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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 , and ending

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: CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Doing Business As:

Number and street (or P O. box if mail is not delivered to street address): P.O. BOX 718 — Room/suite:

City or town, state or country, and ZIP + 4: EAST JORDAN MI 49727

D Employer identification number: 38-3033739

E Telephone number: (231) 536-2440

G Gross receipts $: 3,503,145

F Name and address of principal officer: ROBERT TAMBELLINI PO BOX 763, CHARLEVOIX, MI 49720

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)

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

J Website: ▶ www.c3f.org

H(c) Group exemption number ▶

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

L Year of formation: 1991

M State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
AWARDING GRANTS & SCHOLARSHIPS

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	4
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,803,750	1,053,198
9	Program service revenue (Part VIII, line 2g)	7,067	2,800
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	617,310	44,928
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,428,127	1,100,926
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,819,361	1,051,580
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	244,016	251,036
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,956		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	119,721	99,170
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,183,098	1,401,786
19	Revenue less expenses. Subtract line 18 from line 12	245,029	-300,860

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,594,375	20,256,212
21	Total liabilities (Part X, line 26)	1,547,646	1,620,880
22	Net assets or fund balances. Subtract line 21 from line 20	15,046,729	18,635,332

SCANNED JUL 29 2010

Part II Signature Block

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

Sign Here

Signature of officer: Robert A. Tambellini — Date: 6/8/2010

ROBERT TAMBELLINI, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Neil Kammermann — Date: 5/13/2010 — Check if self-employed ☐ — Preparer's identifying number (see instructions): P01056809

Firm's name (or yours if self-employed), address, and ZIP + 4: MASON & KAMMERMANN, P.C., 110 PARK AVENUE, CHARLEVOIX, MI 49720 — EIN ▶ 38-2763936 — Phone no ▶ (231) 547-4911

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:
AWARDING GRANTS & SCHOLARSHIPS

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 $ 1,224,113 including grants of $ 1,051,580) (Revenue $ 2,800)
THE ORGANIZATION SERVES THE COUNTY OF CHARLEVOIX, MICHIGAN THROUGH THE AWARDING OF GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS TO STUDENTS

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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** ▶ 1,224,113

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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	X	
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	X	
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	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *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	X	
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: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
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 United States? *If "Yes," complete Schedule F, Part II*	15		X
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 United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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		X
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		X
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		X
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		X
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		X
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	X	

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	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X	
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		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 line 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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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		X
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ROBERT TAMBELLINI (231) 536-2440
507 WATER STREET, EAST JORDAN, MA 49727

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

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

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

(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 TAMBELLINI PRESIDENT	40.	X			X	X		82,172		
KAY HEISE CHAIRWOMAN		X		X						
JEFF ROGERS VICE CHAIRMAN		X		X						
BRUCE HERBERT TREASURER		X		X						
BILL ATEN SECRETARY		X		X						
SALLY FOGG TRUSTEE		X								
MIKE HINKLE TRUSTEE		X								
TOM IRWIN TRUSTEE		X								
KIRK JABARA TRUSTEE		X								
FAY KEANE TRUSTEE		X								
PAT O'BRIEN TRUSTEE		X								
MARK PENZIEN TRUSTEE		X								
VALERIE SNYDER TRUSTEE		X								
RACHEL SWISS TRUSTEE		X								
CONNIE WOJAN TRUSTEE		X								
TRISH WRIGHT TRUSTEE		X								

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			
1b Total ▶								82,172		

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 ▶

		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		X
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		X
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		X

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 ▶

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,053,198				
	g Noncash contributions included in lines 1a-1f: $		74,539				
	h **Total.** Add lines 1a–1f			1,053,198			
Program Service Revenue		**Business Code**					
	2a PROPERTY RENTAL - USED BY NON-						
	b PROFIT FOR PROGRAMS			2,800			2,800
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			2,800			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			337,871			337,871
	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	2,109,276					
	b Less: cost or other basis and sales expenses	2,402,219					
	c Gain or (loss)	-292,943					
	d Net gain or (loss)			-292,943			-292,943
	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						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions.			1,100,926			47,728

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	1,051,580	1,051,580		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	82,172	28,760	36,977	16,435
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	107,444	58,707	33,007	15,730
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,350	5,655	3,180	1,515
9 Other employee benefits	36,119	19,735	11,096	5,288
10 Payroll taxes	14,951	8,169	4,593	2,189
11 Fees for services (non-employees):				
a Management				
b Legal	1,162		1,162	
c Accounting	11,135	6,084	3,421	1,630
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	12,224	6,679	3,755	1,790
13 Office expenses	11,730	6,410	3,603	1,717
14 Information technology				
15 Royalties				
16 Occupancy	14,342	7,836	4,406	2,100
17 Travel	10,902	5,957	3,349	1,596
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,172	5,012	2,818	1,342
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,743		3,743	
23 Insurance				
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 CONSULTING SERVICES	9,084	4,963	2,791	1,330
b DUES & SUBSCRIPTIONS	5,980	3,268	1,837	875
c SUPPLIES	9,696	5,298	2,979	1,419
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,401,786	1,224,113	122,717	54,956
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			1	
	2	Savings and temporary cash investments		497,516	2	295,604
	3	Pledges and grants receivable, net		227,564	3	155,060
	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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,365	9	3,098
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,416			
	b	Less: accumulated depreciation	10b 44,842	10,317	10c	6,574
	11	Investments—publicly traded securities		15,810,703	11	19,750,966
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		44,585	13	44,585
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		325	15	325
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,594,375	16	20,256,212
Liabilities	17	Accounts payable and accrued expenses		13,986	17	13,231
	18	Grants payable		343,221	18	472,790
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		445,338	21	237,697
	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		745,101	25	897,162
	26	**Total liabilities.** Add lines 17 through 25		1,547,646	26	1,620,880
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		172,884	27	115,097
	28	Temporarily restricted net assets		-1,626,518	28	2,218,295
	29	Permanently restricted net assets		16,500,363	29	16,301,940
		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		15,046,729	33	18,635,332
	34	Total liabilities and net assets/fund balances		16,594,375	34	20,256,212

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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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 separate 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
CHARLEVOIX COUNTY COMMUNITY FOUNDATION	38-3033739

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–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 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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.")	2,044,365	1,446,900	2,051,824	1,803,750	1,053,198	8,400,037
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	2,044,365	1,446,900	2,051,824	1,803,750	1,053,198	8,400,037
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)						3,361,291
6 **Public support.** Subtract line 5 from line 4.						5,038,746

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	2,044,365	1,446,900	2,051,824	1,803,750	1,053,198	8,400,037
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	306,361	1,242,113	1,454,184	368,472	337,831	3,708,961
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	623,416	275,236	623,413	248,838	-292,943	1,477,960
11 **Total support.** Add lines 7 through 10						13,586,958
12 Gross receipts from related activities, etc. (see instructions)					12	17,647

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	37.09%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	39.72%

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test–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 Section 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 section 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II Line 10 THESE NUMBERS REPRESENT THE GAINS OR LOSSES FROM THE SALE OF SECURITIES FROM 2005-2009

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

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

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	57	
2	Aggregate contributions to (during year)	463,821	
3	Aggregate grants from (during year)	668,372	
4	Aggregate value at end of year	4,457,121	

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] 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 important land area

[ ] Protection of natural habitat [ ] Preservation of a certified historic structure

[ ] Preservation of open space

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

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

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

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	13,833,157	19,879,097			
b	Contributions	395,647	495,560			
c	Net investment earnings, gains, and losses	3,961,180	-5,574,598			
d	Grants or scholarships	246,418	586,956			
e	Other expenditures for facilities and programs	293,435	379,946			
f	Administrative expenses					
g	End of year balance	17,650,131	13,833,157			

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

a Board designated or quasi-endowment ▶ 8%
b Permanent endowment ▶ 92%
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)		X
(ii) related organizations	3a(ii)		X
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				
b	Buildings				
c	Leasehold improvements				
d	Equipment		51,416	44,842	6,574
e	Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶					6,574

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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

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

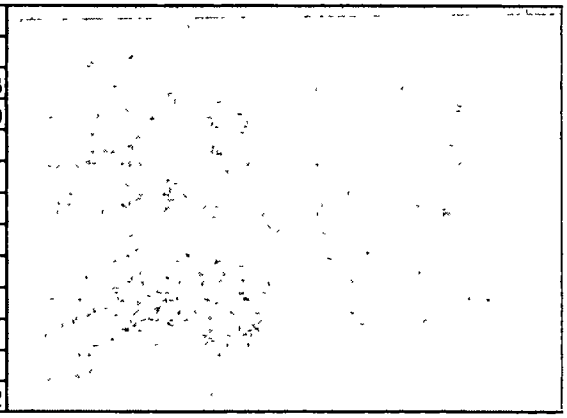
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LAND	44,585	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶	44,585	

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

(a) Description	(b) Book value
DEPOSITS	325
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	325

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
RECIPROCAL TRANSFERS	889,513
EXPECTED FUTURE PAYMENTS TO BENEFICIARIES	7,649
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	897,162



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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,100,926
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,401,786
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-300,860
4	Net unrealized gains (losses) on investments	4	4,081,162
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Descnbe in Part XIV.)	8	-191,699
9	Total adjustments (net). Add lines 4 through 8	9	3,889,463
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,588,603

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	5,030,027
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	4,081,162		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	4,081,162
3	Subtract line **2e** from line **1**			3	948,865
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	152,061		
c	Add lines **4a** and **4b**			4c	152,061
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	1,100,926

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

1	Total expenses and losses per audited financial statements			1	1,441,424
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	39,638		
e	Add lines **2a** through **2d**			2e	39,638
3	Subtract line **2e** from line **1**			3	1,401,786
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	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,401,786

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, line 2; 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.

Form 990, Schedule D, Part IV Line 2b THE FOUNDATION HOLDS AND INVESTS FUNDS THAT OTHER 501(c)(3) ORGANIZATIONS HAVE DESIGNATED FOR CAPITAL PROJECTS. THESE AMOUNTS ARE RECORDED AS A CUSTODIAL ACCOUNT LIABILITY ON THE BALANCE SHEET.

Form 990, Schedule D, Part V Line 4 NET INCOME SHALL BE DISTRIBUTED FROM THE FUND FOR THE CHARITABLE PURPOSE OF THE FUND. THE TERM "NET INCOME" MEANS THE AMOUNT AVAILABLE FOR DISTRIBUTION FROM THE FUND UNDER THE FOUNDATION'S SPENDING POLICY IN EFFECT FROM TIME TO TIME. THE PRINCIPAL OF THE FUND

Part XIV Supplemental Information *(continued)*

SHALL REMAIN INTACT AND NOT BE SUBJECT TO DISTRIBUTION, ABSENT UNUSUAL CIRCUMSTANCES.

Form 990, Schedule D, Part XI Line 8 THIS NUMBER INCLUDES THE RECONCILING ITEMS OF ALLOCATIONS TO RECIPROCAL TRANSFERS IN THE AMOUNT OF $152,061 AND DISTRIBUTIONS ON SPLIT INTEREST AGREEMENTS IN THE AMOUNT OF $39,638. THESE ADJUSTMENTS REDUCE EXCESS REVENUE FOR THE YEAR.

Form 990, Schedule D, Part XII Line 4b ALLOCATIONS TO RECIPROCAL TRANSFERS

Form 990, Schedule D, Part XIII Line 2d DISTRIBUTIONS ON SPLIT INTEREST AGREEMENTS

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

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? . . . . . [X] 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 . . . . . ▶ [ ]

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

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 28

3 Enter total number of other organizations . . . . . ▶ 0

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 Part IV and 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
EDUCATION INST.	27	115,293			

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

Part I Line 2 THERE ARE A NUMBER OF CHECK POINTS IN THE LIFE OF A GRANT TO HELP US MONITOR THAT THE GRANT WAS USED BY AN ORGANIZATION FOR ITS INTENDED PURPOSE:

- AFTER THE FOUNDATION APPROVES A GRANT FOR DISTRIBUTION TO AN ORGANIZATION IT SENDS EACH GRANTEE A GRANT NOTIFICATION LETTER, A GRANT AGREEMENT, A FINANCIAL REPORT FORM AND/OR A FINAL REPORT FORM. THE PURPOSE OF THESE FORMS IS TO SPECIFY THE AMOUNT AND PURPOSE OF THE GRANT, AND THE SPECIFIC REPORTING REQUIREMENTS OF THE GRANTEE AT THE END OF THE GRANT PERIOD AS TO HOW THE FUNDS WERE USED.

- IF THE GRANT IS FOR THE PURCHASE OF A SPECIFIC ITEM, THE FOUNDATION WILL REQUIRE THE GRANTEE TO PROVIDE A RECEIPT AS PROOF OF PURCHASE.

- THE FOUNDATION STAFF USES THE MEETING OF THE GRANTEES' GOVERNING BOARD AS AN OPPORTUNITY TO PRESENT THE GRANT AWARD CHECK. THIS SERVES AS PUBLIC NOTICE AND EXPECTATION OF THE GRANT AND HOW THE FUNDS ARE INTENDED TO BE USED.

- THE FOUNDATION AND THE GRANTEE DISSEMINATE NEWS RELEASES TO THE PRINT AND ELECTRONIC MEDIA ANNOUNCING THE GRANT AND ITS PURPOSE TO THE PUBLIC.

- FOUNDATION STAFF CONDUCT SITE VISITS TO THE GRANTEE ORGANIZATION TO "SEE" THE GRANT IN ACTION.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number: 38-3033739

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	11	74,539	FAIR MARKET VALUE
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 ▶ (_____)				

			Yes	No
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		
30 a	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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.			

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
CHARLEVOIX COUNTY COMMUNITY FOUNDATION	38-3033739

Form 990 Part VI Section B Line 11a THE PRESIDENT REVIEWS THE COMPLETED FORM 990 FOR COMPATIBILITY WITH THE FINANCIAL AUDIT. THE 990 IS INCLUDED AS AN AGENDA ITEM AT THE NEXT JOINT MEETING OF THE EXECUTIVE AND FINANCE COMMITTEES. EACH MEMBER OF THE COMMITTEE RECEIVES A COPY IN ADVANCE OF THE MEETING. A RECOMMENDATION FOR ACCEPTANCE IS BROUGHT TO THE BOARD OF TRUSTEES WITH COPIES MADE AVAILABLE FOR THE ENTIRE BOARD. THE JOINT COMMITTEES, IN THEIR ROLE AS THE AUDIT COMMITTEE, MEET WITH THE AUDITOR TO DISCUSS THE AUDIT, FORM 990, AND RELATED FINANCIAL REPORTS AND PROCESSES.

Form 990 Part VI Section B Line 12c EACH TRUSTEE RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY IN THEIR ORIENTATION MANUAL, WHICH IS REVIEWED BY THEM WITH THE PRESIDENT. THEY ARE ALSO GIVEN A "TRUSTEE DISCLOSURE STATEMENT" TO COMPLETE AND SIGN. THE DISCLOSURE STATEMENT IDENTIFIES ANY BUSINESS OR AVOCATIONAL INTEREST, OR CHARITABLE OR CIVIC INVOLVEMENT WHICH MIGHT GIVE RISE TO A POSSIBLE CONFLICT OF INTEREST OR DUALITY OF INTEREST WITH THE COMMUNITY FOUNDATION. THIS PROCESS IS REPEATED EVERY YEAR IN JANUARY. THE COMPLETED STATEMENTS ARE KEPT ON FILE IN THE FOUNDATION OFFICE. ALSO ON FILE ARE COMPLETED CONFLICT OF INTEREST FORMS FOR MEMBERS OF THE YOUTH ADVISORY COMMITTEE, AND SCHOLARSHIP SELECTION COMMITTEE MEMBERS. DURING THE COURSE OF A MEETING, A TRUSTEE DECLARES A CONFLICT OF INTEREST AND ABSTAINS FROM VOTING ON MATTERS THAT PRESENT A POTENTIAL OR PERCEIVED CONFLICT. THEIR ABSTENTION IS NOTED IN THE MINUTES OF THE MEETING.

Form 990 Part VI Section B Line 15a-b THE FOUNDATION ADHERES TO THE "RECOMMENDED BEST PRACTICES IN DETERMINING REASONABLE EXECUTIVE AND STAFF COMPENSATION" AS PUT FORTH BY THE COUNCIL ON FOUNDATIONS. GENERALLY, REASONABLE COMPENSATION IS DEFINED AS WHAT SIMILAR PERSONS IN SIMILAR POSITIONS WITH SIMILAR DUTIES AT SIMILAR ORGANIZATIONS ARE PAID. TO DETERMINE REASONABLE LEVELS OF COMPENSATION, THE FOUNDATION RELIES ON SALARY AND COMPENSATION SURVEYS, AND COMPARISONS WITH SIMILAR ORGANIZATIONS IN RELATIVE GEOGRAPHIC PROXIMITY. SPECIFICALLY, WE USE INFORMATION OBTAINED FROM:

- THE COUNCIL ON FOUNDATION'S ANNUAL GRANTMAKERS SALARY AND BENEFITS REPORT

Name of the organization	Employer identification number
CHARLEVOIX COUNTY COMMUNITY FOUNDATION	38-3033739

- THE COUNCIL ON FONDATION'S ANNUAL COMPENSATION, SUMMARY FOR THE COUNCIL OF MICHIGAN FOUNDATIONS - COMMUNITY FOUNDATIONS

- THE COUNCIL OF MICHIGAN FOUNDATION'S ANNUAL MICHIGAN & OHIO COMMUNITY FOUNDATIONS SALARY SURVEY

- THE MICHIGAN NONPROFIT ASSOCIATION'S ANNUAL MICHIGAN NONPROFIT COMPENSATION AND BENEFIT SURVEY

THE FOUNDATION'S PRESIDENT IS EVALUATED BY THE EXECUTIVE COMMITTEE ACCORDING TO A "COMPENSATION REVIEW PROCESS". USING A COMBINATION OF THE EVALUATION RESULTS AND INFORMATION OBTAINED FROM THE SALARY AND BENEFITS SURVEYS, THE EXECUTIVE COMMITTEE MAKES A COMPENSATION RECOMMENDATION FOR THE PRESIDENT TO THE BOARD OF TRUSTEES. THE PRESIDENT IS NOT PRESENT DURING THE DISCUSSION, NOR DOES HE PARTICIPATE IN THE VOTE.

THE PRESIDENT IS RESPONSIBLE FOR EVALUATING AND RECOMMENDING COMPENSATION FOR STAFF FOLLOWING THE SAME PROCESS. THE PRESIDENT AND STAFF ARE THE ONLY EMPLOYEES / OFFICERS OF THE CORPORATION THAT RECEIVE COMPENSATION.

THE PROCEEDINGS OF ALL COMMITTEE AND BOARD MEETINGS ARE DOCUMENTED IN WRITING AND FILED WITH THE FOUNDATION'S PERMANENT RECORDS. THE COMPENSATION DETERMINATION PROCESS AND SALARY AND BENEFITS RESEARCH OCCURS IN THE LAST QUARTER OF THE FISCAL YEAR. BOARD APPROVED SALARY AND BENEFITS PAYMENTS BEGIN WITH THE START OF THE NEXT FISCAL YEAR.

Form 990 Part VI Section C Line 19 IT IS THE POLICY AND PRACTICE OF THE FOUNDATION TO COMPLY WITH ALL INTERNAL REVENUE SERVICE LAWS AND REQUIREMENTS FOR PUBLIC DISCLOSURE FOR TAX-EXEMPT ORGANIZATIONS, AS IN EFFECT FROM TIME TO TIME. THIS INCLUDES PROVIDING COPIES OF OUR EXEMPTION APPLICATION (FORM 1023), AND THE THREE MOST RECENTLY FILED ANNUAL INFORMATION RETURNS (FORM 990) TO INDIVIDUALS MAKING A REQUEST IN PERSON OR IN WRITING. FORM 990 AND A CONSOLIDATED FINANCIAL STATEMENT ARE ALSO AVAILABLE ON THE FOUNDATION'S WEB SITE. THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO INDIVIDUALS AND ORGANIZATIONS AT THE DISCRETION OF THE FOUNDATION PRESIDENT.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash		Noncash
1	Federated Campaigns		1	
2	Membership dues		2	
3	Fundraising events		3	
4	Related organizations		4	
5	Government grants (contributions)		5	
6	All other contributions, gifts, grants, and similar amounts not included above:			
	CONTRIBUTIONS TO DONOR ADVISED FUNDS	463,821		
	DIRECT PUBLIC SUPPORT	514,838		74,539
	Other contributions total	978,659	6	74,539
7	Total	978,659	7	74,539

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation 1	3,743		3,743	
2	Depletion 2				
3	Amortization 3				
4	Total 4	3,743		3,743	

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	PLEDGES RECEIVABLE 1	230,064	157,560	2,500	2,500
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	Total pledges and grants receivable 11	230,064	157,560	2,500	2,500

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									51,416	41,099	44,842		10,317	6,574
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	EQUIPMENT				X				50,184	40,730	44,227		9,454	5,957
2	EQUIPMENT				X				1,232	369	615		863	617
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported:

[ ] Cost

[X] End of year market value (FMV)

	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	15,810,703 Beginning Balance Book Value FMV	19,750,966 Ending Balance Book Value FMV
1	MONEY MARKET FUNDS	X					1,900,837	1,472,917
2	REAL ESTATE INVESTMENT TRUSTS	X					240,071	
3	MUTUAL FUNDS - EQUITY	X					8,892,539	13,504,295
4	MUTUAL FUNDS - FIXED	X					2,773,316	2,486,964
5	HEDGE FUNDS	X					2,003,940	2,286,790
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Part X, Line 13 (990) - Investments - Program Related

Check one box to indicate how investments are listed:			44,585	44,585
	Cost			
X	End of year market value (FMV)			
	Description	Book value	Beginning FMV	Ending FMV
1	LAND		44,585	44,585
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Part X, Line 15 (990) - Other Assets

325 325

	Description	Beginning	End
1	DEPOSITS	325	325
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part X, Line 25 (990) - Other Liabilities

745,101 897,162

	Description	Beginning	End
1	RECIPROCAL TRANSFERS	737,452	889,513
2	EXPECTED FUTURE PAYMENTS TO BENEFICIARIES	7,649	7,649
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2009
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Alano Club of Charlevoix 106 Mason Street Charlevoix, MI 49720	38-2660208	501(c)(3)	25,000				to support the renovation/expansion of the Alano Club building
Alano Club of Charlevoix 106 Mason Street Charlevoix, MI 49720	38-2660208	501(c)(3)	500				to support the renovation/expansion of the Alano Club building
Anglers of the AuSable 471 Stephan Bridge Road Grayling, MI 49738	38-2720596	501(c)(3)	20,000				for restoration of the Au Sable River
Boyne City SDA Community Service Center 326 N. Park Street Boyne City, MI 49712		501(c)(3)	5,000				for urgent needs including food, personal hygiene items, & diapers
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)(3)	100				to support the Lighthouse Fund
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)(3)	5,000				for the digital teleradiology project
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)(3)	200				to support community health education
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(c)(3)	5,000				towards an agency feasibility study
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(c)(3)	150				for general operations
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(c)(3)	10,000				for an agency feasibility study
Charlevoix Community Food Pantry First Congregational Church 101 State St Charlevoix, MI 49720	38-3553346	501(c)(3)	5,000				for urgent needs including food, personal hygiene items, & diapers
City of East Jordan PO Box 499 East Jordan, MI 49727	386033590	501(c)(3)	800				to install screening at the tennis courts
City of East Jordan PO Box 499 East Jordan, MI 49727	386033590	501(c)(3)	35				to support Community Park from the Class of 1950

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2009
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
City of East Jordan PO Box 499 East Jordan, MI 49727	386033590	501(c)(3)	10,000				to support the playground at Tourist Park
City of East Jordan PO Box 499 East Jordan, MI 49727	386033590	501(c)(3)	35				to support Community Park from the Class of 1950
City of East Jordan PO Box 499 East Jordan, MI 49727	386033590	501(c)(3)	2,585				towards roof replacement over the train in Memorial Park
City of East Jordan PO Box 499 East Jordan, MI 49727	386033590	501(c)(3)	5,000				for the Tourist Park playground structure
City of East Jordan PO Box 499 East Jordan, MI 49727	386033590	501(c)(3)	1,000				for the Tourist Park playground structure
Conservation Resource Alliance 10850 Traverse Hwy. Suite 1111 Traverse City, MI 49684	38-2181915	501(c)(3)	2,300				to replace a road/stream crossing on Iron Ore Creek
Conservation Resource Alliance 10850 Traverse Hwy Suite 1111 Traverse City, MI 49684	38-2181915	501(c)(3)	5,000				for engineering costs on the Springbrook Road/Boyne River crossing
East Jordan Care & Share Food Pantry PO Box 901 205 Water Street East Jordan, MI 49727	38-2512684	501(c)(3)	5,000				for urgent needs including food, personal hygiene items & diapers
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	1,500				towards irrigation costs for three EJPS athletic fields
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	3,000				for a bookstore trip for high school students in 2009-2010
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	3,000				for a theatre trip for high school students in 2009-2010
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	5,000				for general operations of the community pool

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2009
Region. All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	1,500				towards Camp EJ field trip costs incurred summer 2009
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	-177				to purchase dictionaries for EJPS third graders
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	7,000				for maintainance activities at Boswell Stadium
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	2,664				for clothing and shoes for EJPS students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	3,000				for a bookstore trip for middle school students in 2009-2010
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	-250				to support the annual Jordan River clean-up day for NHS students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	-3,000				for a bookstore trip for EJ High School students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	1,500				to purchase art supplies in 2009-2010
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	-1,842				for a bookstore trip for EJ Middle School students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	1,926				for various clothing purchases for EJPS students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	5,000				towards transportation costs/fees for educational field trips

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2009
Region. All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)(3)	774				for dictionaries for third grade students
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(c)(3)	5,000				for general operations
Friends of the Turks and Caicos Museum C/O Ships of Discovery 1900 N. Chaparral St. Corpus Christi, TX 78401	743014982	501(c)(3)	20,000				a challenge match to create a functional Museum on Provo
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(c)(3)	5,000				for direct client services including: emergency heat fuel; food pantry supplies; and/or equipment for the Mom's and Tots Center
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(c)(3)	2,000				for the Moms & Tots building project
Grand Rapids Ballet Company 341 Ellsworth SW Grand Rapids, MI 49503	38-2026127	501(c)(3)	5,000				for general operations
Harbor Hall 704 Emmet Street Petoskey, MI 49770	38-2056071	501(c)(3)	-3,500				for a professional study of teenage substance use
Harbor Hall 704 Emmet Street Petoskey, MI 49770	38-2056071	501(c)(3)	4,500				to support youth substance abuse prevention activities
Harbor Hall 704 Emmet Street Petoskey, MI 49770	38-2056071	501(c)(3)	4,865				to support SAFE in Northern Michigan youth substance abuse prevention projects
Hartford Stage Company 50 Church Street Hartford, CT 06103	06-0790484	501(c)(3)	5,000				for general operations
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(c)(3)	500				for general operations
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(c)(3)	5,000				for unrestricted purposes
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(c)(3)	5,385				for the Lake Charlevoix phragmites eradication program

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2009
Region. All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
MSU Extension, Charlevoix County 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)(3)	350				for student scholarships to the Boyne Area 4-H Swim School program
MSU Extension, Charlevoix County 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)(3)	1,500				to expand the senior project fresh program
MSU Extension, Charlevoix County 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)(3)	350				for scholarships for children to attend the swim school
MSU Extension, Charlevoix County 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)(3)	5,000				for scholarships for students to participate in 4-H programs
Northern Michigan Hospital Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(c)(3)	5,000				for unrestricted purposes
Northern Michigan K-9, Inc. 1820 S. Coolidge Avenue Harrison, MI 48625		501(c)(3)	11,000				to purchase a K-9 unit dog and for officer training
Northwest Michigan Community Action Agency 3963 Three Mile Road Traverse City, MI 49686	38-2027389	501(c)(3)	5,000				for utility, mortgage, rental assistance & other urgent human service needs
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	23-7094387	501(c)(3)	16,000				towards the cervical cancer prevention program
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)(3)	6,109				general operations
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)(3)	1,485				for program reimbursement for Feb, March, April, & May
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)(3)	6,000				for unrestricted purposes
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)(3)	5,000				to support the Museum to Go program in K-5 classrooms
Rotary Camps & Services 202 E Grandview Parkway Suite 200 Traverse City, MI 49684	38-2009127	501(c)(3)	20,000				to support the development of a film by Jerry Dennis

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2009
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Ruffed Grouse Society of America 451 McCormick Road Coraopolis, PA 15108	54-0846925	501(c)(3)	25,000				towards the grouse and woodcock management program
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)(3)	300				for general operations
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)(3)	100				for staff transportation costs to deliver a sexual assault prevention program
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)(3)	7,500				to support the Educational and Employment Services program
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)(3)	6,000				to fund playgroups in East Jordan and Boyne City
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)(3)	1,000				for unrestricted purposes
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)(3)	2,223				for scholarships for children to attend the day care program

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	CHARLEVOIX COUNTY COMMUNITY FOUNDATION	38-3033739
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P.O. BOX 718	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	EAST JORDAN MI 49727	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► ROBERT TAMBELLINI

Telephone No. ► (231) 536-2440 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ► [ ]. If it is for part of the group, check this box. . . . . ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► [X] calendar year 2009 or
► [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.