See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FREMONT AREA COMMUNITY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4424 WEST 48TH STREET P O BOX B

City or town, state or country, and ZIP + 4
FREMONT, MI 49412

D Employer identification number
38-1443367

E Telephone number
(231) 924-5350

G Gross receipts $ 19,020,668

F Name and address of principal officer
Elizabeth A Cherin
4424 W 48th Street PO Box B
Fremont, MI 49412

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW TFACF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1951

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To promote philanthropy through grants to nonprofit organizations providing charitable services that benefit the people of Newaygo County and the surrounding area of Western Michigan

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	110
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,610,076	1,758,997
9	Program service revenue (Part VIII, line 2g)	76,627	59,513
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	525,911	3,815,687
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,545	12,844
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,211,069	5,647,041
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,551,950	8,646,764
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,205,483	1,066,705
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶240,364		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,299,525	697,873
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,056,958	10,411,342
19	Revenue less expenses Subtract line 18 from line 12	-8,845,889	-4,764,301

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	136,309,170	162,306,085
21	Total liabilities (Part X, line 26)	6,204,115	4,890,185
22	Net assets or fund balances Subtract line 21 from line 20	130,105,055	157,415,900

Part II Signature Block

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

Sign Here

****** | 2010-06-18
Signature of officer | Date

Danielle Merrill Chairperson
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Vicki L VanDenBerg CPA	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Plante & Moran PLLC 750 TRADE CENTRE WAY STE 300 PORTAGE, MI 49002			EIN ▶ Phone no ▶ (269) 567-4500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To promote philanthropy through grants to nonprofit organizations providing charitable services that benefit the people of Newaygo County and the surrounding area of Western Michigan

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 8,989,881 including grants of $ 8,226,093) (Revenue $ 72,357)

Administered and distributed property received exclusively for charitable purposes through grants to nonprofit organizations that provide services for the benefit of the people of Newaygo County, Michigan and the surrounding area of western Michigan

4b (Code) (Expenses $ 30,000 including grants of $ 420,671) (Revenue $ 0)

Administered and distributed property received exclusively for charitable purposes through scholarships to individuals of Newaygo County, Michigan and the surrounding area of western Michigan

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 9,019,881

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	16		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
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**	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ELIZABETH A CHERIN
4424 W 48TH ST PO BOX B
FREMONT, MI 49412
(231) 924-5350

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERYL MEYER TRUSTEE	1 00	X						0	0	0
TODD JACOBS TRUSTEE	1 00	X						0	0	0
TERRY SHARP TREASURER	1 00	X		X				0	0	0
RICHARD DUNNING TRUSTEE	1 00	X						0	0	0
ROBERT ZELDENRUST TRUSTEE	1 00	X						0	0	0
PEGGY GUNNELL TRUSTEE	1 00	X						0	0	0
LYNNE ROBINSON TRUSTEE	1 00	X						0	0	0
HENDRICK JONES TRUSTEE	1 00	X						0	0	0
HOLLY MOON TRUSTEE	1 00	X						0	0	0
DALE TWING TRUSTEE	1 00	X						0	0	0
ROBERT CLOUSE TRUSTEE	1 00	X						0	0	0
ROBERT WOOD Vice-Chair	1 00	X		X				0	0	0
DUANE JONES TRUSTEE	1 00	X						0	0	0
KIRK WYERS TRUSTEE	1 00	X						0	0	0
DANIELLE MERRILL CHAIRPERSON	1 00	X		X				0	0	0
Robert Johnson Trustee - Partial Year	1 00	X						0	0	0
ELIZABETH CHERIN PRESIDENT & CEO	40 00			X	X	X		152,597	0	14,021

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT JORDAN VP OF PHILANTHROPIC SERV	40 00					X		100,986	0	9,209
GREGORY ZERLAUT Former VP admin & CFO	40 00						X	163,177	0	11,226
1b Total . . . . . ▶								416,760	0	34,456

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 2,384				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 254,254				
	e	Government grants (contributions)	1e 17,996				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,484,363				
	g	Noncash contributions included in lines 1a-1f $ 33,488					
	h	**Total.** Add lines 1a-1f		1,758,997			
Program Service Revenue			Business Code				
	2a	ADMINISTRATIVE SUPPORT	900,099	59,513	59,513		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		59,513			
	3	Investment income (including dividends, interest and other similar amounts)		4,326,973			4,326,973
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	12,862,341				
	b	Less cost or other basis and sales expenses	13,373,627				
	c	Gain or (loss)	-511,286				
	d	Net gain or (loss)		-511,286			-511,286
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	12,844	12,844		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		12,844			
	12	**Total revenue.** See Instructions		5,647,041	72,357	0	3,815,687

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,226,093	8,226,093		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	420,671	420,671		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	161,632	52,530	92,939	16,163
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	690,775	217,424	342,821	130,530
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,263	14,169	23,135	9,959
9 Other employee benefits	101,875	40,484	42,568	18,823
10 Payroll taxes	65,160	21,429	32,376	11,355
11 Fees for services (non-employees)				
a Management				
b Legal	14,020		14,020	
c Accounting	26,750		26,750	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	165,104		165,104	
g Other	25,261		25,261	
12 Advertising and promotion	5,156	1,359	1,730	2,067
13 Office expenses	73,047		59,895	13,152
14 Information technology	27,799		27,799	
15 Royalties				
16 Occupancy	63,437	21,783	30,451	11,203
17 Travel	5,062	45	4,747	270
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,580	2,263	5,116	3,201
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,586		56,586	
23 Insurance	22,078	1,531	8,455	12,092
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Community Relations	130,111		130,111	
b Scholarship Program	30,000		30,000	
c Organizational Developm	12,511		12,511	
d Matching Grant Program	12,276		12,276	
e PUBLIC RELATIONS	11,759		1,660	10,099
f All other expenses	6,336	100	4,786	1,450
25 **Total functional expenses.** Add lines 1 through 24f	10,411,342	9,019,881	1,151,097	240,364
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,250	1	3,250
	2	Savings and temporary cash investments		1,363,310	2	967,727
	3	Pledges and grants receivable, net		3,024	3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		25,018	7	23,427
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		116,068	9	34,040
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,260,451			
	b	Less accumulated depreciation	10b 1,030,574	1,284,681	10c	1,229,877
	11	Investments—publicly traded securities		3,038,039	11	4,202,536
	12	Investments—other securities See Part IV, line 11		130,296,218	12	155,671,072
	13	Investments—program-related See Part IV, line 11		75,380	13	73,036
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		104,182	15	101,120
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		136,309,170	16	162,306,085
Liabilities	17	Accounts payable and accrued expenses		163,157	17	152,035
	18	Grants payable		6,040,958	18	4,738,150
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		6,204,115	26	4,890,185
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		130,105,055	27	157,415,900
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		130,105,055	33	157,415,900
	34	Total liabilities and net assets/fund balances		136,309,170	34	162,306,085

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,336,198	2,834,755	2,812,562	2,880,814	1,758,997	13,623,326
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,336,198	2,834,755	2,812,562	2,880,814	1,758,997	13,623,326
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)						792,734
6 **Public Support.** Subtract line 5 from line 4						12,830,592

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,336,198	4,989,802	2,812,562	2,880,814	1,758,997	13,623,326
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,109,859	4,989,802	5,829,849	6,080,113	4,326,973	25,336,596
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						38,959,922

12	Gross receipts from related activities, etc (See instructions)	12	392,214

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	32 930 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	37 230 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	55	
2	Aggregate contributions to (during year)	95,614	
3	Aggregate grants from (during year)	140,034	
4	Aggregate value at end of year	2,724,317	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	127,513,799	197,524,391			
b Contributions	734,108	1,854,150			
c Investment earnings or losses	36,317,243	-61,325,366			
d Grants or scholarships	7,725,804	8,577,093			
e Other expenditures for facilities and programs	30,102	33,436			
f Administrative expenses	1,428,280	1,928,847			
g End of year balance	155,380,964	127,513,799			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 % %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		113,856		113,856
b Buildings		1,540,003	455,577	1,084,426
c Leasehold improvements				
d Equipment		606,592	574,997	31,595
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,229,877

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
MUTUAL FUNDS	155,531,358	F
MONEY MARKET FUNDS	139,714	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	155,671,072	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,647,041
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,411,342
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,764,301
4	Net unrealized gains (losses) on investments	4	32,080,580
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,434
9	Total adjustments (net) Add lines 4 - 8	9	32,075,146
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	27,310,845

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	37,722,178
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	32,080,580		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-5,443		
e	Add lines **2a** through **2d**			2e	32,075,137
3	Subtract line **2e** from line **1**			3	5,647,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,647,041

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,411,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	10,411,342
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,411,342

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	To make grants from the annual income of the endowment funds to charitable organizations that provide services and benefits consistent with the Foundation's mission to improve the lives of the citizens of Newaygo County, Michigan and the nearby areas of Western Michigan
Part XI, Line 8 - Other Adjustments		CHANGE IN SPLIT INTEREST/CHARITABLE GIFT ANNUITIES -5434
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST/charitable gift annuities -5443

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 93

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS AWARDED TO STUDENTS RESIDING IN NEWAYGO, LAKE, MECOSTA AND OSCEOLA COUNTIES OR STUDENTS ATTENDING NEWAYGO, LAKE, MECOSTA, AND OSCEOLA COUNTY HIGH SCHOOLS	86	420,671			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grantee organizations must complete and file evaluation and financial information forms on a schedule determined at the time of grant award Depending on the size and purpose of the grant, these reports are filed quarterly, semi-annually, annually or at project completion These reports, the organization's financials, annual reports to the community and random site visits are all used to monitor use of grant funds

Additional Data Return to Form

Software ID:
Software Version:
EIN: 38-1443367
Name: FREMONT AREA COMMUNITY FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alpha Family Center of Newaygo8849 Mason Drive PO Box 595 Newaygo, MI 49337	20-5937038	501(c)(3)	22,431				OPERATING & PROGRAM Support
American Red Cross Muskegon-Oceana313 West Webster Avenue Muskegon, MI 49440	38-1577280	501(c)(3)	57,525				OPERATING & PROGRAM SUPPORT
Arts Center for Newaygo County4734 South Campus Court Fremont, MI 49412	38-3205000	501(c)(3)	356,627				OPERATING & PROGRAM SUPPORT,SUMMER YOUTH THEATER, EQUIPMENT, TECH & BLDG IMPROVEMENTS
Assoc for the Blind & Visually Impaired456 Cherry SE Grand Rapids, MI 49503	38-1387122	501(c)(3)	7,000				LOW VISION REHABILITATION SERVICES IN NEWAYGO COUNTY
Back to God Hour6555 W College Dr Palos Heights, IL 60463	36-2284261	501(c)(3)	5,000				OPERATING & PROGRAM Support
Baldwin Community Schools 525 West 4th Street Baldwin, MI 49304	38-6002152	BALDWIN SCHOOL DIST	18,744				PROGRAM Support,BAND CHIMES,CHORAL RISERS/SEATING, SUMMER CAMP
Baldwin Family Health Care 1615 Michigan Avenue Baldwin, MI 49304	38-2053819	501(c)(3)	64,764				PROGRAM SupporT-LITERACY,ORAL HEALTH KITS FOR CHILDREN, MOBILE OPTOMETRY, IN-HOME RESPITE
Bethany Christian Services 6995 West 48th Street Fremont, MI 49412	38-1405282	501(c)(3)	18,469				OPERATING & PROGRAM Support
BRIDGETON TOWNSHIP 10011 S BRUCKER CT FREMONT, MI 49412	38-2138903	BRIDGETON TOWNSHIP	5,000				COMMUNITY PARK DESIGN CONSULTANT
Camp Henry47 Jefferson SE Grand Rapids, MI 49503	38-1415419	501(c)(3)	53,000				REGISTRATION FEES FOR LOW INCOME NEWAYGO COUNTY YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Camp Tall Turf816 MADISON AVENUE SE Grand Rapids, MI 49507	38-1890465	501(c)(3)	10,406				REGISTRATION FEES FOR LOW INCOME NEWAYGO COUNTY YOUTH
Chaplaincy Services of Newaygo County851 Valley Fremont, MI 49412	38-2770608	501(c)(3)	6,221				OPERATING & PROGRAM Support
Christian Reformed World Relief Committee2850 Kalamazoo Ave SE Grand Rapids, MI 49560	38-1708140	501(c)(3)	6,000				DISASTER RELIEF
City of Big Rapids226 N Michigan Big Rapids, MI 49307	38-6004663	CITY OF BIG RAPIDS	81,000				RIVERWALK, WATER SAFETY, TROUT STOCKING FOR MUSKEGON RIVER
City of Fremont101 e main Fremont, MI 49412	38-6004684	CITY OF FREMONT	208,276				PROGRAM SUPPORT, PARK MAINT , SISTER CITY PROGRAM, TOWN & COUNTRY PATH
City of Grant280 S Maple St PO Box 435 Grant, MI 493270435	38-6007221	CITY OF GRANT	47,529				STRETSCAPE & DOWNTOWN IMPROVEMENTS
CROTON TOWNSHIP5833 EAST DIVISION NEWAYGO, MI 49337	38-2064869	CROTON TOWNSHIP	20,495				PARK IMPROVEMENTS, LIBRARY SUPPORT
City of Reed City227 E Lincoln Avenue Reed City, MI 49677	38-6004586	CITY OF REED CITY	6,416				TREE INVENTORY & MANAGEMENT PLAN
CLARE CONSERVATION DISTRICT225 WEST MAIN ST PO BOX 356 HARRISON, MI 48625	38-6365635	CLARE COUNTY	21,000				MUSKEGON RIVER-EROSION CONTROL, CLEAN WATER PROGRAMS
Classis Muskegon Ministries 973 West Norton Muskegon, MI 49441	35-2265005	501(c)(3)	91,749				OPERATING & PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Council of Michigan Foundations1 S Harbor Dr Ste 3 Grand Haven, MI 494171385	38-6263347	501(c)(3)	6,000				FOUNDATION LIASION 2009-2011
County of Newaygooffice of administration po box 885 885 White Cloud, MI 49349	38-6006112	NEWAYGO COUNTY	16,800				FIREFIGHTER TRAININGS, SILENT OBSERVER PROGRAM
Disability Connection1871 Peck Street Muskegon, MI 49441	38-3476797	501(c)(3)	38,341				COMMUNITY ORGANIZING PROJECT
District Health Department #103986 N Oceana Drive Hart, MI 49420	38-3372828	10 COUNTY HEALTH	10,350				CHILDRENS SPECIAL HEALTH CARE & GIRLS ON TRACK PROGRAM
Empowerment Network5 East Main St Fremont, MI 49412	81-0568467	501(c)(3)	6,500				CLIENT TRANSPORTAION
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(c)(3)	25,000				OPERATING & PROGRAM SUPPORT
Feeding America West Michigan Food Bank864 West River Center Drive Comstock Park, MI 493218955	38-2439659	501(c)(3)	6,534				OPERATING & PROGRAM Support
FIRST CHRISTIAN REFORMED CHURCH721 Hillcrest Fremont, MI 49412	38-2539663	501(c)(3)	19,000				MISSION TRIP, BENEVOLENCE
Fremont Area District Library 104 East Main Street Fremont, MI 49412	38-3316295	CITY OF FREMONT	143,266				CIRCULATING MATERIALS, READING PROGRAM, OPERATING & PROGRAM Support
Fremont Christian Schools 208 Hillcrest Drive Fremont, MI 49412	38-1459379	501(c)(3)	27,740				OPERATING & PROGRAM Support, SCIENCE & ART MATERIALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fremont Public Schools220 West Pine Street Fremont, MI 49412	38-6003027	FREMONT SCHOOL DIST	285,696				PROGRAM Support, AFTER SCHOOL PROGRAM
Girl Scouts of Michigan Shore to Shore3275 Walker Avenue NW Walker, MI 49544	36-1366924	501(c)(3)	6,520				OPERATING & PROGRAM Support
Grant Area District Library 122 Elder Street Grant, MI 49327	38-3571760	CITY OF GRANT	35,251				CIRCULATING MATERIALS, READING PROGRAM, OPERATING & PROGRAM Support
Grant Christian School 12931 Poplar Grant, MI 49327	38-1693321	501(c)(3)	15,000				OPERATING & PROGRAM Support
Grant Public Schools148 South Elder Avenue Grant, MI 49327	38-6003017	GRANT SCHOOL DIST	219,015				PROGRAM Support, EMERGENCY FUNDS FOR FAMILIES, SUMMER PROGRAMS, FITNESS PROGRAMS,WASH DC TRIP
MICHIGAN 4-H FOUNDATION4700 SHAGADORN RD SUITE 220 EAst Lansing, MI 48823	38-1539997	501(c)(3)	5,000				KETTUNEN CENTER 4-H FOCUS ON OSCEOLA COUNTY
Habitat for Humanity of Newaygo County509 E MAPLE Fremont, MI 49412	38-2991654	501(c)(3)	42,493				OPERATING & PROGRAM Support
Hesperia Community Library 80 South Division Hesperia, MI 49421	38-1720440	VILLAGE OF HESPERIA	32,043				CIRCULATING MATERIALS, MAGAZINE & NEWSPAPER SUBSCRIPTIONS, OPERATING & PROGRAM SUPPORT
Hesperia Community Schools 96 South Division PO Box 338 Hesperia, MI 49421	38-6003002	HESPERIAL SCHOOL DIS	61,971				FITNESS EQUIP , SUMMER PROGRAMS, GENERAL PROGRAM Support
Hospice of Michigan989 Spaulding SE Ada, MI 49301	38-2255529	501(c)(3)	44,901				OPERATING & PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HGA INC500 W WESTERN SUITE 300 MUSKegon, MI 49440	38-2310386	501(c)(3)	6,360				ADMIN OFFICE FOR FREMONT LOCATION
LITTLE LAMBS MINISTRY PO BOX 87463 CAROL STREAM, MI 60188	36-4021599	501(c)(3)	20,000				OPERATING & PROGRAM SUPPORT
Lilley Township12017 Lake Street Bitely, MI 49309	38-2167174	LILLEY TOWNSHIP	23,677				EMERGENCY RESPONSE VEHICLE, FIREFIGHTING WELL/HYDRANT PROJECT
LionHeart Productions77 South Front Street Grant, MI 49327	38-3356600	501(c)(3)	7,758				ACTEEN'S PRODUCTION
Love INC of Newaygo County 11 West 96th Street Grant, MI 49327	38-2871534	501(c)(3)	300,877				EMERGENCY SERVICES, OPERATING & PROGRAM SUPPORT
Michigan State University250 Administration Building East Lansing, MI 488241046	38-6005984	MICH STATE UNIVERSIT	8,987				CROP & FOOD SAFETY RESEARCH
MCGAW YMCA1000 GROVE ST EVANSTON, IL 60201	38-2469164	501(c)(3)	6,512				CAMP ECHO REGISTRATION FEES FOR NEWAYGO COUNTY YOUTH
Muskegon Community Health Project565 West Western Avenue Muskegon, MI 49440	91-1932918	501(c)(3)	10,932				LUNGS AT WORK PROGRAM
MUSKEGON CONSERVATION DISTRICT 940 NORTH VAN EYCK STREET MUskegon, MI 49442	38-3164047	MUSKEGON COUNTY	19,976				CEDAR CREEK IN-STEAM HABITAT RESTORATION
NCCS Center for Nonprofit HousingP O Box 149 Fremont, MI 49412	38-3164047	501(c)(3)	186,000				FORCLOSURE PREVENTION & HOMEBUYER ASSISTANCE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Newaygo - Lake County Dept of human srvcs1018 Newell PO Box 640 White Cloud, MI 49349	38-6000134	NEWAYGO & LAKE COUNT	39,388				NC3 PARENT EDUCATION,YOUTH IN FOSTER CARE & PREVENTION PROGRAMS
Newaygo Area District Library44 N State Newaygo, MI 49337	37-1514015	CITY OF NEWAYGO	34,300				CIRCULATION MATERIALS, SUMMER READING PROGRAM
Newaygo County Agricultural FairPO Box 14 Fremont, MI 49412	38-6071118	501(c)(3)	10,918				MARKET LIVESTOCK AUCTION
Newaygo County Child Care ProvidersPO Box 337 Newaygo, MI 49327	38-3426966	501(c)(3)	8,300				CHID CARE CURRICULUM CONTINUING EDUCATION
Newaygo County Commission on Aging93 S Gibbs PO Box 885 White Cloud, MI 49349	38-6006112	NEWAYGO COUNTY	44,068				ALZHEIMER'S CONGREGATE RESPITE PROGRAM & SENIOR SERVICES PROGRAM Support
Newaygo County Community ServicesPO Box 149 Fremont, MI 49412	38-6158533	501(c)(3)	305,649				VARIOUS PROGRAM & OPERATING Support
Newaygo County Council for the Arts13 East Main Street Fremont, MI 49412	38-3000675	501(c)(3)	184,006				VARIOUS PROGRAM & OPERATING Support
Newaygo County Council for the Prevention of Child Abuse & NEGLECTPO Box 207 Fremont, MI 49412	38-2577323	501(c)(3)	171,934				OPERATING & PROGRAM Support
Newaygo County Day Care Corporation5764 Division Newaygo, MI 49337	38-1983241	501(c)(3)	18,000				FACILITY WEATHERIZATION
Newaygo County Economic Development Office4684 Evergreen Drive Newaygo, MI 49337	38-3477661	501(c)(3)	270,000				OPERATING & TECH SUPPORT FOR COMMUNITY BUSINESS & TRAINING CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Newaygo County General Hospital ASSOCIATION212 South Sullivan Fremont, MI 49412	38-1359517	501(c)(3)	590,889				OPERATING & PROGRAM Support, TAMARAC CENTER PROJECT, ONCOLOGY DEPT, KIDS CAMPS
Newaygo County MSU Extension817 South Stewart Fremont, MI 49412	38-6005984	501(c)(3)	33,083				VARIOUS PROGRAM & OPERATING Support
Newaygo County Regional Educational SERVICE AGENCY4747 West 48th Street Fremont, MI 49412	38-1717623	NEWAYGO COUNTY	232,044				VARIOUS PROGRAM & OPERATING SUPPORT
NEWAYGO COUNTY MENTAL HEALTH CENTER PO Box 867 WHIte Cloud, MI 49349	38-3072246	NEWAYGO COUNTY	17,757				CHILDREN'S BEHAVIORAL INCENTIVES & THERAPY EQUIP , COORINATOR FOR NEWAYGO CO COLLABOARATIVE
Newaygo Medical Care Facility4465 W 48th St Fremont, MI 49412	38-3040613	NEWAYGO COUNG	9,600				SUMMER YOUTH PROGRAM, WELLNESS PROJECT
Newaygo Public Schools360 South Mill Street PO Box 820 Newaygo, MI 49337	38-6002990	NEWAYGO SCHOOL DIST	232,119				PROGRAM SUPPORT, TRACK & CONCESSION STAND RENOVATIONS,AFTER SCHOOL PROGRAM, SUMMER PROGRAMS, WASH DC TRIP
Osceola-LAKE CONSERVATION DISTRICT 138 W UPTON AVE SUITE2 REED City, MI 48667	38-2149805	OSCEOLA & LAKE COUNT	5,000				RIVERBANK DUMP SITE CLEAN UP
PRIDE Youth Programs Inc4 West Oak Street Fremont, MI 49412	38-3583592	501(c)(3)	5,000				NEWAYGO COUNTY STUDENT EXPENSES FOR 2009 NATIONAL CONFERENCE
Providence Christian High School5479 West 72nd Street Fremont, MI 49412	38-3674846	501(c)(3)	42,646				OPERATING & PROGRAM Support
Recycling for Newaygo County817 South Stewart Avenue Fremont, MI 49412	35-2313870	501(c)(3)	161,075				OPERATING & PROGRAM Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RECYCLE OF OSCEOLA COUNTY10492 APLPINE DRIVE REed City, MI 49667	38-3233865	501(c)(3)	5,000				ROOF REPAIR
Rose Lake Youth Camp 17750 Youth Drive PO Box 95 LeRoy, MI 49655	38-1681340	501(c)(3)	10,140				REGISTRATION FEES FOR LOW INCOME YOUTH, FACILITY REPAIRS
REED CITY PUBLIC SCHOOLS829 S CHESTNUT STREET REed City, MI 49677	38-6003232	REED CITY SCHOOL DIS	7,202				PROGRAM Support
Sheridan Charter Township PO Box 53 Fremont, MI 49412	38-6365676	SHERIDAN CHARTER TWP	5,000				BIKE PARK & HIKING TRAILS
Solid Ice IncPO Box 1012C Big Rapids, MI 49307	38-3246150	501(c)(3)	16,241				FERRIS STATE UNIV HOCKEY FACILITY ACTVITIES & PUBLICITY, FUNDRAISING ACTIVITIES
St John the Evangelist Episcopal Church124 South Sullivan Street Fremont, MI 49412	38-2446022	501(c)(3)	8,000				OPERATING & PROGRAM Support, BUILDING IMPROVEMENTS
St Mary's Elementary School 927 Marion Avenue Big Rapids, MI 49307	38-1367334	501(c)(3)	21,269				TUITION ASSISTANCE
St Michael Church6382 Maple Island Road Fremont, MI 49412	38-1598964	501(c)(3)	9,409				OPERATING & PROGRAM SUPPORT
The Action Resource Center of Woodland Park9073 Bingham PO Box 12 Bitely, MI 49309	20-5166288	501(c)(3)	5,325				YOUTH SUMMER ACTVITIES
The Friendship City Program 500 Woodrow Fremont, MI 49412	30-0221482	501(c)(3)	9,070				STUDENT EXCHANGE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARKS'S EPISCOPAL CHURCH30 JUSTICE NEWAYGO,MI 49337	38-3008949	501(c)(3)	9,000				VERA HENDERSON WELLNESS & EDUCATION CENTER
THE ARCNEWAYGO COUNTYPO BOX 147 Fremont,MI 49412	38-1577280	501(c)(3)	8,335				CAMP ABILITY 2010, OPERATING & PROGRAM SUPPORT
United Way of the Lakeshore 313 West Webster Avenue Muskegon,MI 49443	38-1426895	501(c)(3)	90,005				OPERATING & PROGRAM Support
West Michigan SYMPHONY 425 WESTERN AVENUE SUITE 409 Muskegon,MI 494401101	38-6092131	501(c)(3)	5,000				MUSIC EDUCATION PROGRAM FOR NEWAYGO COUNTY ELEMENTARY STUDENTS
White Cloud Community Library1038 Wilcox Avenue PO Box 995 White Cloud,MI 49349	38-3405298	CITY OF WHITE CLOUD	38,076				CIRCULATING MATERIALS, SUMMER READING PROGRAM, OPERATING & PROGRAM Support
White Cloud Public Schools 555 Wilcox Avenue PO Box 1003 White Cloud,MI 49349	38-6003034	WHITE CLOUD SCHOOL D	54,700				BAND UNIFORMS, CAMP REGISTRATION FEES, STATE & NATIONAL QUIZ BOWL,PROGRAM SUPPORT
Women's Information Service IncPO Box 1249 Big Rapids,MI 49307	38-2536680	501(c)(3)	60,674				DOMESTIC VIOLENCE OUTREACH PROGRAM FOR NEWAYGO COUNTY
27TH JUDICIAL CIRCUIT COURTP O Box 885 WHite Cloud,MI 49349	38-6006112	STATE OF MI	20,000				NEWAYGO CO CASA PROGRAM
ARBOR CIRCLE CORPORATION1115 BALL AVENUE NE GRAND RApids,MI 49505	38-3263853	501(c)(3)	6,000				SUBSTANCE ABUSE COUNSELING & OUTREACH SERVICES
SHRINE OF THE PINESPO BOX 548 Baldwin,MI 49304	38-2917480	501(c)(3)	6,000				BUILDING, FIREPLACE & ARTIFACT STORAGE REPAIRS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPECTRUM HEALTH100 MICHIGAN STREET NE GRAND Rapids, MI 495023030	38-1360529	501(c)(3)	6,275				CANCER SCREENING, CANCER DIAGNOSTIC EQUIPMENT
THE NATURE CONSERVANCEY101 EAST GRAND RIVER EAst Lansing, MI 48906	53-0242652	501(c)(3)	28,200				NEWAYGO LANDSCAPE MANAGEMENT 2009-2014
VILLAGE OF HESPERIA33 E MICHIGAN AVE PO BOX 366 HEsperia, MI 49421	38-1723961	VILLAGE OF HESPERIA	179,950				WEBSTER PARK IMPROVEMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ELIZABETH CHERIN	(i) (ii)	152,597			12,503	1,518	166,618	
GREGORY ZERLAUT	(i) (ii)	163,177			10,490	736	174,403	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 4a	Gregory Zerlaut, $57,174 separation payments

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	33,488	Fmv - Market Quotations
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	The foundation uses third party stock brokers to sell marketable securities that are gifted to the foundation The foundation also uses third party realtors to market and sell gifts of real estate that it may receive

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		William Johnson and Richard Dunning are both Board members of the Foundation and Fremont Insurance They are also both shareholders of Fremont Insurance Richard Dunning is employed by Fremont Insurance as President & CEO Peggy Gunnell and Kirk Wyers are both Board members of the Foundation Peggy Gunnell is a Board member of Newaygo County Regional Educational Service Agency Kirk Wyers is employed by Newaygo County Regional Educational Service Agency as Director of Career & Technical Education
Form 990, Part VI, Section A, line 6		The Foundation is organzied in corporation form comprised of members Members serve in their capacity due to the specific positions that they hold within the community such as school superintendents, judges, mayors, CPA, etc The members meet annually and elect the Board of Trustees to their positions
Form 990, Part VI, Section A, line 7a		Members serve in their capacity due to the specific positions that they hold within the community such as school superintendents, judges, mayors, CPA, etc
Form 990, Part VI, Section B, line 11		A copy of the 990 is forwarded to each Trustee either through email or hard copy for inspection The 990 is then discussed at a meeting of the trustees before it is filed
Form 990, Part VI, Section B, line 12c		Each Trustee or committee member is expected to disclose potential conflicts of interest annually on the conflict of interest form Trustees or committee members are expected to disclose conflicts of interest during any board or committee meeting After such disclosure and all relevant discussion among all trustees, the interested party shall leave the Trustee or Committee meeting while the remainder of Trustee/committee members deliberate and take action on the proposal
Form 990, Part VI, Section B, line 15		Staff collects data from local, regional and national surveys of similar organizations for positions comparable to the key positions and economic data relevant to the area and presents it to the Executive Committee of the Board The Executive Committee acts on recommendations of the CEO for other key staff positions but deliberates within itself to establish the compensation for the President and CEO
Form 990, Part VI, Section C, line 19		The Foundation makes statements in its publications and on its website that financial statements, Form 1023 and material policies are available upon request Additionally, the financial statements are published on the website
form 990, section xi, line 2b		The organization's financial statements were audited by an independent accountant on a consolidated basis only The organization has an audit committee that assumes responsibility for the oversight of the audit and the selection of an independent accountant The process has not changed from prior year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188000050

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
The Amazing X Charitable Trust 4424 W 48th Street Fremont, MI 49412 38-2234075	Support FACF through grants of income to carry out charitable activities	MI	501(c)3	11	
The Fremont Area Elderly Needs Fund 4424 W 48th Street fremont, MI 49412 38-3072183	Support FACF through grants of income to carry out charitable activities	MI	501(c)3	11	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	The Amazing X Chartiable Trust	C	254,254
(2)	The Fremont AREa Elderly Needs Fund	K	39,045
(3)	The Amazing X Chartiable Trust	K	20,468
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 38-1443367
Name: FREMONT AREA COMMUNITY FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Community Relations	130,111		130,111	
Scholarship Program	30,000		30,000	
Organizational Developm	12,511		12,511	
Matching Grant Program	12,276		12,276	
PUBLIC RELATIONS	11,759		1,660	10,099