) KELLI HAHN TREASURER	1.00 39.00	х		х				0.	132,320.	48,851
(33) PATSY HARTZELL DIRECTOR	1.00	х						0.	0.	0
(34) ROBERT HARRISON DIRECTOR	1.00 39.00	х						0.	132,621.	0
(35) KEN KOZMINSKI DIRECTOR	1.00	х						0.	0.	0
(36) MARY KLEMM SECRETARY	5.00 35.00			х				0.	88,664.	39,343
									, , , ,	, ,
Total to Part VII, Section A, line 1c	<u> </u>	<u> </u>	l		<u> </u>				353,605.	88,194

Form 990 (2016) LAKE MI
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			<u></u>	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 0	1 2	Federated campaigns	1a					312 314
Contributions, Gifts, Grants and Other Similar Amounts	ı a h	Membership dues	1 1					
S S		Fundraising events		154,877.				
fts, Ar	ا	Related organizations	1 1	202,077				
ig ig	u							
ons, Sir	e	Government grants (contributions gifts grant						
utic	ı	All other contributions, gifts, grant		991,947.				
ir Ott	_	similar amounts not included abov	,	338,146.				
ou!	9 h	Noncash contributions included in lines			1,146,824.			
Oa		Total. Add lines 1a-1f		Business Code				
	0.0			Business Code				
Program Service Revenue	z a b							
ser.	b							
m S	c d							
gra Re	u							
Pro	e •	All other program service reve	nuo					
_	•	Total. Add lines 2a-2f						
	3	Investment income (including						
	Ū	other similar amounts)			214,806.			214,806.
	4	Income from investment of tax			, -			, -
	5	Royalties		•				
	Ū	rioyardos	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Floar	(ii) i Greenar				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7,633,575.	1				
	b	Less: cost or other basis	, ,					
		and sales expenses	7,201,766.					
	С	Gain or (loss)						
		Net gain or (loss)			431,809.			431,809.
nue		Gross income from fundraising including \$ 154	g events (not					
Other Revenu		contributions reported on line						
Ä		Part IV, line 18		178,985.				
her	b	Less: direct expenses		40= =00				
δ		Net income or (loss) from fund			-8,748.			-8,748.
		Gross income from gaming ac						·
		Part IV, line 19		29,900.				
	b	Less: direct expenses		44 -00				
		Net income or (loss) from gam			18,200.			18,200.
		Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory	>				
		Miscellaneous Revenue	е	Business Code				
	11 a	OTHER INCOME		611710	521,912.			521,912.
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			521,912.	_	_	4.45
	12	Total revenue. See instructions.	<u></u>	>	2,324,803.	0.	0.	1,177,979.

Form 990 (2016) LAKE MICHIGAN COLLEGE FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	405,079.	405,079.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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				
8	Pension plan accruals and contributions (include				
=	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	1,625.		1,625.	
d		1,023		1,0231	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	8,880.		8,880.	
12	Advertising and promotion				
13	Office expenses	9,544.		9,544.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,860.		3,860.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,000.		2,000.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,028.		3,028.	
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 0.)				
а	ALLOCATED OVERHEAD	254,284.		254,284.	
b	BANK CHARGES	21,920.		21,920.	
С	BAD DEBT EXPENSE	13,130.		13,130.	
d	MISCELLANEOUS	4,173.		4,173.	
	All other expenses	7,732.		7,732.	
25	Total functional expenses. Add lines 1 through 24e	735,255.	405,079.	330,176.	0.
26	Joint costs. Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
60001	11-11-16		ı		Form 990 (2016)

Form **990** (2016)

Form 990 (2016)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		161,375.	1	6,277,765.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,935,747.	3	1,499,604.
	4	Accounts receivable, net		130.	4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ited employees. Complete			
		5			5	
	6	Loans and other receivables from other disquality				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
Ø		employees' beneficiary organizations (see instr).	•		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	B		15,994.	9	21,185.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	13,468,459.	11	10,420,777.	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	15,581,705.	16	18,219,331.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		40.050	18	04 050
	19	Deferred revenue		12,359.	19	21,859.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
es	22	Loans and other payables to current and former				
∄		key employees, highest compensated employee	s, and disqualified persons.			
Liabilities					22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	·	266 013	0.5	171 790
	06			266,913. 279,272.	25 26	474,780. 496,639.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) shock hare X and	217,212.	20	470,037.
		complete lines 27 through 29, and lines 33 an				
ces	27		u 04.	-4,769.	27	231,595.
au	28			12,305,831.	28	14,430,196.
Ва	29			3,001,371.	29	3,060,901.
pur	23	Organizations that do not follow SFAS 117 (A		3,002,0120	23	3700073020
Ē		and complete lines 30 through 34.				
S O	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
τÀ	32	Retained earnings, endowment, accumulated in			32	
Se	33			15,302,433.	33	17,722,692.
	34	Total liabilities and net assets/fund balances		15,581,705.	34	18,219,331.
						Farma 990 (0010)

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Act and OMB Circular A-133?

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 (2016)

За

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

38-2714753

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

га	111	neason for Public C	Juanty Status (All organizations must co	mpiete th	s part.) Se	e instructions.			
he.	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:	•							
5	X	An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C								
6	\square	A federal, state, or local gov								
7		An organization that norma	•	ntial part of its support fr	om a gove	rnmental i	unit or from the general إ	oublic described in		
		section 170(b)(1)(A)(vi). (C	• •							
8	\sqsubseteq	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(x) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or		
		university:								
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ıfter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section s	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	olete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving		
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org			ion with its	s supporte	d organization(s), by hav	ring		
		control or management o	•					-		
		organization(s). You mus			•					
С		Type III functionally inte			in connect	ion with. a	and functionally integrate	ed with.		
	-	its supported organization	= ::				• •	,		
d		☐ Type III non-functionally		·				ration(s)		
_		that is not functionally int					· · · · · · · · · · · · · · · · · · ·	* *		
		requirement (see instructi	-		•		='			
е		Check this box if the orga	,	•	•					
·		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
f	Ente	er the number of supported of	• •	iany integrated eapperti	ig organiz	410111				
a.		vide the following information	•	d organization(s)						
3		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see mistractions))						
ota										

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	403,058.	493,634.	2678331.	1205473.	1146824.	5927320.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	403,058.	493,634.	2678331.	1205473.	1146824.	5927320.
5	The portion of total contributions		·				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						798,347.
6	Public support. Subtract line 5 from line 4.						5128973.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	403,058.	493,634.	2678331.	1205473.	1146824.	5927320.
	Gross income from interest,	•	•				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	130,929.	130,569.	159,134.	166,694.	214,806.	802,132.
9	Net income from unrelated business	,	•	•	,	·	<u>, </u>
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,302.	8,540.	9,450.	17,194.	512,392.	550,878.
11	Total support. Add lines 7 through 10		•	•	,	•	7280330.
	Gross receipts from related activities,	etc. (see instructio	ns)		•	12	
	First five years. If the Form 990 is for	•	,	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	70.45 %
15	Public support percentage from 2015	Schedule A, Part I	I, line 14			15	73.94 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	iere. Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances" $$	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2015. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		<u> </u>
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First five years. If the Form 990 is for	· ·	, ,		,	() ()	· . —
<u>C-</u>	check this box and stop here						>
	ction C. Computation of Publi					T I	
15	Public support percentage for 2016 (I			olumn (f))		15	<u>%</u>
16	Public support percentage from 2015					16	%
_	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2016. If the						\
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Drivate foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and coo inc	etructions	▶ 7

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Gu		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9с		
10a		
401		
10b	N E71	

Pal	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	The state of the s	11c		i
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	uotioi 10).	Yes	No
а	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			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		Ju		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	man	_	_	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	^{t V} │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
	on E Bload Batton Allocations (see mod detector)		110 2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8_	Breakdown of line 7:			
<u>a</u>	Evenes from 2012			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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 B, lines 1 and 2; Part IV, Section B, lines 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 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.)	ı C, ırt V,
PART II, LINE 10	
OTHER INCOME - \$512,392	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MARCELLA SCHALON	403,296.	257,689.
WHIRLPOOL CORPORATION	239,907.	94,300.
THE FREDRICK S UPTON FOUNDATION	150,000.	4,393.
CATCH THE DREAM FOUNDATION	270,000.	124,393.
THE HUNTER FOUNDATION	150,000.	4,393.
GREG O'NEIL	250,000.	104,393.
FOUR WINDS CASINO RESORT	250,000.	104,393.
POKAGON BANK OF POTAWATOMI INDIANS	250,000.	104,393.
Total Excess Contributions to Schedule A, Part II, Line 5		798,347.

Schedule A

Identification of Unusual Grants

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
MR. AND MRS. MERLIN HANSON		12/31/15	1,000,250.
MR. AND MRS. MERLIN HANSON		12/31/14	1,500,000.
Total Unusual Grants			2,500,250.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

Employer identification number 38-2714753

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	l writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structo	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ition easements during the year
•	> \$		(I-)/A)/D)/?)
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organization	on s illianciai statements that describes	the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		•
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed	· ·	
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2016

Sche		CHIGAN COLI					38-27			age 2	
Pai	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or (Other S	Simila	r Assets	(contir	nued)		
3	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):										
а	Public exhibition	d	Loan or exc	hange program	ns						
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization	's exemp	t purpo	se in Part	XIII.			
5	During the year, did the organization solicit or	•	•	-	-						
	to be sold to raise funds rather than to be ma		•	•			\square	Yes		No	
Pai	rt IV Escrow and Custodial Arrang), Part IV,	line 9, or			
	reported an amount on Form 990, Par		· ·					ŕ			
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asset	ts not inc	luded					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII a										
	3	ŗ	3					Amoun	t		
С	Beginning balance					1c					
d	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo							Yes		No	
	If "Yes," explain the arrangement in Part XIII.				•	•		00		j	
	rt V Endowment Funds. Complete it										
	·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	hack	
1a	Beginning of year balance	8,716,816.	8,879,363.	8,925,			57,442.		,381,		
b	Contributions	1,249,094.	124,277.	 	341.		04,941.		<u> </u>	947.	
c	Net investment earnings, gains, and losses	970,055.	-17,599.	 			93,485.				
4	Grants or scholarships	, , , , , ,					,	-,			
u 2	Other expenditures for facilities										
E	. '	298,864.	269,225.	300,	285	2	30,284.		265	879.	
	and programs	250,002.	200,220.	,			,201.			• • • •	
t ~	Administrative expenses	10,637,101.	8,716,816.	8,879,	363	8 9	925,584. 7,557,		442		
g	End of year balance [Provide the estimated percentage of the current				303.	- , ,	23,301.	,	, , , ,		
2	Board designated or quasi-endowment	ent year end balance	e (iirie 19, columin (a)) Helu as.							
a	Permanent endowment > 28.65	0/									
b	Temporarily restricted endowment 7:	% 1 35									
C											
2-	The percentages on lines 2a, 2b, and 2c shown Are there endowment funds not in the possession.	•	tion that are hald a	ad administars	d for the	i	ation				
Sa		ssion of the organiza	tion that are neid a	ia administered	i for the t	organiza	ation	1	Vac	Na	
	by:							0-(1)	Yes	No X	
	(i) unrelated organizations							3a(i)		X	
	(ii) related organizations							3a(ii)			
	If "Yes" on line 3a(ii), are the related organizar							3b			
4 Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		vment funds.								
Fai			Deat IV Based as C	F	5-4-X P-	- 10					
	Complete if the organization answered						 				
	Description of property	(a) Cost or of basis (investm	` '	t or other (other)	(c) Accumulated depreciation			(d) Book value		е	
	Land										
b	Buildings										
c	Leasehold improvements										
	Equipment										
	1 1 ******										

Schedule D (Form 990) 2016

0.

e Other ..

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2016 LAKE MICHIG.	AN COLLEGE FO	UNDATION	38-2714753	Page
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	n: Cost or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X,	line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			<u> </u>	

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

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)	
Table (a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DUE TO OTHER FUNDS	474,780.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	474,780.	

^{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

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 LAKE MICHIGAN COLLEGE I	FOUNDATION	38-271475	3 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	<u>2.)</u>	5	
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 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 X, LINE 2:

THE FOUNDATION HAS EVALUATED ITS FILING POSITIONS IN FEDERAL AND STATE JURISDICTIONS WHERE REQUIRED TO FILE INCOME TAX RETURNS AND ALL OPEN TAX YEARS IN THESE JURISDICTIONS TO CONSIDER WHETHER IT HAS ENGAGED IN ACTIVITIES THAT JEOPARDIZE CURRENT TAX EXEMPT STATUS WITH THE IRS. FURTHERMORE, AN ORGANIZATION MUST DETERMINE IF IT HAS ANY UNRELATED BUSINESS INCOME THAT MAY BE SUBJECT TO INCOME TAXES. THE EVALUATION WAS PERFORMED FOR TAX YEARS 2013 THROUGH 2017, THE YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF JUNE 30, 2017. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THESE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2016

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

Employer identification number 38 – 271 4753

	CHICAN COLLEGE 100				30 2714	
Part I Fundraising Activities. required to complete this par	 Complete if the organization answett. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the followin	a activ	rities (Check all that apply		
a Mail solicitations				overnment grants		
_						
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?	Yes	No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be)
compensated at least \$5,000 by the	organization.					
	T			Γ		
(i) Name and address of individual		(iii)	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody itrol of	from activity	fundraiser	to (or retained by)
, (,		contrib	utions?		listed in col. (i)	organization
		Yes	No			
		163	140			
		1	I			
Total						
3 List all states in which the organization	on is registered or licensed to solicit of	ontrib	utions	or has been notified	it is exempt from re	gistration
or licensing.					in the externity in entry to	9.0.1.4.10.1.
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. S	Schedule G (Form 9	90 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 LAKE MICHIGAN COLLEGE FOUNDATION 38-2714753 Page 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 gro	ss income on Form 990	·EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			AUCTION	GOLF OUTING		col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	304,455.	29,407.		333,862.
	2	Less: Contributions	139,945.	14,932.		154,877.
	3	Gross income (line 1 minus line 2)	164,510.	14,475.		178,985.
	4	Cash prizes		1,210.		1,210.
"	5	Noncash prizes		205.		205.
benses	6	Rent/facility costs	738.			738.
Direct Expenses	7	Food and beverages	33,060.	5,655.		38,715.
Ö	8	Entertainment	4,500.			4,500.
	9	Other direct expenses	129,122.	13,243.		142,365.
	10	Direct expense summary. Add lines 4 through	0: 1 (1)	,	•	187,733.
	11	Net income summary. Subtract line 10 from lin				-8,748.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			29,900.	29,900.
S	2	Cash prizes			11,700.	11,700.
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	X Yes 100 %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			11,700.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	18,200.
_	_			τ		
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_			X Yes No
		No," explain:				ZZ Tes NO
-	_	, b				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes X No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 LAKE MICHIGAN COLLEGE FOUNDATION 38-2	<u> 2714753</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	X 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	X No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a 100	.00 %
		13b	%
	An outside facility	ISB	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► MARY KLEMM Address ► 2755 EAST NAPIER AVE - BENTON HARBOR, MI 49022		
	Address > 2733 EAST NAFTER AVE - BENTON HARDOR, MI 49022		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X 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 >		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Coming manager information		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Carring manager compensation • • • • • • • • • • • • • • • • • • •		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X 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 > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9b, 10l	o. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,,	,,
	100, 10, and 110, as applicable. Also provide any additional information. See institutions		
_			

Schedule G	G (Form 990 or 990-EZ)	${ t LAKE}$	MICHIGAN	COLLEGE	FOUNDATION	38-2714753	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation	(continued)				
			(continued)				
-							
						<u> </u>	
-							
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Schedule I (Form 990) (2016)

Name of the organization LAKE MICE	IIGAN COLL	EGE FOUNDAT	ION				$\begin{array}{c} \text{Employer identification number} \\ 38-2714753 \end{array}$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?				-		
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LAKE MICHIGAN COLLEGE 2755 E. NAPIER AVE.						CLOTHING, EQUIPMENT, GIFT	
BENTON HARBOR, MI 49022	38-1738980	501(C)(3)	388,189.	16,890.	DONOR VALUED	CARDS	SUPPORT OF THE COLLEGE
2 Enter total number of section 501(c)(3) a	I and government or	ranizations listed in th	le line 1 table		1	1	<u> </u>
3 Enter total number of other organization	•	•					

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

(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 noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
THE FOUNDATION INFORMS THE COLLEG	E OF AMOUN	TS AVAILA	BLE FOR SCH	OLARSHIPS.	
THE COLLEGE DIRECTS THE AWARDS TO) INDIVIDUA	L STUDENT	S. THE SAM	E OCCURS	
WITH ANY DONOR-DESIGNATED CONTRIE	BUTIONS. T	HE FOUNDA'	TION TELLS	THE COLLEGE	
HOW THE FUNDS ARE TO BE EXPENDED	AND THE CO	LLEGE MAK	ES SURE THE	FUNDS ARE	
EXPENDED AS DIRECTED.					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

Employer identification number

38-2714753

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the fo	ollowing to or for a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant inf	formation regarding these items.		
	First-class or charter travel	Housing allowance or residence for personal use		
	Travel for companions	Payments for business use of personal residence		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees		
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a	a written policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If	"No," complete Part III to explain1b		
2	Did the organization require substantiation prior to reimbursing or allow	ving expenses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding	the items checked on line 1a?		
3	Indicate which, if any, of the following the filing organization used to es	stablish 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 F	Part III.		
	Compensation committee	Written employment contract		
	Independent compensation consultant	Compensation survey or study		
	Form 990 of other organizations	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A	line 12 with respect to the filing		
7	organization or a related organization:	, line 1a, with respect to the filling		
а		4a		х
h	Participate in, or receive payment from, a supplemental nonqualified re			X
c	Participate in, or receive payment from, an equity-based compensation			X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable			
	The terminal terminal terminal process and process are approached			
	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 org	panization pay or accrue any compensation		
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5t		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the org	anization pay or accrue any compensation		
	contingent on the net earnings of:			
а	The organization?			X
	A 1.1.1.1.1.1.1.10			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , ,			
	not described on lines 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pur			
	initial contract exception described in Regulations section 53.4958-4(a)			X
9	If "Yes" on line 8, did the organization also follow the rebuttable presur			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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 aren't 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			(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DOUG SCHAFFER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	104,780.	0.	0.	16,142.	30,800.	151,722.	0.
(2) KELLI HAHN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	132,320.	0.	0.	19,795.	29,056.	181,171.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i)							
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	(i)							
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	(i) /::\							
	(ii)							
	(i) (ii)							
	(i)							
	(') (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
SCHEDULE J, PART 1, LINE 1A
SCHEDULE J IS NOT COMPLETED AS THE ORGANIZATION DOES NOT HAVE ANY
EMPLOYEES; WAGES PAID TO DIRECTORS ARE FROM RELATED ORGANIZATIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Inspection **Employer identification number**

38-2714753

LAKE MICHIGAN COLLEGE FOUNDATION Types of Property

Part I (a) (b) (c) (d) Check if Noncash contribution Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Х 6 805.DONOR VALUED Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Х 200. DONOR VALUED Books and publications 4 5,851. DONOR VALUED Х 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 279,281.FMV Securities - Publicly traded Х 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 221. DONOR VALUED X 18 Collectibles 32 Х 13,666.DONOR VALUED Food inventory 19 Drugs and medical supplies _____ 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 72 27,013. DONOR VALUED Х 25 OTHER 2 10,001.DONOR VALUED (CNC EQUIPMENT) Х 26 Other (SPORTS TICKET Х 10 1,107. DONOR VALUED 27 Other Other 28 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 isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

Schedule M (Form 990) (2016)

32a

Х

33

contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

Schedule M (Form 990) (2016)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

Employer identification number 38-2714753

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLLEGE AND ITS STUDENTS. THE LAKE MICHIGAN COLLEGE FOUNDATION IS THE
MAIN FUND-RAISING ORGANIZATION OF LAKE MICHIGAN COLLEGE FOR THE
SOLICITATION, RECEIPT AND MANAGEMENT OF ALL PRIVATE GIFTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALL PRIVATE GIFTS.
FORM 990, PART VI, SECTION A, LINE 2:
DIRECTORS DAVID SCHAFFER AND DOUG SCHAFFER ARE BROTHERS.
DIRECTORS AMY WHITE AND BOB BURCH ARE BOTH EMPLOYEES OF CHEMICAL BANK.
DIRECTORS MIKE WELCH AND KEN KOZMINSKI BOTH SERVE ON THE ADVISORY BOARD OF
THE LOCAL CHEMICAL BANK.
CHEMICAL BANK IS THE INVESTMENT MANAGER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE SENT TO ALL BOARD MEMBERS VIA EMAIL FOR REVIEW AND
COMMENT.
COMMENT:
FORM 990, PART VI, SECTION B, LINE 12C:
TRUSTEES, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A
CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THE ORGANIZATION MONITORS
ACTIVITIES AND IF A QUESTION OF CONFLICT ARISES, THE ORGANIZATION HAS A LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)
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Name of the organization LAKE MICHIGAN COLLEGE FOUNDATION	Employer identification number 38-2714753
DISCUSSION WITH THE PERSON OF INTEREST TO DETERMINE IF THE	RE IS A CONFLICT
AND WHAT APPROPRIATE ACTIONS SHOULD BE TAKEN.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS FROM COLLEGE GENERAL FUND	257,196.
FORM 990, PART XI, LINE 2C	
THE PROCESS OF THE COMMITTEE THAT ASSUMES RESPONSIBILITY F	OR OVERSIGHT
OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT D	ID NOT
CHANGE. SELECTION OF THE INDEPENDENT ACCOUNTANT FALLS UND	ER THE
PROCUREMENT POLICY AND AN RFP IS SENT OUT EVERY THREE YEAR	s.

SCHEDULE R (Form 990)

Part I

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.

Department of the Treasury Internal Revenue Service

Name of the organization

(a)

Name, address, and EIN (if applicable)

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

LAKE MICHIGAN COLLEGE FOUNDATION

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

(b)

Primary activity

OMB No. 1545-0047

2016
Open to Public Inspection

Employer identification number 38-2714753

(f)

Direct controlling

Schedule R (Form 990) 2016

of disregarded entity		foreign country)			e	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one o	or more related tax-exe	mpt	
(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	(f) Direct controlling entity	ent	rolled ity?
Name, address, and EIN of related organization LAKE MICHIGAN COLLEGE - 38-1738980		Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	olled
Name, address, and EIN of related organization		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr ent	rolled ity?
Name, address, and EIN of related organization LAKE MICHIGAN COLLEGE - 38-1738980 2755 E. NAPIER AVE	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling	contr ent	rolled ity?

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

. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34 because it na	d one or more related
ons treated as a partnership during the tax year.			ion of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it habes treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(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	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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	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	ent	ction b)(13) rolled tity?
		,						Yes	No

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

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

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

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

р	Girt, grant, or capital contribution to related organization(s)				ar		
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1 g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		_X_
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
- 1	Performance of services or membership or fundraising solicitations for related organizations	ization(s)			11	Х	
	Performance of services or membership or fundraising solicitations by related organize				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p		_X_
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		_X_
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	is line, including covered re	lationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		General manage partner	(k) Percentage ownership
	-									
									\prod	
	_							Ochodolo		