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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 , and ending

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

C Name of organization: CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Doing Business As:

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

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

D Employer identification number: 38-3033739

E Telephone number: (231) 536-2440

G Gross receipts $: 5,288,407

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

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

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

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

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

J Website: ▶ www.c3f.org

H(c) Group exemption number ▶

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

L Year of formation: 1991

M State of legal domicile: MI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AWARDING GRANTS AND SCHOLARSHIPS		
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	898,584	1,725,685
	9	Program service revenue (Part VIII, line 2g)	2,468	2,634
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,907	1,052,577
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,296,959	2,780,896
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,044,082	963,688
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	237,296	237,457
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,151		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	125,817	137,345
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,407,195	1,338,490
	19	Revenue less expenses. Subtract line 18 from line 12	-110,236	1,442,406

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	22,396,886	21,993,193
	21	Total liabilities (Part X, line 26)	1,704,200	1,785,299
	22	Net assets or fund balances. Subtract line 21 from line 20	20,692,686	20,207,894

Part II Signature Block

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

Sign Here

Signature of officer: Robert A. Hansen Jr. — Date: 8-16-2012

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VELDA KAMMERMANN	Velda Kammermann	8/10/2012		P01056809

Firm's name ▶ MASON & KAMMERMANN, P.C. — Firm's EIN ▶ 38-2763936

Firm's address ▶ 110 PARK AVENUE, CHARLEVOIX, MI 49720 — Phone no (231) 547-4911

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

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2011)

G171

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
AWARDING GRANTS AND SCHOLARSHIPS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 $ 1,147,865 including grants of $ 963,688) (Revenue $ 2,634)
THE ORGANIZATION SERVES THE COUNTY OF CHARLEVOIX, MICHIGAN, THROUGH THE AWARDING OF GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS TO STUDENTS.

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

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

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

4e **Total program service expenses** ► 1,147,865

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . .	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ► ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ROBERT A. HANSEN, JR. (231) 536-2440
507 WATER STREET, EAST JORDAN, MI 49727

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) JEFF ROGERS CHAIRMAN	2.00	X		X				0	0	0
(2) BILL ATEN VICE -CHAIRMAN	2.00	X		X				0	0	0
(3) BRUCE HERBERT TREASURER	2.00	X		X				0	0	0
(4) VALERIE SNYDER CORPORATE SECRETARY	2.00	X		X				0	0	0
(5) FAY KEANE DEPUTY TREASURER	2.00	X		X				0	0	0
(6) MIKE HINKLE TRUSTEE	1.00	X						0	0	0
(7) LINDA MUELLER TRUSTEE	1.00	X						0	0	0
(8) JIM HOWELL TRUSTEE	1.00	X						0	0	0
(9) PAT O'BRIEN TRUSTEE	1.00	X						0	0	0
(10) RACHEL SWISS TRUSTEE	1.00	X						0	0	0
(11) CONNIE WOJAN TRUSTEE	1.00	X						0	0	0
(12) DON SPENCER TRUSTEE	1.00	X						0	0	0
(13) JOHN KEMPTON TRUSTEE	1.00	X						0	0	0
(14) HUGH CONKLIN TRUSTEE	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			
(15) ROBERT HANSEN, JR. PRESIDENT	40.00			X				88,041	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								88,041	0	0
c **Total from continuation sheets to Part VII, Section A** ▶								0	0	0
d **Total (add lines 1b and 1c)** ▶								88,041	0	0

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 ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,725,685				
	g Noncash contributions included in lines 1a-1f:	$	162,430				
	h **Total.** Add lines 1a–1f			1,725,685			
Program Service Revenue		**Business Code**					
	2a PROPERTY RENTAL- USED BY NON-PROFIT						
	b FOR PROGRAMS.			2,634			2,634
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f			2,634			
	3 Investment income (including dividends, interest, and other similar amounts)			468,798			468,798
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	3,091,290	0				
	b Less: cost or other basis and sales expenses	2,507,511	0				
	c Gain or (loss)	583,779	0				
	d Net gain or (loss)			583,779			583,779
Other Revenue	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
	Miscellaneous Revenue	**Business Code**					
	11a			0			
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d			0			
	12 **Total revenue.** See instructions.			2,780,896	0	0	1,055,211

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	963,688	963,688		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	88,041	30,815	39,618	17,608
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	44,558	24,507	13,367	6,684
7	Other salaries and wages	64,368	35,402	19,311	9,655
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,931	3,812	2,079	1,040
9	Other employee benefits	18,147	9,981	5,444	2,722
10	Payroll taxes	15,412	7,099	5,658	2,655
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	730		730	
c	Accounting	13,595	7,477	4,079	2,039
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	23,076	12,692	6,923	3,461
13	Office expenses	15,501	8,526	4,651	2,324
14	Information technology	0			
15	Royalties	0			
16	Occupancy	15,612	8,587	4,684	2,341
17	Travel	10,781	5,930	3,234	1,617
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,385	7,912	4,315	2,158
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,687	0	4,687	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	CONSULTING SERVICES	11,506	6,328	3,452	1,726
b	DUES & SUBSCRIPTIONS	7,677	4,222	2,303	1,152
c	SUPPLIES	19,795	10,887	5,939	2,969
d		0			
e	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24e	1,338,490	1,147,865	130,474	60,151
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,375,491	2	1,964,143
	3	Pledges and grants receivable, net	103,610	3	113,623
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,836	9	2,836
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 69,267			
	b	Less: accumulated depreciation — 10b: 35,461	25,963	10c	33,806
	11	Investments—publicly traded securities	20,844,076	11	19,833,875
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	44,585	13	44,585
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	325	15	325
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	22,396,886	16	21,993,193
Liabilities	17	Accounts payable and accrued expenses	16,657	17	14,186
	18	Grants payable	444,279	18	345,168
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	159,230	21	330,289
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,084,034	25	1,095,656
	26	**Total liabilities.** Add lines 17 through 25	1,704,200	26	1,785,299
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	137,830	27	159,666
	28	Temporarily restricted net assets	4,136,978	28	3,171,497
	29	Permanently restricted net assets	16,417,878	29	16,876,731
		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	20,692,686	33	20,207,894
	34	Total liabilities and net assets/fund balances	22,396,886	34	21,993,193

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,780,896
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,338,490
3	Revenue less expenses. Subtract line 2 from line 1	3	1,442,406
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,692,686
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,927,198
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,207,894

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number
38-3033739

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	2,051,824	1,803,750	1,053,198	898,584	1,725,685	7,533,041
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	2,051,824	1,803,750	1,053,198	898,584	1,725,685	7,533,041
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,329,659
6 **Public support.** Subtract line 5 from line 4.						5,203,382

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	2,051,824	1,803,750	1,053,198	898,584	1,725,685	7,533,041
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,454,184	368,472	337,831	461,714	468,798	3,090,999
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	623,413	248,838	-292,943	-65,807	583,779	1,097,280
11 **Total support.** Add lines 7 through 10						11,721,320
12 Gross receipts from related activities, etc (see instructions)					12	17,369

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	44.39%
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	41.37%

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 ▶ [X]

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

17a **10%-facts-and-circumstances test—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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0.00%

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

Form 990, Schedule A, Part II, Line 10 THESE NUMBERS REPRESENT GAINS AND LOSSES FROM THE SALE OF SECURITIES FROM 2007-2011.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	55	
2	Aggregate contributions to (during year)	805,484	
3	Aggregate grants from (during year)	446,970	
4	Aggregate value at end of year	4,797,373	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (e g , recreation or education)
[ ] Preservation of an historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f 0

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	19,865,356	17,650,131	13,833,157	19,879,097	
b	Contributions	370,476	303,810	395,647	495,560	
c	Net investment earnings, gains, and losses	-498,062	2,706,695	3,961,180	-5,574,598	
d	Grants or scholarships	381,997	450,159	246,418	586,956	
e	Other expenditures for facilities and programs	366,069	345,121	293,435	379,946	
f	Administrative expenses					
g	End of year balance	18,989,704	19,865,356	17,650,131	13,833,157	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 8%
b Permanent endowment ▶ 92%
c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
c	Leasehold improvements	23,100	0	2,310	20,790
d	Equipment	46,167	0	33,151	13,016
e	Other	0	0	0	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶					33,806

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LAND	44,585	FAIR MARKET VALUE
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶	0	

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

(a) Description	(b) Book value
(1) DEPOSITS	325
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	0

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) RECIPROCAL TRANSFERS	1,088,007
(3) EXPECTED FUTURE PAYMENTS TO BENEFICIARIES	7,649
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,095,656

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,780,896
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,338,490
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,442,406
4	Net unrealized gains (losses) on investments	4	-1,612,039
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-315,159
9	Total adjustments (net). Add lines 4 through 8	9	-1,927,198
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-484,792

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	1,157,235
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-1,612,039		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	-1,612,039
3	Subtract line **2e** from line **1**			3	2,769,274
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	11,622		
c	Add lines **4a** and **4b**			4c	11,622
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,780,896

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

1	Total expenses and losses per audited financial statements			1	1,391,390
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	52,900		
e	Add lines **2a** through **2d**			2e	52,900
3	Subtract line **2e** from line **1**			3	1,338,490
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	1,338,490

Part XIV Supplemental Information

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

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

Form 990, Schedule D, Part V, Line 4 NET INCOME SHALL BE DISTRIBUTED FROM THE FUND FOR THE CHARITABLE PURPOSE OF THE FUND. THE TERM "NET INCOME" MEANS THE AMOUNT AVAILABLE FOR DISTRIBUTION FROM THE FUND UNDER THE FOUNDATION'S SPENDING POLICY IN EFFECT FROM TIME TO TIME. THE PRINCIPAL OF THE FUND SHALL REMAIN INTACT AND NOT BE SUBJECT TO DISTRIBUTION, ABSENT UNUSUAL CIRCUMSTANCES.

Part XIV Supplemental Information *(continued)*

Form 990, Schedule D, Part XI, Line 8 THIS NUMBER INCLUDES THE RECONCILING ITEMS OF ALLOCATIONS TO RECIPROCAL TRANSFERS IN THE AMOUNT OF $11,622, DISTRIBUTIONS ON SPLIT INTEREST AGREEMENTS IN THE AMOUNT OF $52,900 AND TRANSFERS TO SPECIAL PROJECTS OF $250,637. THESE ADJUSTMENTS REDUCE EXCESS REVENUE FOR THE YEAR.

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 48

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATIONAL INSTITUTIONS	222	396,411	0		
2 HUMAN SERVICE	42	99,140	0		
3 RECREATION	21	139,900	0		
4 HEALTH	27	103,595	0		
5 PUBLIC PROTECTION	1	178	0		
6 YOUTH DEVELOPMENT	5	10,088	0		
7 PHILANTHROPY	10	68,400	0		

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

Form 990, Schedule I, Part I, Line 2 THERE ARE A NUMBER OF CHECK POINTS IN THE LIFE OF A GRANT TO HELP MONITOR THAT THE GRANT WAS USED BY AN ORGANIZATION FOR ITS INTENDED PURPOSE:

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

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

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

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

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

Continuation Sheet for Schedule I (Form 990)

Name of the organization: CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number: 38-3033739

Part III Continuation of Grants and Other Assistance to Individuals in the United States

(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
8 ARTS, CULTURE	26	54,218	0		
9 ENVIRONMENTAL	31	166,111	0		
10 ANIMAL RELATED	4	4,025	0		
11 MENTAL HEALTH	6	8,600	0		
12 HEALTH- MULTIPURPOSE	1	250	0		
13 MEDICAL RESEARCH	1	250	0		
14 FOOD, NUTRITION, AGRICULTURE	11	15,990	0		
15 HOUSING, SHELTER	3	12,500	0		
16 PUBLIC SAFETY	1	500	0		
17 INTERNATIONAL	1	1,000	0		
18 COMMUNITY IMPROVEMENT	4	15,769	0		
19 PUBLIC/SOCIETY	7	26,983	0		
20 RELIGION RELATED	6	13,798	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAURA HANSEN	MARRIED TO PRESIDENT	44,558	WAGES FOR EMPLOYMENT		X
(2)		0			
(3)		0			
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

Part V **Supplemental Information**

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number

38-3033739

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	162,430	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )		0	0	
26	Other ▶ ( )		0	0	
27	Other ▶ ( )		0	0	
28	Other ▶ ( )		0	0	

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Form 990, Schedule M, Part 1, Line 32a THE FOUNDATION USES A BROKERAGE FIRM TO SELL PUBLICLY TRADED SECURITIES IT RECEIVES AS NONCASH CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

FOUNDATIONS - COMMUNITY FOUNDATIONS.

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

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

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

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

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

Form 990, Part XI, Line 5 THE OTHER CHANGES TO NET ASSETS ARE MADE UP OF $1,612,039 OF NET UNREALIZED LOSSES LESS $11,622 OF RECIPROCAL TRANSFERS, $52,900 OF DISTRIBUTIONS ON SPLIT INTEREST AGREEMENTS AND $250,637 OF TRANSFERS TO SPECIAL PROJECTS

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2011
Region: All Regions

Name, address, and zip Fiscal Sponser's Name	EIN Fiscal Sponser's EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Fi
Adrian College 110 S Madison Street Adrian, MI 49221		501(c)3	30,000				for Operation Education to benefit disabled veterans	
B.A.S.E.S. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(c)3	500				for general operations	
B.A.S.E.S. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(c)3	300				for counseling for a male student	
B.A.S.E.S. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(c)3	2,000				for unrestricted purposes	
B.A.S.E.S. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(c)3	500				for general programming and operations	
B.A.S.E.S. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(c)3	4,500				to purchase copies of Brain Training for Addiction Recovery	
Boyne District Library 201 East Main Street Boyne City, MI 49712		501(c)3	7,775				to be added to the principal of the fund	
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	4,560				for scholarships for children to attend summer camp	
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	4,800				for scholarships for students to attend adventure center programs	
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	725				to be added to the principal of the fund	
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	380				scholarship for Jacob Scripter for traditional summer camp	
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(c)3	1,000				for unrestricted purposes	
Camp Quality PO Box 345 202 S. Lake Street, Suite C Boyne City, MI 49712	38-2208796	501(c)3	25,000				for general operations	

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip scal Sponser's Name	Fiscal Sponser's EIN	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Fi
Camp Quality PO Box 345 202 S. Lake Street, Suite C Boyne City, MI 49712		38-2208796	501(c)3	10,942				for general operations	
Camp Quality PO Box 345 202 S. Lake Street, Suite C Boyne City, MI 49712		38-2208796	501(c)3	1,000				for unrestricted purposes	
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720		38-3219489	501(c)3	6,400				for Phase I underwater LED lights & installation	
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720		38-3219489	501(c)3	12,150				for general operations	
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720		38-3219489	501(c)3	1,117				to purchase a polar bear inflatable pool toy	
Charlevoix Area Hospital 14700 Lake Shore Drive Charlevoix, MI 49720			501(c)3	6,100				for general operations	
Charlevoix County Parks & Recreation 05820 Lake Shore Rd Boyne City, MI 49712		38-6004840	501(c)3	26,800				to construct a non-motorized pathway on the BC Road	
Charlevoix County Sheriff's Department 1000 Grant Street Charlevoix, MI 49720			501(c)3	2,500				to bring R5 productions to schools in Charlevoix County	
Charlevoix County Sheriff's Department 1000 Grant Street Charlevoix, MI 49720			501(c)3	2,500				to bring R5 productions to schools in Charlevoix County	
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720		38-2636672	501(c)3	300				to scan & digitize historic photos for public use	
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720		38-2636672	501(c)3	5,500				for general operations	
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720		03-0474720	501(c)3	13,246				to complete the computer replacement project	
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720		03-0474720	501(c)3	1,341				for the 2011 Heise lecture event	

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Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720		03-0474720	501(c)3	450				to be added to the principal of the fund	
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720		03-0474720	501(c)3	4,321				for a digital books/video/music system	
Charlevoix Schools Enrichment Foundation PO Box 730 Charlevoix, MI 49720		38-2768057	501(c)3	22,917				to reimburse for 12/2011 grant awards	
City of Charlevoix 210 State Street Charlevoix, MI 49720		38-6004543	501(c)3	10,000				to develop & implement Leadership Charlevoix County	
City of Charlevoix 210 State Street Charlevoix, MI 49720		38-6004543	501(c)3	1,700				for scholarships for children to attend Camp McSauba	
City of East Jordan PO Box 499 East Jordan, MI 49727		38-6033590	501(c)3	3,155				to purchase six park benches	
City of East Jordan PO Box 499 East Jordan, MI 49727		38-6033590	501(c)3	5,900				for the climbing rock structure at Tourist Park	
City of East Jordan PO Box 499 East Jordan, MI 49727		38-6033590	501(c)3	4,500				for a Recreation Plan update	
City of East Jordan PO Box 499 East Jordan, MI 49727		38-6033590	501(c)3	185				to be added to the principal of the fund	
City of East Jordan PO Box 499 East Jordan, MI 49727		38-6033590	501(c)3	-2,000				towards beautification of the main entryways into East Jordan	
Community Foundation for Northeast Michigan 111 Water Street PO Box 495 Alpena, MI 49707		23-7384822	501(c)3	10,000				to support the St. Helena Lighthouse Endowment Fund	
Conservation Resource Alliance 10850 Traverse Hwy. Suite 1111 Traverse City, MI 49684		38-2181915	501(c)3	2,000				for the Boardman River dam removal	
Conservation Resource Alliance 10850 Traverse Hwy.		38-2181915	501(c)3	3,500				to construct a timber bridge over the Boyne River at	

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Crooked Tree Arts Council 161 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(c)3	1,500				for Path to the Future & Renaissance Society memberships	
Crooked Tree Arts Council 161 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(c)3	1,000				for the D'Art for Art Youth Orchestra program	
Crooked Tree Arts Council 161 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(c)3	2,500				to purchase percussion instruments for the student orchestra	
Crooked Tree Arts Council 161 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(c)3	5,000				for general operations	
Crooked Tree District Library PO Box 518 2203 Walloon Street Walloon Lake, MI 49796	38-2167002	501(c)3	15,391				for general operations	
East Jordan Ecumenical Ministerial Association c/o Lighthouse Missionary Church 7824 Rogers Road East Jordan, MI 49727		501(c)3	5,000				to assist with home heating costs in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	300				to support improvements to the girls softball field	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	20,520				to hire a pool manager at the EJ Community Pool	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	3,600				to be added to the principal of the fund.	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	-4				for a bookstore trip for MS students in 2010-2011	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,266				for clothing and misc items for EJPS students	

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2011
Region: All Regions

Name, address, and zip scal Sponser's Name	EIN Fiscal Sponser's EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Fi
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	-97				to continue staff training in the EBLI reading program	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	583				for clothing and misc expenses for 25 students	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	3,000				for a bookstore trip for HS students in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	2,998				for a bookstore trip for MS students in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	5,000				for grade level readers for ES students	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	2,000				for student campership in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	3,000				for the HS theatre trip in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,000				for art supplies for ES students in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,000				for art supplies for MS students in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,000				for art supplies for HS students in 2011-2012	
East Jordan Public Schools 304 4th Street PO Box 399	38-2137029	501(c)3	1,000				for partial scholarships for the Girls on the Run program	

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Grantees receiving $5000 or more.
Tax Year 2011
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East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	5,500				for the Read Aloud family literacy program	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	397				for the MS Pride program	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	-197				for facilitator lodging & supplies for the EBLI training session	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	-2				for a bookstore trip for HS students in 2010-2011	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	1,444				to purchase new equipment for the EJ community pool	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	71				for shoes and apparel for EJPS students	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	7,000				agency distribution for 2011	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	900				to purchase safety jackets for the transportation department	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	5,000				for an automated timing system for Boswell Stadium	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727	38-2137029	501(c)3	3,000				to be added to the principal of the fund.	
East Jordan Public Schools 304 4th Street	38-2137029	501(c)3	2,200				to be added to the principal of the fund.	

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Tax Year 2011
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East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727		38-2137029	501(c)3	500				to be added to the principal of the fund.	
East Jordan Public Schools 304 4th Street PO Box 399 East Jordan, MI 49727		38-2137029	501(c)3	-153				for student campership/scholarships	
First Congregational Church 101 State Street Charlevoix, MI 49720		23-7098809	501(c)3	5,500				for unrestricted purposes	
First Congregational Church 101 State Street Charlevoix, MI 49720		23-7098809	501(c)3	1,500				for general operations/the Pilgrim Fund	
First Congregational Church 101 State Street Charlevoix, MI 49720		23-7098809	501(c)3	1,500				for the Pilgrims' Fund for church improvements	
Florida Keys Outreach Coalition PO Box 4767 Key West, FL 33041		65-0409898	501(c)3	7,000				for the Healthy Start program	
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729		38-3469219	501(c)3	300				for general operations of the food pantry	
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729		38-3469219	501(c)3	5,000				for emergency fuel & utility bill assistance in 2011-2012	
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729		38-3469219	501(c)3	1,000				for cribs and car seats for the Moms & Tots Center	
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729		38-3469219	501(c)3	200				for general operations of the food pantry	
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729		38-3469219	501(c)3	10,000				to provide emergency home heating, utility, & rental assistance for Charlevoix County residents in spring 2011	
Grand Traverse Regional Community Foundation 250 E. Front St., Suite 310		38-3056434	501(c)3	10,000				to add to the endowment of the Serendipity Fund	

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Grand Traverse Regional Land Conservancy 3860 N. Long Lk. Rd., #D Traverse City, MI 49684	38-2994229	501(c)3	5,000				for the Carls Foundation Conservancy Fund challenge grant	
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727		501(c)3	250				to be added to the principal of the fund	
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727		501(c)3	2,500				for general operations	
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727		501(c)3	11,000				for architectural drawings for the Terrace & Recreation Park	
Health Department of Northwest Michigan 220 W. Garfield Street Charlevoix, MI 49720	30-168590	501(c)3	3,000				for a behavioral screening tool for children 0 to 5	
Health Department of Northwest Michigan 220 W. Garfield Street Charlevoix, MI 49720	30-168590	501(c)3	1,725				for breast cancer education & outreach activities	
Health Department of Northwest Michigan 220 W. Garfield Street Charlevoix, MI 49720	30-168590	501(c)3	735				for a self esteem building/healthy relationships program for Pellston girls	
John D. Voelker Foundation PO Box 15222 Lansing, MI 48901-5222	38-2913091	501(c)3	5,000				towards the Native American Scholarship fund	
Kohl's M-32 Gaylord, MI 49735		501(c)3	2,754				for clothing for students at EJPS	
Kohl's M-32 Gaylord, MI 49735		501(c)3	2,952				to purchase school clothing for students	
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(c)3	500				for general operations/membership renewal	
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(c)3	100				for general operations	
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(c)3	10,000				for stewardship endowment	

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Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(c)3	5,164				for trail improvements/signage on two Beaver Island preserves	
Manna Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(c)3	400				for unrestricted purposes	
Manna Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(c)3	7,930				to purchase a refrigerated truck for food rescue & deliveries	
Manna Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(c)3	5,000				for supplies for the backpacks for kids program	
Mayo Clinic Siebens Building, Ninth Floor 200 First Street SW Rochester, MN 55905-0001	41-601172	501(C)3	10,000				for unrestricted purposes	
Michigan League of Conservation Voters 213 W Liberty Suite 300 Ann Arbor, MI 48104	37-1430158	501(c)3	5,000				for the Michigan judicial branch accountability suite program	
Michigan State University 342 Student Services Building East Lansing, MI 48824-1113		501(C)3	25,000				to support the Eli and Edythe Broad Art Museum	
MSU Extension Charlevoix County 4-H 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)3	5,678				for scholarships for youth to participate in 4H programs	
MSU Extension Charlevoix County 4-H 319B North Lake Street Boyne City, MI 49712	38-6005984	501(c)3	750				for general operations	
Northern Michigan Regional Health Systems Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(c)3	5,000				for ICU patient monitors	
Northern Michigan Regional Health Systems Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(c)3	150				for general operations	
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(c)3	1,475				to support sexuality education for teen males	

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Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(c)3	3,475				for general operations	
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(c)3	2,000				for Project Safe & Healthy sex education for teens	
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(c)3	14,040				to continue the cervical cancer prevention program	
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(c)3	3,000				for general operations	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	314				to reimburse for programs in October/November 2011	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	3,900				for the OIC program connecting science, history, & art	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	1,400				for general operations	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	2,500				for general operations	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	3,500				for the Michigan coral reefs art experience	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	1,000				for general operations	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	2,000				to support the 2nd Saturday program	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	167				for nine 2011 student scholarships	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	240				to reimburse for program expenses for May 2011	

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Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	875				for general operations	
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(c)3	5,000				towards the R & R Building project	
St. James Township PO Box 85 Beaver Island, MI 49782		501(c)3	10,000				for the BI Harbor Lighthouse restoration project	
St. James Township PO Box 85 Beaver Island, MI 49782		501(c)3	4,269				for exterior renovations of the St. James Lighttower	
Sterling College PO Box 72 Craftsbury Common, VT 05827	03-0197728	501(c)3	5,000				for general operations	
Sterling College PO Box 72 Craftsbury Common, VT 05827	03-0197728	501(c)3	2,000				for renovation of the Hamilton & Jefferson dormitories	
The Community Foundation Serving Boulder County 1123 Spruce Street Boulder, CO 80302	84-1171836	501(c)3	10,000				for Serendipity Fund grantmaking	
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	4,920				to purchase & install 3 pharmaceutical drop boxes	
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(c)3	6,900				to implement the ordinance gaps analysis & stormwater control ordinance	
Trout Unlimited - Schrems West Michigan Chapter PO Box 230094 Grand Rapids, MI 49523	521766265	501(C)3	10,000				for a 1:1 match to support a fisheries fellowship at MSU	
Trout Unlimited, Michigan Chapter PO Box 442 Dewitt, MI 48820-8820		501(C)3	40,000				for the Michigan Recreational Anglers 2011 Research Survey	
University Musical Society Burton Memorial Tower 881 North University Avenue Ann Arbor, MI 48109-1011	38-1545881	501(c)3	5,000				for general operations	

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W.A.T.C.H. PO Box 615 Charlevoix, MI 49720		38-2477700	501(c)3	5,000				to provide an environmental education program on air quality	
Walloon Lake Trust and Conservancy PO Box 621 Petoskey, MI 49770		38-3608004	501(C)3	1,910				for a Walloon Lake watershed management study	
Walloon Lake Trust and Conservancy PO Box 621 Petoskey, MI 49770		38-3608004	501(C)3	43,000				for general operations	
Women's Resource Center 423 Porter Street Petoskey, MI 49770		38-2302164	501(c)3	2,500				for scholarships to the Children's Learning Center	
Women's Resource Center 423 Porter Street Petoskey, MI 49770		38-2302164	501(c)3	725				to be added to the principal of the fund	
Women's Resource Center 423 Porter Street Petoskey, MI 49770		38-2302164	501(c)3	500				for general operations	
Women's Resource Center 423 Porter Street Petoskey, MI 49770		38-2302164	501(c)3	8,000				to support the women's educational & employment services program	
Women's Resource Center 423 Porter Street Petoskey, MI 49770		38-2302164	501(c)3	1,000				for unrestricted purposes	

Form **8868**
(Rev January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	CHARLEVOIX COUNTY COMMUNITY FOUNDATION	[X] 38-3033739
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	P.O. BOX 718	[ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	EAST JORDAN MI 49727	

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

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

- The books are in the care of ▶ LAURA HANSEN

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2011 or

▶ [ ] tax year beginning _____, and ending _____.

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0

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