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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
FREMONT AREA COMMUNITY FOUNDATION

Doing Business As

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

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

D Employer identification number
38-1443367

E Telephone number
(231)924-5350

G Gross receipts $ 67,230,289

F Name and address of principal officer
CARLA A ROBERTS
4424 W 48TH STREET PO BOX B
FREMONT,MI 49412

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW TFACF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1951 | **M** State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE PHILANTHROPY THROUGH GRANTS TO NONPROFIT ORGANIZATIONS PROVIDING CHARITABLE SERVICES THAT BENEFIT THE PEOPLE OF NEWAYGO COUNTY AND THE SURROUNDING AREA OF WESTERN MICHIGAN

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

Activities & Governance

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 2011 (Part V, line 2a)	**5**	18
6	Total number of volunteers (estimate if necessary)	**6**	110
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)	2,018,168	7,631,903
9	Program service revenue (Part VIII, line 2g)	137,197	152,128
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,424,391	9,966,730
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,591	20,339
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,607,347	17,771,100
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,897,796	7,813,559
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,010,405	986,420
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶253,785		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	876,107	763,829
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,784,308	9,563,808
19	Revenue less expenses Subtract line 18 from line 12	823,039	8,207,292

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	178,395,545	171,393,372
21	Total liabilities (Part X, line 26)	4,285,654	4,825,531
22	Net assets or fund balances Subtract line 21 from line 20	174,109,891	166,567,841

Net Assets or Fund Balances

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

****** 2012-08-03
Signature of officer — Date

CARLA A ROBERTS PRESIDENT AND CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: VICKI L VANDENBERG CPA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00100422

Firm's name (or yours if self-employed), address, and ZIP + 4: PLANTE & MORAN PLLC, 750 TRADE CENTRE WAY STE 300, PORTAGE, MI 49002 | EIN ▶ 38-1357951 | Phone no ▶ (269) 567-4500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROMOTE PHILANTHROPY THROUGH GRANTS TO NONPROFIT ORGANIZATIONS PROVIDING CHARITABLE SERVICES THAT BENEFIT THE PEOPLE OF NEWAYGO COUNTY AND THE SURROUNDING AREA OF WESTERN MICHIGAN

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 7,588,832 including grants of $ 7,206,518) (Revenue $ 161,125)

ADMINISTERING AND DISTRIBUTING FUNDS RECEIVED EXCLUSIVELY FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE SERVICES FOR THE BENEFIT OF THE PEOPLE OF NEWAYGO COUNTY, MICHIGAN AND THE SURROUNDING AREA OF WESTERN MICHIGAN CATEGORIES OF FUNDING INCLUDE BUT ARE NOT LIMITED TO ARTS AND CULTURE, ENVIRONMENT, HEALTH AND HUMAN SUERVICES, COMMUNITY DEVELOPMENT AND EDUCATION

4b (Code) (Expenses $ 601,041 including grants of $ 601,041) (Revenue $)

ADMINISTERING AND DISTRIBUTING FUNDS RECEIVED EXCLUSIVELY FOR CHARITABLE PURPOSES THROUGH SCHOLARSHIPS TO INDIVIDUALS OF NEWAYGO COUNTY, MICHIGAN AND THE SURROUNDING AREA OF WESTERN MICHIGAN

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

(Code) (Expenses $ 119,330 including grants of $ 6,000) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ 119,330 including grants of $ 6,000) (Revenue $)

4e **Total program service expenses** ▶ $ 8,309,203

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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**	35		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
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 lines 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 . . . . . ☑

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

KATHRYN J POPE
4424 W 48TH ST PO BOX B
FREMONT, MI 49412
(231) 924-5350

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

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERYL MEYER TRUSTEE	1 00	X						0	0	0
(2) RICHARD DUNNING TRUSTEE	1 00	X						0	0	0
(3) ROBERT ZELDENRUST VICE-CHAIR	1 00	X		X				0	0	0
(4) MARGARET GUNNELL TRUSTEE	1 00	X						0	0	0
(5) LYNNE ROBINSON TRUSTEE	1 00	X						0	0	0
(6) HENDRICK JONES TRUSTEE	1 00	X						0	0	0
(7) DALE TWING TRUSTEE	1 00	X						0	0	0
(8) ROBERT CLOUSE TRUSTEE	1 00	X						0	0	0
(9) ROBERT WOOD VICE-CHAIR PART YEAR	1 00	X						0	0	0
(10) KIRK WYERS TRUSTEE	1 00	X						0	0	0
(11) DANIELLE MERRILL CHAIRPERSON	1 00	X		X				0	0	0
(12) WILLIAM JOHNSON TREASURER	1 00	X		X				0	0	0
(13) RENAE GALSTERER TRUSTEE	1 00	X						0	0	0
(14) LINDAY HAGER TRUSTEE	1 00	X						0	0	0
(15) TOM WILLIAMS TRUSTEE	1 00	X						0	0	0
(16) CATHY KISSINGER TRUSTEE	1 00	X						0	0	0
(17) TERRY SHARP TRUSTEE - PART YEAR	1 00	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARLA ROBERTS PRESIDENT & CEO	40 00			X				128,056	0	4,385
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								128,056	0	4,385

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			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**		No
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**		No
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**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP SUITE 1600 201 EAST 5TH STREET CINCINNATI, OH 45202	INVESTMENT CONSULTANT	145,555

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

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 467				
	b	Membership dues 1b				
	c	Fundraising events 1c 15,735				
	d	Related organizations 1d 220,868				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 7,394,833				
	g	Noncash contributions included in lines 1a-1f $ 106,228				
	h	**Total.** Add lines 1a-1f	7,631,903			
Program Service Revenue		Business Code				
	2a	ADMINISTRATIVE SUPPORT	900099	150,528	150,528	
	b	COMMUNITY PICNIC	999999	1,600	1,600	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f		152,128		
	3	Investment income (including dividends, interest and other similar amounts)		4,168,765		4,168,765
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 55,248,355				
	b	Less cost or other basis and sales expenses: 49,450,390				
	c	Gain or (loss): 5,797,965				
	d	Net gain or (loss)	5,797,965			5,797,965
Other Revenue	8a	Gross income from fundraising events (not including $ 15,735 of contributions reported on line 1c) See Part IV, line 18 a 20,141				
	b	Less direct expenses b 8,799				
	c	Net income or (loss) from fundraising events	11,342			11,342
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS 900099	8,301	8,301		
	b	PROGRAM RELATED INVEST 900099	696	696		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	8,997			
	12	**Total revenue.** See Instructions	17,771,100	161,125	0	9,978,072

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,206,518	7,206,518		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	607,041	607,041		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	189,769	61,675	109,117	18,977
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	605,582	197,420	273,723	134,439
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,109	13,075	18,210	8,824
9	Other employee benefits	88,045	28,279	40,509	19,257
10	Payroll taxes	62,915	20,510	30,199	12,206
11	Fees for services (non-employees)				
a	Management				
b	Legal	26,966		26,966	
c	Accounting	28,425		28,425	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	193,628		193,628	
g	Other	73,063	21,335	50,805	923
12	Advertising and promotion	4,992	170	2,411	2,411
13	Office expenses	67,112	1,000	56,856	9,256
14	Information technology	29,203		29,203	
15	Royalties . .				
16	Occupancy	84,697	26,221	44,992	13,484
17	Travel	28,751	8,456	16,174	4,121
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,554	2,644	3,550	1,360
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,677		56,677	
23	Insurance	20,580	881	7,583	12,116
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	MATCHING GRANT PROGRAM	72,744	72,744		
b	PUBLIC RELATIONS	25,521	648	9,392	15,481
c	COLLEGE ACCESS	14,010	14,010		
d	ORGANIZATIONAL DEVELOPM	13,959	13,959		
e					
f	All other expenses	15,947	12,617	2,400	930
25	**Total functional expenses.** Add lines 1 through 24f	9,563,808	8,309,203	1,000,820	253,785
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		3,250	1	3,250
	2	Savings and temporary cash investments		864,280	2	2,756,462
	3	Pledges and grants receivable, net			3	1,169,435
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		19,860	7	21,522
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,304	9	33,067
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,383,575			
	b	Less accumulated depreciation	10b 1,131,526	1,209,291	10c	1,252,049
	11	Investments—publicly traded securities		5,235,433	11	9,701,442
	12	Investments—other securities See Part IV, line 11		170,835,783	12	156,178,042
	13	Investments—program-related See Part IV, line 11		70,668	13	68,276
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		128,676	15	209,827
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		178,395,545	16	171,393,372
Liabilities	17	Accounts payable and accrued expenses		239,472	17	448,452
	18	Grants payable		4,046,182	18	4,377,079
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		4,285,654	26	4,825,531
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		174,109,891	27	166,567,841
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		174,109,891	33	166,567,841
	34	Total liabilities and net assets/fund balances		178,395,545	34	171,393,372

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,771,100
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,563,808
3	Revenue less expenses Subtract line 2 from line 1	3	8,207,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,109,891
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15,749,342
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	166,567,841

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,812,562	2,880,814	1,758,997	2,018,168	7,631,903	17,102,444
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,812,562	2,880,814	1,758,997	2,018,168	7,631,903	17,102,444
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)						588,584
6 **Public Support.** Subtract line 5 from line 4						16,513,860

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,812,562	2,880,814	1,758,997	2,018,168	7,631,903	17,102,444
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,829,849	6,080,113	4,326,973	4,629,221	4,169,461	25,035,617
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						42,138,061

12	Gross receipts from related activities, etc (See instructions)	12	569,650

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	39 190 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	29 930 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

FREMONT AREA COMMUNITY FOUNDATION RECEIVES MORE THAN 10% OF SUPPORT FROM THE PUBLIC AND THE SUPPORT IS NOT FROM ONE ENTITY, FAMILY OR INDIVIDUAL OUR PUBLIC SUPPORT TEST HAS BEEN JUST UNDER 33 1/3% FOR THE LAST THREE YEARS GOVERNMENT SUPPORT WAS ONLY 5% OF TOTAL CONTRIBUTIONS FOR THE LAST 5 YEARS OUR BOARD OF TRUSTEES IS ALSO MADE UP OF INDIVIDUALS IN THE COUNTY THAT REPRESENT THE BROAD INTERESTS OF THE PUBLIC

Explanation

SCHEDULE A, PART IV, LIST OF UNUSUAL GRANTS ESTATE DISTRIBUTION UPON DEATH DATE 06/23/11 AMOUNT 3656843
GIFT FROM PRIVATE FOUNDATION FOR DONOR ADVISED FUND DATE 06/03/11 AMOUNT 1941460

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 119,330 including grants of $ 6,000) (Revenue $)

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	66	
2	Aggregate contributions to (during year)	1,494,374	
3	Aggregate grants from (during year)	191,126	
4	Aggregate value at end of year	3,889,722	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	171,607,835	155,380,964	127,513,799	197,524,391	
b Contributions	6,804,168	1,257,126	734,108	1,854,150	
c Investment earnings or losses	-562,465	23,225,119	36,317,243	-61,325,366	
d Grants or scholarships	7,249,622	6,403,881	7,725,804	8,577,093	
e Other expenditures for facilities and programs	31,887	27,651	30,102	33,436	
f Administrative expenses	1,973,526	1,823,842	1,428,280	1,928,847	
g End of year balance	168,594,503	171,607,835	155,380,964	127,513,799	

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		113,856		113,856
b Buildings		1,610,532	536,083	1,074,449
c Leasehold improvements				
d Equipment		659,187	595,443	63,744
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,252,049

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		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	156,178,042	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	156,178,042	

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

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

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

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

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

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

2. Fin 48 (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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,771,100
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,563,808
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,207,292
4	Net unrealized gains (losses) on investments	4	-15,737,954
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,388
9	Total adjustments (net) Add lines 4 - 8	9	-15,749,342
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-7,542,050

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	1,809,689
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-15,737,954		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-11,388		
e	Add lines **2a** through **2d**			2e	-15,749,342
3	Subtract line **2e** from line **1**			3	17,559,031
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	212,069		
c	Add lines **4a** and **4b**			4c	212,069
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	17,771,100

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

1	Total expenses and losses per audited financial statements			1	9,572,607
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	8,799		
e	Add lines **2a** through **2d**			2e	8,799
3	Subtract line **2e** from line **1**			3	9,563,808
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,563,808

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO MAKE GRANTS FROM THE ANNUAL INCOME OF THE ENDOWMENT FUNDS TO CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES AND BENEFITS CONSISTENT WITH THE FOUNDATION'S MISSION TO IMPROVE THE LIVES OF THE CITIZENS OF NEWAYGO COUNTY, MICHIGAN AND THE NEARBY AREAS OF WESTERN MICHIGAN
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE PUBLIC CHARITIES AS DESCRIBED IN SECTIONS 509 (A)(1), 509(A)(3), AND 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE CONSEQUENTLY, THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2011 AND 2010, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN SPLIT INTEREST/CHARITABLE GIFT ANNUITIES -11,388
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST/CHARITABLE GIFT ANNUITIES -11,388
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANT FROM SUPPORTING ORGANIZATION 220,868 FUNDRAISING EVENT EXPENSES -8,799
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES 8,799

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DINNER & AUCTION (event type)	(b) Event #2 DINNER (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	24,285	7,862	3,729	35,876
	2 Less Charitable contributions	9,091	6,644	0	15,735
	3 Gross income (line 1 minus line 2)	15,194	1,218	3,729	20,141
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,133	1,166		6,299
	8 Entertainment				
	9 Other direct expenses	1,018	290	1,192	2,500
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(8,799)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				11,342

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 130

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS AWARDED TO STUDENTS RESIDING IN NEWAYGO, LAKE, MECOSTA AND OSCEOLA COUNTIES OR STUDENTS ATTENDING NEWAYGO, LAKE, MECOSTA, AND OSCEOLA COUNTY HIGH SCHOOLS	434	601,041			
(2) EMERGENCY FUNDS FOR CHILDREN DIAGNOSTED WITH A LIFE THREATENING DISEASE	4	6,000			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTEE ORGANIZATIONS MUST COMPLETE AND FILE EVALUATION AND FINANCIAL INFORMATION FORMS ON A SCHEDULE DETERMINED AT THE TIME OF GRANT AWARD DEPENDING ON THE SIZE AND PURPOSE OF THE GRANT, THESE REPORTS ARE FILED QUARTERLY, SEMI-ANNUALLY, ANNUALLY OR AT PROJECT COMPLETION THESE REPORTS, THE ORGANIZATION'S FINANCIALS, ANNUAL REPORTS TO THE COMMUNITY AND RANDOM SITE VISITS ARE ALL USED TO MONITOR USE OF GRANT FUNDS

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
27TH JUDICIAL CIRCUIT COURT PO BOX 885 WHITE CLOUD,MI 49349	38-6006112	GOVT UNIT	40,000				NEWAYGO COUNTY COURT APPOINTED SPECIAL ADVOCATE & PEER INTIMIDATION INTERVENTION PROGRAM
ALGOMA CHRISTIAN SCHOOL14471 SPARTA AVENUE PO BOX 220 KENT CITY,MI 49330	38-2370037	501(C)(3)	5,000				OPERATING & PROGRAM SUPPORT
ALPHA FAMILY CENTER OF NEWAYGO8849 MASON DRIVE PO BOX 595 NEWAYGO,MI 49337	20-5937038	501(C)(3)	28,784				OPERATING & PROGRAM SUPPORT, EARN WHILE YOU LEARN SUPPLIES, ASSISTANCE FOR THE POOR PROGRAM
AMERICAN RED CROSS MUSKEGON-OCEANA-NEWAYGO313 WEST WEBSTER AVENUE MUSKEGON,MI 49440	53-0196605	501(C)(3)	64,400				OPERATING & PROGRAM SUPPORT
ANGELS OF ACTIONPO BOX 1020 BIG RAPIDS,MI 49307	45-2035870	501(C)(3)	16,600				BACKPACK BLESSINGS PROJECT, OPERATING & PROGRAM SUPPORT
ARBOR CIRCLE CORPORATION 1115 BALL AVENUE NE GRAND RAPIDS, MI 49505	38-3263853	501(C)(3)	6,000				OUTPATIENT SUBSTANCE ABUSE COUNSELING
ARK-CHRISTIAN CHILD CARE CENTER605 HEMLOCK FREMONT,MI 49412	38-2394580	501(C)(3)	5,291				DAYCARE IMPROVEMENTS, REPLACE & UPGRADE FURNITURE & EQUIPMENT
ARTS CENTER FOR NEWAYGO COUNTY4734 SOUTH CAMPUS COURT FREMONT,MI 49412	38-3205000	501(C)(3)	397,692				OPERATING & PROGRAM SUPPORT, GRAND RAPIDS BALLET, NEW YORK CITY BALLET, SUMMER YOUTH THEATER, BLUE LAKE FINE ARTS FACULTY WINDS PERFORMANCE
ARTWORKS BIG RAPIDS AREA ARTS AND HUMANITIES 106A NORTH MICHIGAN AVENUE BIG RAPIDS,MI 49307	38-2207297	501(C)(3)	17,614				OPERATING & PROGRAM SUPPORT, ROOF REPAIRS, SUMMER FAMILY FUN AT ARTWORKS, INTIMATE SURROUNDINGS AT ARTWORKS
ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED456 CHERRY SE GRAND RAPIDS, MI 49503	38-1387122	501(C)(3)	7,000				LOW VISION REHABILITATION SERVICE
BACK TO GOD HOUR6555 W COLLEGE DR PALOS HEIGHTS, IL 60463	36-2284261	501(C)(3)	10,000				OPERATING & PROGRAM SUPPORT
BALDWIN COMMUNITY SCHOOLS525 WEST 4TH STREET BALDWIN,MI 49304	38-6002152	GOVT UNIT	14,030				TECHNOLOGY IMPROVEMENTS, READING & EDUCATIONAL PROGRAMS PROFESSIONAL DEVELOPMENT, MARTIN LUTHER KING DAY CELEBRATION, MUSIC SYSTEM, PICNIC TABLES/SEATING/BEAUTIFYING AREA
BALDWIN FAMILY HEALTH CARE 1615 MICHIGAN AVENUE BALDWIN,MI 49304	38-2053619	501(C)(3)	32,500				MEDREAD LITERACY PROGRAM, VOLUNTEER IN-HOME RESPITE PROGRAM
BALDWIN PROMISE AUTHORITY525 FOURTH STREET BALDWIN,MI 49304	38-6002152	GOVT UNIT	37,068				OPERATING & PROGRAM SUPPORT, BALDWIN PROMISE MATCHING GRANT
BETHANY CHRISTIAN SERVICES6995 WEST 48TH STREET FREMONT,MI 49412	38-1405282	501(C)(3)	17,408				OPERATING & PROGRAM SUPPORT, PROGRAMS FOR DISADVANTAGED YOUTH IN NEWAYGO COUNTY
BIG RAPIDS AREA JUNIOR HOCKEY ASSOCIATION INCPO BOX 1231 BIG RAPIDS,MI 49307	38-3311786	501(C)(3)	9,925				OPERATING & PROGRAM SUPPORT
BIG RAPIDS FIRST UNITED METHODIST CHURCH304 ELM STREET BIG RAPIDS,MI 49307	38-1722900	501(C)(3)	15,923				OPERATING & PROGRAM SUPPORT
BIG RAPIDS HIGH SCHOOL HOCKEY BOOSTERS INC 124 NORTH WARREN AVENUE BIG RAPIDS,MI 49307	38-2730190	501(C)(3)	16,049				OPERATING & PROGRAM SUPPORT
BIG RAPIDS PUBLIC SCHOOLS21034 15 MILE ROAD BIG RAPIDS,MI 49307	38-6002645	GOVT UNIT	13,701				OPERATING & PROGRAM SUPPORT, AFTER SCHOOL ART, PAY TO PARTICIPATE FEE SCHOLARSHIP PROGRAM
BLUE LAKE FINE ARTS CAMP300 EAST CRYSTAL LAKE ROAD TWIN LAKE,MI 49457	38-1811838	501(C)(3)	6,308				SCHOLARSHIP PROGRAM, SUMMER CAMP REGISTRATION FEES FOR LOW-INCOME NEWAYGO COUNTY YOUTH

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CAMP HENRY5575 GORDON AVENUE NEWAYGO,MI 49337	38-1415419	501(C)(3)	42,956				CAMP HENRY YOUTH ENRICHMENT SCHOLARSHIPS, REGISTRATION FEES FOR LOW-INCOME NEWAYGO COUNTY YOUTH
CAMP TALL TURF 816 MADISON AVENUE SE GRAND RAPIDS,MI 49507	38-1890465	501(C)(3)	7,694				OPERATING & PROGRAM SUPPORT, YOUTH CAMP OPPORTUNITIES FOR LOW-INCOME NEWAYGO COUNTY YOUTH
CARE NET OF BIG RAPIDS INC218 SOUTH WARREN AVENUE BIG RAPIDS,MI 49307	38-2398726	501(C)(3)	18,328				OPERATING & PROGRAM SUPPORT
CATHOLIC CHARITIES WEST MICHIGAN360 DIVISION AVENUE S STE 3A GRAND RAPIDS,MI 49503	38-2596252	501(C)(3)	9,500				PROGRAM SUPPORT FOR THE NEWAYGO COUNTY FOSTER GRANDPARENTS PROGRAM
CENTER FOR NONPROFIT HOUSING A TRUENORTH COMMUNITY SERVICEP O BOX 149 FREMONT,MI 49412	38-3164047	501(C)(3)	146,434				OPERATING & PROGRAM SUPPORT, FORECLOSURE PREVENTION, HOMEBUYER ASSISTANCE PROGRAM
CHAPLAINCY SERVICES OF NEWAYGO COUNTY 212 SOUTH SULLIVAN FREMONT,MI 49412	38-2770608	501(C)(3)	15,609				OPERATING & PROGRAM SUPPORT
CHRISTIAN REFORMED WORLD RELIEF COMMITTEE 2850 KALAMAZOO AVE SE GRAND RAPIDS,MI 49560	38-1708140	501(C)(3)	7,000				OPERATING & PROGRAM SUPPORT, DISASTER RELIEF
CITY OF FREMONT 101 EAST MAIN STREET FREMONT,MI 49412	38-6004684	GOVT UNIT	41,114				FREMONT MARKET PAVILION AMENITIES, MURAL PROJECT, BRANSTROM & ARBORETUM PARK, TOWN & COUNTRY PATH, FREMONT AREA RECREATION AUTHORITY, NBFF SPECIAL KID'S DAY ACTIVITIES
CITY OF GRANT280 S MAPLE ST PO BOX 435 GRANT,MI 49327	38-6007221	GOVT UNIT	27,055				TREAT INVASIVE SPECIES IN BLANCHE LAKE, SAFE ROUTES TO SCHOOL
CITY OF WHITE CLOUD12 NORTH CHARLES PO BOX 607 WHITE CLOUD,MI 49349	38-6007264	GOVT UNIT	11,031				SMITH PARK DOCK FACILITIES, WHITE RIVER/WHITE CLOUD PARK IMPROVEMENTS, MILITARY ORDER PURPLE HEART POW WOW, HOMECOMING - SPECIAL NEEDS CHILDREN
CLASSIS MUSKEGON MINISTRIES973 WEST NORTON MUSKEGON,MI 49441	38-2051351	501(C)(3)	88,180				OPERATING & PROGRAM SUPPORT, FREMONT SERVICE COMMITTEE USED CAR MINISTRY
COMMUNITY CHRISTIAN OUTREACHPO BOX 204 LEROY,MI 49655	38-3413444	501(C)(3)	7,000				COMMUNITY CHRISTIAN OUTREACH
COUNCIL OF MICHIGAN FOUNDATIONSONE SOUTH HARBOR DRIVEN 3 GRAND HAVEN,MI 49417	38-6263347	501(C)(3)	9,900				MEMBERSHIP DUES - FACF, MCCF & OCCF
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE 700 ARLINGTON,VA 22202	13-6068327	501(C)(3)	18,520				MEMBERSHIP DUES
COUNTY OF NEWAYGOOFFICE OF ADMIN P O BOX 885 WHITE CLOUD,MI 49349	38-6006112	GOVT UNIT	72,000				CAMPING CABINS FOR NEWAYGO COUNTY PARKS
CRAN-HILL RANCH 14444 SEVENTEEN MILE ROAD RODNEY,MI 49342	38-2054773	501(C)(3)	14,140				OPERATING & PROGRAM SUPPORT
CROTON TOWNSHIP6952 SOUTH CROTON HARDY DRIVE NEWAYGO,MI 49337	38-2064869	GOVT UNIT	27,446				CROTON TOWNSHIP SUMMER RECREATION PROGRAM, SUMMER READING PROGRAM, GENERAL OPERATING, LIBRARY CIRCULATION MATERIALS
DISABILITY CONNECTION OF WEST MICHIGAN27 EAST CLAY AVENUE MUSKEGON,MI 49442	38-3476797	501(C)(3)	47,500				OPERATING & PROGRAM SUPPORT, COMMUNITY ORGANIZING
DISTRICT HEALTH DEPARTMENT #10 3986 N OCEANA DRIVE HART,MI 49420	38-3372828	GOVT UNIT	12,537				OPERATING & PROGRAM SUPPORT, GIRLS ON THE RUN FOR NEWAYGO COUNTY & MECOSTA COUNTY
EMPOWERMENT NETWORK5 EAST MAIN ST FREMONT,MI 49412	81-0568467	501(C)(3)	7,500				OPERATING & PROGRAM SUPPORT, TRANSPORTATION

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EVART PUBLIC SCHOOLS321 N HEMLOCK P O BOX 917 EVART,MI 49631	38-6003211	GOVT UNIT	20,850				FAMILY FUN NIGHTS, ALTERNATIVE EDUCATION ONLINE LEARNING & CREDIT RECOVERY, THE PICTURE BOOK WALK, FINDING BOOKS THAT FIT, LEARNING CRAFT THROUGH PICTURE BOOKS
FEEDING AMERICA WEST MICHIGAN FOOD BANK864 WEST RIVER CENTER DRIVE COMSTOCK PARK,MI 49321	38-2439659	501(C)(3)	110,794				NEWAYGO COUNTY MOBILE FOOD PANTRY FIXED-SITE FOOD PANTRY FEE, ELECTRIC GENERATOR PURCHASE & INSTALLATION
FIRST CHRISTIAN REFORMED CHURCH 721 HILLCREST DRIVE FREMONT,MI 49412	38-2539663	501(C)(3)	169,983				OPERATING & PROGRAM SUPPORT, BENEVOLENCE
FIRST CONGREGATIONAL CHURCH714 HILLCREST FREMONT,MI 49412	38-1912998	501(C)(3)	8,479				OPERATING & PROGRAM SUPPORT, 4TH ANNUAL CHRIS CARIS MEMORIAL - FISHING FOR KIDS
FOCUS ON THE FAMILYCOLORADO SPRINGS COLORADO SPRINGS, CO 80995	95-3188150	501(C)(3)	15,000				OPERATING & PROGRAM SUPPORT
FREMONT AREA DISTRICT LIBRARY 104 EAST MAIN STREET FREMONT,MI 49412	38-3316295	GOVT UNIT	145,398				OPERATING & PROGRAM SUPPORT, CIRCULATING MATERIALS, EQUIPMENT PURCHASE, NCVCC TRAINING WORKSHOP, SUMMER READING PROGRAM, FACF NON-PROFIT RESOURCE CENTER, STRATEGIC PLAN
FREMONT CHRISTIAN SCHOOLS208 HILLCREST DRIVE FREMONT,MI 49412	38-1459379	501(C)(3)	22,393				OPERATING & PROGRAM SUPPORT, ART & SCIENCE PROGRAMS
FREMONT PUBLIC SCHOOLS450 EAST PINE STREET FREMONT,MI 49412	38-6003027	GOVT UNIT	273,772				RAINFOREST WORKSHOP, WRESTLING & SOFTBALL TRAINING, MINI-GRANTS FOR EDUCATORS, SALUTE TO VALOR CONCERT, TALENT ENHANCEMENT & DUAL ENROLLMENT PROGRAMS, AFTER SCHOOL PROGRAM, TEEN LEADERSHIP CERTIFICATION TRAINING
FREMONT UNITED METHODIST CHURCH 351 BUTTERFIELD FREMONT,MI 49412	38-2196156	501(C)(3)	10,089				GENERAL OPERATING SUPPORT
FRIENDS OF NEWAYGO STATE PARK19398 THREE MILE ROAD MORLEY,MI 49336	38-3805028	501(C)(3)	8,500				OAK CAMPGROUND PLAYGROUND
GERALD R FORD COUNCIL BOY SCOUTS OF AMERICA 3213 WALKER AVENUE NW WALKER,MI 49544	38-1359240	501(C)(3)	9,810				CAMP FEES FOR NEWAYGO COUNTY SCOUTS
GRANT AREA DISTRICT LIBRARY 122 ELDER STREET GRANT,MI 49327	38-3571760	GOVT UNIT	36,728				OPERATING & PROGRAM SUPPORT, SUMMER READING PROGRAM, CIRCULATING MATERIALS, PURCHASE GERALD R FORD PRINT, YOUTH AUTHOR VISIT
GRANT CHRISTIAN SCHOOL12931 POPLAR GRANT,MI 49327	38-1693321	501(C)(3)	11,240				OPERATING & PROGRAM SUPPORT, TUITION ASSISTANCE FOR THE 2011-2012 SCHOOL YEAR, MINI-GRANTS FOR EDUCATORS
GRANT PUBLIC SCHOOLS148 SOUTH ELDER AVENUE GRANT,MI 49327	38-6003017	GOVT UNIT	212,089				MINI GRANTS FOR EDUCATORS, COLLEGE ADVISING CORPS, CURIOUS KIDS SUMMER FUN, CLOSE-UP WASHINGTON D C , AFTER SCHOOL PROGRAM, SPECIAL PROJECTS PROGRAM, FAMILIES TOGETHER, FUN WITH FITNESS
HABITAT FOR HUMANITY OF NEWAYGO COUNTY 509 E MAPLE FREMONT,MI 49412	38-2991654	501(C)(3)	51,342				OPERATING & PROGRAM SUPPORT, HOME CONSTRUCTION, EQUIPMENT, STREET & UTILITY IMPROVEMENT ASSESSMENT, MARKETING & COMPUTER ENHANCEMENTS
HESPERIA COMMUNITY LIBRARY 80 SOUTH DIVISION HESPERIA,MI 49421	38-1720440	GOVT UNIT	38,008				OPERATING & PROGRAM SUPPORT, INFORMATION, IMAGINATION & UNDERSTANDING, SUMMER READING PROGRAM, CIRCULATING MATERIALS, WEDNESDAY ONSITE HOURS
HESPERIA COMMUNITY SCHOOLS96 SOUTH DIVISION PO BOX 338 HESPERIA,MI 49421	38-6003002	GOVT UNIT	31,783				OPERATING & PROGRAM SUPPORT, COLLEGE ADVISING CORPS, MINI-GRANTS FOR EDUCATORS, CAMP PINEWOOD
HOPE COLLEGE141 E 12TH STREET P O BOX 9000 HOLLAND,MI 49422	38-1381271	501(C)(3)	10,071				LEAD OUT PROGRAM
HOSPICE OF MICHIGAN989 SPAULDING SE ADA,MI 49301	38-2255529	501(C)(3)	46,886				OPERATING & PROGRAM SUPPORT, OPEN ACCESS PROJECT IN NEWAYGO
IMMANUEL LUTHERAN CHURCH726 FULLER AVENUE BIG RAPIDS,MI 49307	38-2491715	501(C)(3)	7,174				OPERATING & PROGRAM SUPPORT, PURCHASE OF PROJECTORS & COMPUTER

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LEROY ELEMENTARY SCHOOL408 W GILBERT STREET LEROY,MI 49655	38-1786700	GOVT UNIT	7,000				LEROY ELEMENTARY PLAYGROUND IMPROVEMENT PROJECT
LIONHEART PRODUCTIONS77 SOUTH FRONT STREET GRANT,MI 49327	38-3356600	501(C)(3)	37,000				OPERATING & PROGRAM SUPPORT, HIGH SCHOOL SPRING PLAY 2012, RENOVATIONS TO THE LIONHEART BUILDING
LITTLE LAMBS MINISTRYPO BOX 87463 CAROL STREAM,IL 60188	36-4021599	501(C)(3)	10,000				OPERATING & PROGRAM SUPPORT
LOVE IN THE NAME OF CHRIST - NEWAYGO COUNTY 11 WEST 96TH STREET GRANT,MI 49327	38-2871534	501(C)(3)	358,046				OPERATING & PROGRAM SUPPORT, 2012 FAMILY & INDIVIDUAL ASSISTANCE/FOOD PANTRY, PROJECT RAMP, EMERGENCY SERVICES, FOOD PANTRY
MAKE-A-WISH FOUNDATION OF MICHIGAN2300 GENOA BUSINESS PARK DR STE 290 BRIGHTON,MI 48114	38-2505812	501(C)(3)	5,295				NEWAYGO COUNTY WISH GRANTING PROGRAM
MCGAW YMCA--CAMP ECHO1000 GROVE STREET EVANSTON,IL 60201	36-2169194	501(C)(3)	16,240				REGISTRATION FEES FOR LOW-INCOME NEWAYGO COUNTY YOUTH
MECOSTA COUNTY HABITAT FOR HUMANITYPO BOX 1038 BIG RAPIDS,MI 49307	38-3060981	501(C)(3)	6,996				OPERATING & PROGRAM SUPPORT
MECOSTA COUNTY MEDICAL CENTER 605 OAK STREET BIG RAPIDS,MI 49307	38-1368744	501(C)(3)	25,681				OPERATING & PROGRAM SUPPORT
MECOSTA COUNTY MEDICAL CENTER FOUNDATION605 OAK BIG RAPIDS,MI 49307	38-3358675	501(C)(3)	6,251				OPERATING & PROGRAM SUPPORT
MECOSTA COUNTY SENIOR CENTER BOARD OF DIRECTORS INC 12954 80TH AVENUE MECOSTA,MI 49332	38-2902050	501(C)(3)	9,661				OPERATING & PROGRAM SUPPORT, POLE BARN FOR AGENCY VEHICLES
MECOSTA-OSCEOLA YOUTH ATTENTION CENTER INC400 ELM STREET 134 BIG RAPIDS,MI 49307	38-2416085	501(C)(3)	5,688				OPERATING & PROGRAM SUPPORT, YOUTH ATTENTION CENTER
MICHIGAN 4-H FOUNDATION KETTUNEN CENTER 240 SPARTAN WAY EAST LANSING,MI 48824	38-1539997	501(C)(3)	5,000				NEW APPROACH FOR SCIENCE & TEAM BUILDING PROGRAMS
MICHIGAN FEDERATION FOR DECENCY INCPO BOX 202 FREMONT,MI 49412	38-2772745	501(C)(3)	10,000				OPERATING & PROGRAM SUPPORT
MICHIGAN MARITIME MUSEUM260 DYCKMAN AVENUE SOUTH HAVEN,MI 49090	38-2342806	501(C)(3)	8,476				MARITIME EDUCATION AT THE MUSKEGON HARBOR
MORLEY STANWOOD COMMUNITY SCHOOLS4700 NORTHLAND DRIVE MORLEY,MI 49336	38-6031979	GOVT UNIT	5,780				OPERATING & PROGRAM SUPPORT, BAND INSTRUMENT REFURBISHING, KETTUNEN CENTER ENVIRONMENTAL LEARNING CAMP, AIR PURIFIER, SPIRIT OF THE SEASON, OPERATING & PROGRAM SUPPORT
MORTON TOWNSHIP LIBRARY110 SOUTH JAMES STREET PO BOX 246 MECOSTA,MI 49332	38-1880303	GOVT UNIT	8,721				OPERATING & PROGRAM SUPPORT
MSU EXTENSION DISTRICT 5817 SOUTH STEWART FREMONT,MI 49412	38-6005984	501(C)(3)	31,370				OPERATING & PROGRAM SUPPORT, 4-H COUNTY COORDINATOR, FOOD & NUTRITION PROGRAMS
MUSKEGON COMMUNITY HEALTH PROJECT 565 WEST WESTERN AVENUE MUSKEGON,MI 49440	91-1932918	501(C)(3)	9,428				LUNGS AT WORK
MUSKEGON RIVER VALLEY BIG BROTHERS BIG SISTERS126-B MAPLE STREET BIG RAPIDS,MI 49307	38-2229849	501(C)(3)	5,358				OPERATING & PROGRAM SUPPORT, KEEPING LITTLES ACTIVE & INVOLVED IN COMMUNITY SERVICE, MENTORS FOR CHILDREN/YOUTH
MUSKEGON RIVER WATERSHED ASSEMBLY200 FERRIS DRIVE VFS 311 BIG RAPIDS,MI 49307	38-3523819	501(C)(3)	7,100				OPERATING & PROGRAM SUPPORT, MECOSTA OSCEOLA CAREER CENTER RAIN GARDENS

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NEWAYGO AREA DISTRICT LIBRARY 44 NORTH STATE ROAD NEWAYGO,MI 49337	37-1514015	GOVT UNIT	82,774				OPERATING & PROGRAM SUPPORT, CIRCULATING MATERIALS, SUMMER READING PROGRAM
NEWAYGO COUNTY AGRICULTURAL FAIR ASSOCIATION PO BOX 14 FREMONT,MI 49412	38-6071118	501(C)(3)	23,043				MARKET LIVESTOCK AUCTION, FAIRGROUNDS CONCRETE WALKWAY ACCESSIBILITY PROJECT
NEWAYGO COUNTY CHILD CARE PROVIDERS ASSOCIATIONPO BOX 337 NEWAYGO,MI 49327	38-3426966	501(C)(3)	5,000				TRAINING & EDUCATION
NEWAYGO COUNTY COMMISSION ON AGING93 S GIBBS PO BOX 885 WHITE CLOUD,MI 49349	38-6006112	GOVT UNIT	55,383				ALZHEIMER'S CONGREGATE RESPITE, HOMEMAKER PROGRAM
NEWAYGO COUNTY COUNCIL FOR THE ARTS13 EAST MAIN STREET FREMONT,MI 49412	38-3000675	501(C)(3)	358,524				OPERATING & PROGRAM SUPPORT, GR& RAPIDS SYMPHONY COUNTY-WIDE PROGRAM & PERFORMANCE
NEWAYGO COUNTY COUNCIL FOR THE PREVENTION OF CHILD ABUSE & NEGLECT1268 EAST NEWELL PO BOX 415 WHITE CLOUD,MI 49349	38-2577323	501(C)(3)	198,830				GENERAL OPERATING SUPPORT, SUMMER PROGRAMS, BUILDING PURCHASE, NC3 PARENT EDUCATION, PERIOD OF PURPLE CRYING - SHAKEN BABY SYNDROME AWARENESS PROGRAM, BUILDING IMPROVEMENTS
NEWAYGO COUNTY ECONOMIC DEVELOPMENT OFFICE4684 EVERGREEN DRIVE NEWAYGO,MI 49337	38-3477661	501(C)(3)	201,000				OPERATING & PROGRAM SUPPORT, NEWAYGO COUNTY REVOLVING LOAN FUND-THE STREAM
NEWAYGO COUNTY GENERAL HOSPITAL ASSOCIATION212 SOUTH SULLIVAN FREMONT,MI 49412	38-1359517	501(C)(3)	223,618				OPERATING & PROGRAM SUPPORT, EMERGENCY EQUIPMENT, TAMARAC CENTER PROJECT
NEWAYGO COUNTY MENTAL HEALTH CENTERPO BOX 867 WHITE CLOUD,MI 49349	38-3072246	GOVT UNIT	25,893				STRATEGIC PLANNING, NEWAYGO COUNTY COMMUNITY CONSORTIUM, HOME BASED SERVICES
NEWAYGO COUNTY REGIONAL EDUCATIONAL SERVICE AGENCY 4747 WEST 48TH STREET FREMONT,MI 49412	38-1717623	GOVT UNIT	657,481				SCHOLARSHIP PROGRAM, SUMMER INTERNSHIP, PRESCHOOL MINI-GRANT, NEWAYGO COUNTY COMMUNITY COLLEGE FEASIBILITY STUDY, BULLYING PREVENTION & INTERVENTION ADVANCED & ACCELERATED SERVICES, PARENTS AS TEACHERS PLUS (PAT+), FILLING THE EARLY CHILDHOOD GAP
NEWAYGO COUNTY SOCIETY OF HISTORY & GENEALOGYPO BOX 68 WHITE CLOUD,MI 49349	38-2599704	501(C)(3)	46,000				PROJECT COORDINATOR, WHERE HISTORY COMES ALIVE
NEWAYGO FIRST RESPONDERSPO BOX 728 NEWAYGO,MI 49337	38-2592582	501(C)(3)	7,250				OPERATING & PROGRAM SUPPORT, EQUIPMENT, FIRST RESPONDER TRAINING
NEWAYGO MEDICAL CARE FACILITY 4465 WEST 48TH STREET FREMONT,MI 49412	38-3040613	GOVT UNIT	23,675				OPERATING & PROGRAM SUPPORT, FLOORING REPLACEMENT, SUMMER YOUTH PROGRAM, COMPLETE HALLWAY FLOORING REPLACEMENT
NEWAYGO PUBLIC SCHOOLS360 SOUTH MILL STREET PO BOX 820 NEWAYGO,MI 49337	38-6002990	GOVT UNIT	241,993				PARENTS ARE LEADERS PROGRAM, PLAYGROUND EQUIPMENT, NEWAYGO NATIONALS COMPETITION, MINI-GRANTS FOR EDUCATORS, AFTER SCHOOL PROGRAM, SYNERGY SUMMER PROGRAM, STUDENT STUDY TRIP, MECHANICAL ENGINEERING SOFTWARE
ODD FELLOW AND REBEKAH CAMP OF MICHIGAN7153 SOUTH REBECCA ROAD BALDWIN,MI 49304	38-1391995	501(C)(3)	5,000				SEND KIDS TO O U R CAMP
OSCEOLA COUNTY COMMISSION ON AGING732 WEST US-10 PO BOX 594 EVART,MI 49631	38-1443367	501(C)(3)	10,000				OSCEOLA SENIOR MEALS PROGRAM
OSCEOLA LEAGUE FOR ARTS AND HUMANITIES207 NORTH MAIN STREET PO BOX 315 EVART,MI 49631	71-1014589	501(C)(3)	6,000				OLAH FURNACE & SIDING REPLACEMENT
PINE RIVER AREA SCHOOLS17445 PINE RIVER ROAD LEROY,MI 49655	38-1786700	GOVT UNIT	7,615				IPADS IN EDUCATION, FLIP CAMERAS, NETBOOK LEARNING ENHANCEMENT, BE-A-SANTA PROGRAM, SCHOOL RECYCLING PROGRAM
PRIDE YOUTH PROGRAMS INC707 WEST MAIN STREET FREMONT,MI 49412	38-3583592	501(C)(3)	10,000				STUDENT EXPENSES FOR THE 2011 NATIONAL CONFERENCE, FREMONT AREA SHUFFLEBOARD
PROJECT STARBURST120 S STATE P O BOX 313 BIG RAPIDS,MI 49307	38-1988807	501(C)(3)	20,329				OPERATING & PROGRAM SUPPORT, CLIENT GASOLINE VOUCHER, FOOD & PERSONAL HYGIENE PANTRY, FOOD DELIVERY TO AGENCIES SERVING OSCEOLA COUNTY

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PROVIDENCE CHRISTIAN HIGH SCHOOL5479 WEST 72ND STREET FREMONT,MI 49412	38-3674846	501(C)(3)	43,800				OPERATING & PROGRAM SUPPORT, VENTURING CREW 9106 SKI TRIP, GREAT BRITAIN STUDY TRIP, FLORIDA SEA BASE, BASEBALL FIELD
RECYCLING FOR NEWAYGO COUNTY 817 SOUTH STEWART AVENUE FREMONT,MI 49412	35-2313870	501(C)(3)	97,588				OPERATING & PROGRAM SUPPORT
REED CITY PUBLIC SCHOOLS829 S CHESTNUT STREET REED CITY,MI 49677	38-6003232	GOVT UNIT	7,965				HERSEY RIVER STREAM MONITORING & STEWARDSHIP PROGRAM, FAMILY NIGHT/PARENT WORKSHOPS, SUMMER ADVENTURE PROGRAM
RILEY MACKENZIE FUNDPO BOX 27 PARIS,MI 49338	27-1309818	501(C)(3)	14,158				OPERATING & PROGRAM SUPPORT
ROSE LAKE YOUTH CAMP17750 YOUTH DRIVE PO BOX 95 LEROY,MI 49655	38-1681340	501(C)(3)	14,480				CAMPER SCHOLARSHIPS & SCIENCE EXPLORATION CAMP, IMPROVE WATERFRONT SWIM AREA ACTIVITIES, CAMPER SCHOLARSHIPS, TENT MAINTENANCE, LODGE IMPROVEMENTS & TREE TRIMMING
SHERIDAN CHARTER TOWNSHIPPO BOX 53 FREMONT,MI 49412	38-6365676	GOVT UNIT	25,000				THE REFUGE BIKE PARK
SHRINE OF THE PINES INCPO BOX 548 BALDWIN,MI 49304	38-2917480	501(C)(3)	14,548				KITCHEN IMPROVEMENTS, HISTORICAL SOCIETY FEASIBILITY STUDY, NATION AMERICAN DUG OUT CANOE PRESERVATION PROJECT
SOLID ICE INCPO BOX 1012C BIG RAPIDS,MI 49307	38-3246150	501(C)(3)	13,500				VIDEO CAMERA, STRENGTH & CONDITION COACH & FUNDRAISING
ST ANDREW'S EPISCOPAL CHURCH323 S STATE ST BIG RAPIDS,MI 49307	38-2264285	501(C)(3)	18,702				OPERATING & PROGRAM SUPPORT
ST BARTHOLOMEW CHURCH599 WEST BROOKS STREET NEWAYGO,MI 49337	38-6064727	501(C)(3)	51,926				ASSISTANCE FOR THE POOR, ST BARTHOLOMEW CHURCH BUILDING, NEWAYGO COUNTY FARM WORKER APPRECIATION DAY
ST JOHN THE EVANGELIST EPISCOPAL CHURCH124 SOUTH SULLIVAN STREET FREMONT,MI 49412	38-2446022	501(C)(3)	6,000				OPERATING & PROGRAM SUPPORT
ST MARK'S EPISCOPAL CHURCH30 JUSTICE PO BOX 211 NEWAYGO,MI 49337	38-3008949	501(C)(3)	8,965				VERA'S HOUSE, "FINDING OUR WAY HOME" VERA'S HOUSE, PROGRAM SUPPORT
ST MARY'S ELEMENTARY SCHOOL927 MARION AVENUE BIG RAPIDS,MI 49307	38-1367334	501(C)(3)	29,610				SCHOLARSHIPS FOR ST MARY CATHOLIC SCHOOL, TUITION ASSISTANCE, LITERACY CIRCLE READING PROGRAM, OPERATING & PROGRAM SUPPORT
ST MICHAEL CHURCH6382 MAPLE ISLAND ROAD FREMONT,MI 49412	38-1598964	501(C)(3)	6,404				OPERATING SUPPORT & PROGRAM SUPPORT, TUITION & CHURCH EDUCATION PROGRAMS
ST MICHAEL SCHOOL8944 50TH AVENUE REMUS,MI 49340	38-1617480	501(C)(3)	11,564				OPERATING & PROGRAM SUPPORT
ST PAUL CAMPUS PARISH - NEWMAN CENTERONE DAMASCUS ROAD BIG RAPIDS,MI 49307	38-1908616	501(C)(3)	5,688				OPERATING & PROGRAM SUPPORT, PURCHASE LASERJET & COPIER
ST PETER'S LUTHERAN SCHOOL 408 WEST BELLEVUE STREET BIG RAPIDS,MI 49307	38-2722474	501(C)(3)	8,604				OPERATING & PROGRAM SUPPORT
STAGE-MPO BOX 1236 BIG RAPIDS,MI 49307	38-2541843	501(C)(3)	9,976				OPERATING & PROGRAM SUPPORT, TUBA BACH CHAMBER MUSIC FESTIVAL
THE ARCNEWAYGO COUNTYP O BOX 147 FREMONT,MI 49412	38-1577280	501(C)(3)	6,600				OPERATING & PROGRAM SUPPORT, CAMP ABILITY 2012
THE GRAND RAPIDS COMMUNITY FOUNDATION185 OAKES STREET GRAND RAPIDS,MI 49503	38-2877959	501(C)(3)	8,650				REGION WEST MICHIGAN ECONOMIC COLLABORATIVE PROJECT

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THE REMUS AREA HISTORICAL SOCIETY324 SOUTH SHERIDAN PO BOX 71 REMUS,MI 49340	20-0732236	501(C)(3)	5,093				OPERATING & PROGRAM SUPPORT, "OUR PAST, YOUR FUTURE" CELEBRATING LIFE & SERVICE
TIMBERLAND RESOURCE CONSERVATION & DEVELOPMENT AREA COUNCIL INC 1345 MONROE AVENUE NW SUITE 243 GRAND RAPIDS,MI 49505	38-3073446	501(C)(3)	35,000				UPPER WHITE RIVER TROUT HABITAT RESTORATION - PHASE III
TRUENORTH COMMUNITY SERVICESPO BOX 149 6308 SOUTH WARNER AVENUE AVENUE FREMONT,MI 49412	38-6158533	501(C)(3)	1,044,873				OPERATING & PROGRAM SUPPORT, RESIDENT, COED DAY, MATH & SCIENCE SUMMER CAMP SCHOLARSHIPS, HEAT & ENERGY GRANT, HEAD & FOOD ASSISTANCE, CAMP REGISTRATION FEES FOR LOW-INCOME NEWAYGO COUNTY YOUTH, LIFELINK PROGRAM
UNITED WAY OF THE LAKESHOREPO BOX 207 MUSKEGON,MI 49443	38-1426895	501(C)(3)	40,000				NEWAYGO COUNTY OPERATING SUPPORT
WEST MICHIGAN STRATEGIC ALLIANCE951 WEALTHY STREET GRAND RAPIDS,MI 49506	38-3551109	501(C)(3)	5,000				WEST MICHIGAN INTERNSHIP INITIATIVE
WEST MICHIGAN SYMPHONY425 WESTERN AVENUE SUITE 409 MUSKEGON,MI 49440	38-6092131	501(C)(3)	6,720				WMS LINK UP BEGINNER MUSIC PROGRAM
WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL455 EAST ELLIS MUSKEGON,MI 49441	38-3488222	501(C)(3)	8,255				OPERATING & PROGRAM SUPPORT
WHITE CLOUD COMMUNITY LIBRARY1038 WILCOX AVENUE PO BOX 995 WHITE CLOUD,MI 49349	38-3405298	GOVT UNIT	36,870				OPERATING & PROGRAM SUPPORT, UPDATING, REPLACING & ADDING NEW MATERIALS, SUMMER READING PROGRAM
WHITE CLOUD PUBLIC SCHOOLS 555 WILCOX AVENUE PO BOX 1003 WHITE CLOUD,MI 49349	38-6003034	GOVT UNIT	61,935				COLLEGE ADVISING CORPS, NEWAYGO COUNTY MINI-GRANTS FOR EDUCATORS, ATHLETIC BOOSTERS, PURCHASE GRAPHING CALCULATORS FOR 9-12 GRADE STUDENTS
WOMEN'S INFORMATION SERVICE INCPO BOX 1249 BIG RAPIDS,MI 49307	38-2536680	501(C)(3)	21,535				OPERATING & PROGRAM SUPPORT

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	4	106,228	FMV - MARKET QUOTATIONS
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE FOUNDATION USES THIRD PARTY STOCK BROKERS TO SELL MARKETABLE SECURITIES THAT ARE GIFTED TO THE FOUNDATION THE FOUNDATION ALSO USES THIRD PARTY REALTORS TO MARKET AND SELL GIFTS OF REAL ESTATE THAT IT MAY RECEIVE

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	WILLIAM JOHNSON AND RICHARD DUNNING ARE BOTH BOARD MEMBERS OF THE FOUNDATION AND FREMONT INSURANCE RICHARD DUNNING IS EMPLOYED BY FREMONT INSURANCE AS PRESIDENT & CEO KIRK WYERS AND WILLIAM JOHNSON ARE BOTH BOARD MEMBERS OF NEWAYGO COUNTY ECONOMIC DEVELOPMENT ORGANIZATION
	FORM 990, PART VI, SECTION A, LINE 6	THE FOUNDATION IS ORGANZIED IN CORPORATION FORM COMPRISED OF MEMBERS MEMBERS SERVE IN THEIR CAPACITY DUE TO THE SPECIFIC POSITIONS THAT THEY HOLD WITHIN THE COMMUNITY SUCH AS SCHOOL SUPERINTENDENTS, JUDGES, MAYORS, CPA, ETC THE MEMBERS MEET ANNUALLY AND ELECT THE BOARD OF TRUSTEES TO THEIR POSITIONS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS SERVE IN THEIR CAPACITY DUE TO THE SPECIFIC POSITIONS THAT THEY HOLD WITHIN THE COMMUNITY SUCH AS SCHOOL SUPERINTENDENTS, JUDGES, MAYORS, CPA, LAWYER, ELECTED OFFICIALS,ETC THERE IS ONLY ONE CLASS OF MEMBERS THE MEMBERS ELECTED THE MEMBERS OF THE BOARD OF TRUSTEES AND APPROVE AMENDMENTS TO THE BYLAWS
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE 990 IS FORWARDED TO EACH TRUSTEE EITHER THROUGH EMAIL OR HARD COPY FOR INSPECTION THE 990 IS THEN PRESENTED AT A MEETING OF THE TRUSTEES BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	EACH TRUSTEE OR COMMITTEE MEMBER IS EXPECTED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ANNUALLY ON THE CONFLICT OF INTEREST FORM TRUSTEES OR COMMITTEE MEMBERS ARE EXPECTED TO DISCLOSE CONFLICTS OF INTEREST DURING ANY BOARD OR COMMITTEE MEETING AFTER SUCH DISCLOSURE AND ALL RELEVANT DISCUSSION AMONG ALL TRUSTEES, THE INTERESTED PARTY SHALL LEAVE THE TRUSTEE OR COMMITTEE MEETING WHILE THE REMAINDER OF TRUSTEE/COMMITTEE MEMBERS DELIBERATE AND TAKE ACTION ON THE PROPOSAL
	FORM 990, PART VI, SECTION B, LINE 15	STAFF COLLECTS DATA FROM LOCAL, REGIONAL AND NATIONAL SURVEYS OF SIMILAR ORGANIZATIONS FOR POSITIONS COMPARABLE TO THE KEY POSITIONS AS WELL AS ECONOMIC DATA RELEVANT TO THE AREA AND PRESENTS IT TO THE EXECUTIVE COMMITTEE OF THE BOARD THE EXECUTIVE COMMITTEE ACTS ON RECOMMENDATIONS OF THE CEO FOR OTHER KEY STAFF POSITIONS BUT DELIBERATES WITHIN ITSELF TO ESTABLISH THE COMPENSATION FOR THE PRESIDENT AND CEO THE COMMITTEE DOCUMENTS THE PROCESS IN THEIR MEETING MINUTES COMPENSATION FOR THE CEO IS REVIEWED ANNUALLY ON THE CEO'S ANNIVERSARY DATE
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES STATEMENTS IN ITS PUBLICATIONS AND ON ITS WEBSITE THAT FINANCIAL STATEMENTS, FORM 1023 AND MATERIAL POLICIES ARE AVAILABLE UPON REQUEST ADDITIONALLY, THE FINANCIAL STATEMENTS ARE PUBLISHED ON THE WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -15,737,954 CHANGE IN SPLIT INTEREST/CHARITABLE GIFT ANNUITIES -11,388 TOTAL TO FORM 990, PART XI, LINE 5 -15,749,342
	FORM 990, SECTION XI, LINE 2B	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS ONLY THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FREMONT AREA COMMUNITY FOUNDATION

Employer identification number
38-1443367

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE AMAZING X CHARITABLE TRUST 4424 W 48TH STREET FREMONT, MI 49412 38-2234075	SUPPORT FACF THROUGH GRANTS OF INCOME TO CARRY OUT CHARITABLE ACTIVITIES	MI	501(C)3	LINE 11A, I	FREMONT AREA COMMUNITY FOUNDATION	Yes	
(2) THE FREMONT AREA ELDERLY NEEDS FUND 4424 W 48TH STREET FREMONT, MI 49412 38-3072183	SUPPORT FACF THROUGH GRANTS OF INCOME TO CARRY OUT CHARITABLE ACTIVITIES	MI	501(C)3	LINE 11A, I	FREMONT AREA COMMUNITY FOUNDATION	Yes	

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE AMAZING X CHARITABLE TRUST	C	220,868	CASH PAID
(2) THE FREMONT AREA ELDERLY NEEDS FUND	K	98,409	ESTIMATED COST
(3) THE AMAZING X CHARITABLE TRUST	K	52,119	ESTIMATED COST
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	