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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , and ending

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

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 $: 4,413,405

F Name and address of principal officer: ROBERT A. HANSEN, JR. PO BOX 311, EAST JORDAN, MI 49727

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

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.c3f.org

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 AND 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 individuals employed in calendar year 2010 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,053,198	898,584
9	Program service revenue (Part VIII, line 2g)	2,800	2,468
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,928	395,907
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,100,926	1,296,959
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,051,580	1,044,082
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	251,036	237,296
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,960		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	99,170	125,817
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,401,786	1,407,195
19	Revenue less expenses. Subtract line 18 from line 12	-300,860	-110,236

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,256,212	22,396,886
21	Total liabilities (Part X, line 26)	1,620,880	1,704,200
22	Net assets or fund balances. Subtract line 21 from line 20	18,635,332	20,692,686

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. Hansen, Jr.

Date: 6/24/2011

Type or print name and title: Robert A. Hansen, Jr. - President

Paid Preparer's Use Only

Print/Type preparer's name: VELDA KAMMERMANN	Preparer's signature: Velda Kammermann	Date: 6-22-11	Check ☐ if self-employed; PTIN: P01056809
Firm's name ▶ MASON & KAMMERMANN, P.C.			Firm's EIN ▶ 38-2763936
Firm's address ▶ 110 PARK AVENUE, CHARLEVOIX, MI 49720			Phone no (231) 547-4911

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

For Paperwork Reduction Act Notice, see the separate Instructions.

(HTA)

Form **990** (2010)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:
AWARDING GRANTS AND 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 $ 1,222,368 including grants of $ 1,044,082) (Revenue $ 2,468)
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 $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,222,368

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	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, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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 (or a family member thereof) 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	5		
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.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . .	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	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			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	1a	15		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed? . . .		4		X
5	Did the organization become aware during the year of a significant 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* . . .		9		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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	X	
b	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	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	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.

[X] Own website [ ] Another's website [X] 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 A. HANSEN, JR. (231) 536-2440
507 WATER STREET, EAST JORDAN, MI 49727

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ROBERT HANSEN, JR. PRESIDENT	40.	X			X	X		44,069	0	0
(2) ROBERT TAMBELLINI PRESIDENT	40.	X			X		X	42,524	0	0
(3) JEFF ROGERS CHAIRMAN	2.	X		X				0	0	0
(4) BILL ATEN VICE-CHAIRMAN	2.	X		X				0	0	0
(5) BRUCE HERBERT TREASURER	2.	X		X				0	0	0
(6) VALERIE SNYDER SECRETARY	2.	X		X				0	0	0
(7) HUGH CONKLIN TRUSTEE	1.	X						0	0	0
(8) MIKE HINKLE TRUSTEE	1.	X						0	0	0
(9) KAY HEISE TRUSTEE	1.	X						0	0	0
(10) JIM HOWELL TRUSTEE	1.	X						0	0	0
(11) FAY KEANE TRUSTEE	1.	X						0	0	0
(12) MARK PENZIEN TRUSTEE	1.	X						0	0	0
(13) RACHEL SWISS TRUSTEE	1.	X						0	0	0
(14) CONNIE WOJAN TRUSTEE	1.	X						0	0	0
(15) TRISH WRIGHT TRUSTEE	1.	X						0	0	0
(16) SALLY FOGG TRUSTEE	1.	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) PAT O'BRIEN TRUSTEE	1.	X						0	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								86,593	0	0
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								86,593	0	0

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 ▶ 0

		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 or individual 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
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	898,584				
	g Noncash contributions included in lines 1a-1f:	$	47,733				
	h **Total.** Add lines 1a–1f ▶			898,584			
Program Service Revenue		Business Code					
	2a PROPERTY RENTAL - USED BY NON-			0			
	b PROFIT FOR PROGRAMS			2,468			2,468
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f ▶			2,468			
	3 Investment income (including dividends, interest, and other similar amounts) ▶			461,714			461,714
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	3,050,639	0				
	b Less: cost or other basis and sales expenses	3,116,446	0				
	c Gain or (loss)	-65,807	0				
	d Net gain or (loss) ▶			-65,807			-65,807
Other Revenue	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a		0				
	b Less: direct expenses b		0				
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities. See Part IV, line 19 a		0				
	b Less: direct expenses b		0				
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances a		0				
	b Less: cost of goods sold b		0				
	c Net income or (loss) from sales of inventory ▶			0			
	Miscellaneous Revenue	Business Code					
	11a			0			
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d ▶			0			
	12 **Total revenue.** See instructions. ▶			1,296,959	0	0	398,375

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	1,044,082	1,044,082		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	86,593	30,308	38,967	17,318
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	100,005	54,643	30,722	14,640
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,904	4,319	2,428	1,157
9	Other employee benefits	28,425	15,532	8,732	4,161
10	Payroll taxes	14,369	7,851	4,414	2,104
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	1,994		1,994	
c	Accounting	11,465	6,265	3,522	1,678
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	19,738	10,785	6,064	2,889
13	Office expenses	14,795	8,084	4,545	2,166
14	Information technology	0			
15	Royalties	0			
16	Occupancy	15,692	8,574	4,821	2,297
17	Travel	11,288	6,168	3,468	1,652
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,928	4,878	2,743	1,307
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,711	0	3,711	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	CONSULTING SERVICES	10,112	5,526	3,106	1,480
b	DUES & SUBSCRIPTIONS	8,234	4,500	2,529	1,205
c	SUPPLIES	19,860	10,853	6,101	2,906
d		0			
e		0			
f	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24f	1,407,195	1,222,368	127,867	56,960
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		295,604	2	1,375,491
	3	Pledges and grants receivable, net		155,060	3	103,610
	4	Accounts receivable, net		0	4	0
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,098	9	2,836
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 74,516			
	b	Less: accumulated depreciation	10b 48,553	6,574	10c	25,963
	11	Investments—publicly traded securities		19,750,966	11	20,844,076
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		44,585	13	44,585
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		325	15	325
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,256,212	16	22,396,886
Liabilities	17	Accounts payable and accrued expenses		13,231	17	16,657
	18	Grants payable		472,790	18	444,279
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		237,697	21	159,230
	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		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		897,162	25	1,084,034
	26	**Total liabilities.** Add lines 17 through 25		1,620,880	26	1,704,200
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		115,097	27	137,830
	28	Temporarily restricted net assets		2,218,295	28	4,136,978
	29	Permanently restricted net assets		16,301,940	29	16,417,878
		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		18,635,332	33	20,692,686
	34	Total liabilities and net assets/fund balances		20,256,212	34	22,396,886

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,296,959
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,407,195
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,236
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,635,332
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,167,590
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,692,686

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

Open to Public Inspection

Name of the organization
CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number
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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,446,900	2,051,824	1,803,750	1,053,198	898,584	7,254,256
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	1,446,900	2,051,824	1,803,750	1,053,198	898,584	7,254,256
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)						2,328,513
6 **Public support.** Subtract line 5 from line 4.						4,925,743

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,446,900	2,051,824	1,803,750	1,053,198	898,584	7,254,256
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,242,113	1,454,184	368,472	337,831	461,714	3,864,314
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	275,236	623,413	248,838	-292,943	-65,807	788,737
11 **Total support.** Add lines 7 through 10						11,907,307

12 Gross receipts from related activities, etc. (see instructions) 12

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 2010 (line 6, column (f) divided by line 11, column (f))	14	41.37%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	37.09%

16a **33 1/3% support test–2010.** 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–2009.** 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–2010.** 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–2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests–2010.** 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–2009.** 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. Also complete this part for any additional information. (See instructions).

Form 990, Schedule A, Part II, Line 10. THESE NUMBERS REPRESENT GAINS AND LOSSES FROM THE SALE OF SECURITIES FROM 2006-2010.

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

2010

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	55	
2	Aggregate contributions to (during year)	419,633	
3	Aggregate grants from (during year)	510,405	
4	Aggregate value at end of year	4,741,230	

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 education)
[ ] Preservation of an historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	0

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	17,650,131	13,833,157	19,879,097		
b Contributions	303,810	395,647	495,560		
c Net investment earnings, gains, and losses	2,706,695	3,961,180	-5,574,598		
d Grants or scholarships	450,159	246,418	586,956		
e Other expenditures for facilities and programs	345,121	293,435	379,946		
f Administrative expenses					
g End of year balance	19,865,356	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 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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	23,100	0	770	22,330
d Equipment	51,416	0	47,783	3,633
e Other	0	0	0	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				25,963

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
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

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
(1) LAND	44,585	FAIR MARKET VALUE
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	0	

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

(a) Description	(b) Book value
(1) DEPOSITS	325
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
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
(1) Federal income taxes	0
(2) RECIPROCAL TRANSFERS	1,076,385
(3) EXPECTED FUTURE PAYMENTS TO BENEFICIARIES	7,649
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,084,034

2. FIN 48 (ASC 740) 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 (ASC 740).

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	1,296,959
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,407,195
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-110,236
4	Net unrealized gains (losses) on investments	4	2,402,644
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-235,054
9	Total adjustments (net). Add lines 4 through 8	9	2,167,590
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,057,354

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	3,512,731
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	2,402,644		
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	2,402,644
3	Subtract line **2e** from line **1**			3	1,110,087
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	186,872		
c	Add lines **4a** and **4b**			4c	186,872
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,296,959

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

1	Total expenses and losses per audited financial statements			1	1,455,377
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	48,182		
e	Add lines **2a** through **2d**			2e	48,182
3	Subtract line **2e** from line **1**			3	1,407,195
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,407,195

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.

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

Part XIV Supplemental Information *(continued)*

Form 990, Schedule D, Part XI, Line 8 THIS NUMBER INCLUDES THE RECONCILING ITEMS OF ALLOCATIONS TO RECIPROCAL TRANSFERS IN THE AMOUNT OF $186,872 AND DISTRIBUITONS ON SPLIT INTEREST AGREEMENTS IN THE AMOUNT OF $48,182. THESE ADJUSTMENTS REDUCE EXCESS REVENUE FOR THE YEAR.

Form 990, Schedule D, Part XII Line 4b THIS AMOUNT REPRESENTS ALLOCATIONS TO RECIPROCAL TRANSFERS.

Form 990, Schedule D, Part XIII, Line 2d THIS AMOUNT REPRESENTS 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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

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. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULE			0	0			
(2)			0	0			
(3)			0	0			
(4)			0	0			
(5)			0	0			
(6)			0	0			
(7)			0	0			
(8)			0	0			
(9)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 44

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATIONAL INSTITUTIONS	31	154,884	0		
2 HUMAN SERVICE	2	722	0		
3 RECREATION	2	725	0		
4 HEALTH	1	571	0		
5 PUBLIC PROTECTION	1	95	0		
6 YOUTH DEVELOPMENT	1	500	0		
7 PHILANTHROPY	1	396	0		

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

Form 990, Schedule I, Part I, Line 2 THERE ARE A NUMBER OF CHECK POINTS IN THE LIFE OF A GRANT TO HELP MONITOR THAT THE GRANT WAS 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 J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT TAMBELLINI	(i)	42,524	0	0	0	0	42,524	0
	(ii)	0	0	0	0	0	0	0
2	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
6	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
7	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
8	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
9	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
10	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
11	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
12	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
14	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
15	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
16	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
(1)			0	0						
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
Total . . . . . ► $				0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAURA HANSEN	MARRIED TO PRESIDENT	43,370	WAGES FOR EMPLOYMENT		X
(2)		0			
(3)		0			
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	47,733	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 ▶ ( )		0	0	
26	Other ▶ ( )		0	0	
27	Other ▶ ( )		0	0	
28	Other ▶ ( )		0	0	

				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	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	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	
32a	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number
38-3033739

Form 990, Part VI, Section B, Line 11b 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 THEY REVIEW 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 ITNEREST 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

-THE COUNCIL ON FOUNDATION'S ANNUAL COMPENSATION, SUMMARY FOR THE COUNCIL OF MICHIGAN

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

FOUNDATIONS - COMMUNITY FOUNDATIONS.

-THE COUNCIL OF MICHIGAN FOUNDATION'S ANNUAL MICHIGAN & OHIO COMMUNITY FOUNDATIONS SALARY 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 BENEFIT PAYAMENTS 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. 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 AT THE DISCRETION OF THE FOUNDATION PRESIDENT.

Form 990, Part XI, Line 5 THE OTHER CHANGES TO NET ASSETS ARE MADE UP OF $2,402,644 OF NET UNREALIZED GAINS LESS $186,872 OF RECIPROCAL TRANSFERS AND $48,182 OF DISTRIBUTIONS ON SPLIT INTEREST AGREEMENTS.

Form **8868**
(Rev. January 2011)
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.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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.

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	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ LAURA HANSEN

Telephone No. ▶ (231) 536-2440 FAX No. ▶ (231) 536-2505

- 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	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, 990-T, 4720, or 6069, 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, 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.

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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
Anglers of the AuSable PO Box 200 Grayling, MI 49738	38-2720596	501(c)3	20,000				for a 1:1 challenge match for general operations
Beaver Island Rural Health Center PO Box 146 37304 Kings Highway Beaver Island, MI 49782	38-3299988	501(c)3	30,000				for general operations
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712		501(c)3	12,800				for summer home visits to at-risk K-4 students
Boyne District Library 201 East Main Street Boyne City, MI 49712		501(c)3	7,544				to be added to the principal of the fund
Boyne District Library 201 East Main Street Boyne City, MI 49712		501(c)3	7,913				to be added to the principal of the fund
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	740				to be added to the principal of the fund
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	1,000				for unrestricted purposes
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	7,500				to implement a soil erosion and sedimentation program
Camp Quality PO Box 345 202 S. Lake Street, Suite C Boyne City, MI 49712	38-2208796	501(c)3	1,000				for unrestricted purposes
Camp Quality PO Box 345 202 S. Lake Street, Suite C Boyne City, MI 49712	38-2208796	501(c)3	25,000				for general operations
Charlevoix Area Community Pool 1905 US 31 North Charlevoix, MI 49720	38-3219489	501(c)3	250				for general operations
Charlevoix Area Community Pool 1905 US 31 North Charlevoix, MI 49720	38-3219489	501(c)3	10,000				for general operations
Charlevoix Area Community Pool 1905 US 31 North Charlevoix, MI 49720	38-3219489	501(c)3	1,500				towards pool use fees for families and seniors

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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
Charlevoix Area Hospital 14700 Lake Shore Drive Charlevoix, MI 49720		501(c)3	6,286				to be added to the principal of the fund
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	1,000				for the "Read To Me" program
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	100				for unrestricted purposes
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	5,175				for the Circle of Strength support group/breast cancer awareness materials
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	1,000				to purchase 100 copies of "Crossings" for Charlevoix County schools
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	800				towards a Holly Daze live auction purchase
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	9,000				to support the school nurse program in EJPS
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	5,289				for a childhood obesity prevention program
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	15,000				to support the school nurse program
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	10,000				for unrestricted purposes
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	9,000				to support the school nurse program for BCPS
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	6,000				to support the school nurse program for EJPS
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	500				to support the building expansion capital campaign

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	9,000				to support the school nurse program for BCPS
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(c)3	9,000				to support the school nurse program in EJPS
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(c)3	1,500				to support the spay and neuter program
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(c)3	3,904				to purchase high pressure cleaning equipment
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(c)3	50				for unrestricted purposes
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(c)3	273				to be added to the principal of the fund
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(c)3	500				for general operations
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(c)3	1,000				for unrestricted use
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(c)3	200				to support the Ralph Hamilton Circle
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(c)3	2,000				for general operations
Charlevoix Historical Society P.O Box 525 Charlevoix, MI 49720	38-2636672	501(c)3	1,947				to support the historical photo digitization project
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(c)3	777				for the Heise lecture on Arts & Crafts Architecture
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(c)3	20,196				to replace the server and computers at the library
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(c)3	1,000				towards the climbing rock at the Tourist Park playground

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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	38-6033590	501(c)3	35				to support Community Park in memory of Barbara Bussing Matthew
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(c)3	2,000				to hire MML for the EJ City Administrator search
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(c)3	2,400				to purchase chairs for the main meeting room
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(c)3	3,345				for outside recycling bins for the parks in East Jordan
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(c)3	7,155				for banners for downtown East Jordan
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(c)3	35				for the Get Up and Playground in memory of Fred Burbank
Community Foundation Northeast Michigan 111 Water Street PO Box 495 Alpena, MI 49707	23-7384822	501(c)3	20,000				to add to the principal of the St. Helena Island Endowment Fund
Conservation Resource Alliance 10850 Traverse Hwy. Suite 1111 Traverse City, MI 49684	38-2181915	501(c)3	8,000				to digitize the Lake Charlevoix watershed road/stream crossing data
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(c)3	637				to support general operations
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(c)3	1,500				to support Path to the Future & Renaissance Society memberships
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(c)3	5,000				for general operations
EARTH University Foundation Five Piedmont Center, Ste. 215 Atlanta, GA 30305	38-2920639	501(c)3	10,000				towards the study abroad program for Michigan students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,125				to provide funding for student drug assessments

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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	315				for student counseling services in June 2010
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	534				for clothing purchases for elementary students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	2,270				to support the Young Americans workshop
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	10,000				for general operations of the East Jordan Community Pool
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,000				to support a Jonathan Rand author visit and booksigning event
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	750				for art supplies for elementary students in 2010-2011
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	5,000				for a comprehensive aggression prevention program
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	575				for facilitator lodging & supplies for the EBLI training session
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,183				for clothing and outer wear for EJPS students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	7,000				to continue staff training in the EBLI reading program
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	7,000				for general operations

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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	20,000				for general operations
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	-223				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	1,150				for clothing purchases for EJPS students
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,150				for hotel fees for students to attend a leadership conference in Chicago
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	2,000				for student campership/scholarships
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,000				for transportation/entry fee costs for educational field trips
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	191				to purchase equipment for students in a photography class
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	467				to be added to the principal of the fund
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	10,511				to be added to the principal of the fund
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,000				to support students participation in business competitions
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	500				for a motivational speaker assembly for MS & HS students

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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	3,000				for a bookstore trip for HS students in 2010-2011
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 MS students in 2010-2011
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,210				for dictionairies/thesauruses for 3rd grade students in 2010-2011
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 HS students in 2010-2011
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,277				for student counseling services in 2010
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	750				for art supplies for MS students in 2010-2011
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	750				for art supplies for HS students in 2010-2011
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	850				towards an Elementary School theater experience
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,530				to provide full or partial scholarships for students to attend Camp EJ
Ellsworth Community Schools 9467 Park Street Ellsworth, MI 49729	38-6000402	501(c)3	5,000				to implement a preschool education pilot program
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(c)3	5,000				for general operations

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
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
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(c)3	4,000				for general operations
Freshwater Future PO Box 2479 Petoskey, MI 49770		501(c)3	10,000				to prevent Asian carp from entering the Great Lakes
Freshwater Future PO Box 2479 Petoskey, MI 49770		501(c)3	2,000				to prevent Asian Carp from entering the Great Lakes
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(c)3	5,000				to purchase cribs and car seats for the Moms & Tots Center
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(c)3	5,000				to provide emergency heating, utility and rental assistance
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
Grand Traverse Regional Community Foundation 250 E. Front St., Suite 310 Traverse City, MI 49684-2552	38-3056434	501(c)3	20,000				to apply to the principle of the Serendipity Fund
Grand Traverse Regional Land Conservancy 3860 N. Long Lk. Rd., #D Traverse City, MI 49684	38-2994229	501(c)3	10,000				for unrestricted purposes
Grand Traverse Regional Land Conservancy 3860 N. Long Lk. Rd., #D Traverse City, MI 49684	38-2994229	501(c)3	1,000				towards the Elberta Dunes Challenge
Grand Traverse Regional Land Conservancy 3860 N. Long Lk. Rd., #D Traverse City, MI 49684	38-2994229	501(c)3	10,000				towards the Acme Shoreline Preservation Initiative
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(c)3	2,000				for medical and travel costs for cancer patients and their families
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(c)3	2,000				for a facilitated grief support group
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(c)3	1,000				for unrestricted purposes

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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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
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(c)3	1,000				to purchase donor management software
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(c)3	1,270				to purchase an accounting software module and training
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(c)3	1,000				for unrestricted purposes
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(c)3	1,021				for general operations
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(c)3	1,000				for general operations
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(c)3	5,000				for unrestricted purposes
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(c)3	473				to be added to the principal of the fund
Lahey Clinic 41 Mall Road Burlington, MA 01805	04-2323457	501(c)3	5,000				for general operations in honor of David M. Barrett
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(c)3	10,000				for stewardship endowment, or for general operations
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(c)3	100				for unrestricted purposes
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(c)3	130				for unrestricted purposes
Michigan Land Use Institute 148 E Front Street, Suite 301 Traverse City, MI 49684-5725	38-2314954	501(c)3	15,000				for general operations
Michigan League of Conservation Voters 213 W Liberty Suite 300 Ann Arbor, MI 48104	37-1430158	501(c)3	20,000				for general operations of the education fund

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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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	500				to support the 4-H swim school program
MSU Extension, Charlevoix County 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)3	750				for general operations
MSU Extension, Charlevoix County 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)3	2,500				for senior project fresh 2010
MSU Extension, Charlevoix County 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)3	5,000				for scholarships for at-risk youths to attend 4-H programs
National Wildlife Federation Great Lakes Regional Center 213 w Liberty St., Suite 200 Ann Arbor, MI 48104	53-0204616	501(c)3	25,000				to protect the Great Lakes from the effects of sulfide mining
North Central Michigan College Foundation 1515 Howard Street Petoskey, MI 49770	38-2910328	501(c)3	15,000				for the Health Education & Science Center Building campaign
Northern Lakes Economic Alliance 1313 Boyne Avenue PO Box 8 Boyne City, MI 49712	38-2616982	501(c)3	8,300				to continue support for the entrepreneur program
Northern Michigan Hospital Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(c)3	10,000				for unrestricted purposes
Petoskey-Harbor Springs Area Community Foundation 616 Petoskey Street, Suite 300 Petoskey, MI 49770	38-3032185	501(c)3	5,000				to build the endowment of the Jerolene & Lewis Brown Charitable Youth Fund
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	23-7094387	501(c)3	759				to provide sex education to students ages 12-17
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	23-7094387	501(c)3	3,000				for general operations
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	23-7094387	501(c)3	3,711				for general operations
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	23-7094387	501(c)3	10,000				for the access to reproductive care program

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Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	23-7094387	501(c)3	3,327				towards the Safe and Smart program for girls
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	15,000				Centers Reach & Revitalize Project.
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	10,000				for expenses related to the building project
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	10,000				Centers Reach & Revitalize Project
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	1,376				for the Reach & Revitalize project
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	5,000				for expenses relating to the building project
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	5,000				for an in-school, interactive science program
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	1,435				for program expense reimbursements for Dec 2009, Jan and Feb 2010
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	150				for two student scholarships
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	10,000				Centers Reach & Revitalize Project.
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	1,800				for general operations
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	15,000				Centers Reach & Revitalize Project.

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The Community Foundation Serving Boulder County 1123 Spruce Street Boulder, CO 80302	84-1171836	501(c)3	20,000				to support grantmaking for the Serendipity Fund
The Nature Conservancy 101 East Grand River Lansing, MI 48906-4348	53-0242652	501(c)3	20,000				towards the Patagonia Grasslands Project
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	8,054				to support a Lake Charlevoix stormwater remedies program
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	100				for unrestricted purposes
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	5,900				for the pharmaceutical collection and disposal program
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	125				for unrestricted purposes
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	4,500				to combat invasive species in Six Mile Lake
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	6,000				to implement the local ordinance gaps analysis
University Musical Society Burton Memorial Tower 881 North University Avenue Ann Arbor, MI 48109-1011	38-1545881	501(c)3	5,000				for general operations
W.A.T.C.H. PO Box 615 Charlevoix, MI 49720	38-2477700	501(c)3	1,095				to supplement an environmental ed program on energy
W.A.T C.H. PO Box 615 Charlevoix, MI 49720	38-2477700	501(c)3	2,500				towards an environmental ed program for middle school students
W.A.T.C.H. PO Box 615 Charlevoix, MI 49720	38-2477700	501(c)3	5,000				for an environmental education program on water quality

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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	3,000				for childcare scholarships at the CLC
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)3	10,000				for the Education and Employment Services program
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)3	737				to be added to the principal of the fund
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(c)3	6,000				to support playgroups in East Jordan & Boyne City
Totals			816,326	000			