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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) PO BOX 718

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
EAST JORDAN, MI 49727

D Employer identification number
38-3033739

E Telephone number
(231) 536-2440

G Gross receipts $ 5,451,450

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 subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW C3F ORG

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

L Year of formation 1991

M State of legal domicile MI

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2013 (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**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,920,010	1,779,744
9	Program service revenue (Part VIII, line 2g)	2,403	2,400
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	661,481	1,155,085
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)	2,583,894	2,937,229
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,034,208	1,484,636
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)	250,338	250,706
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶69,277		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	150,636	188,804
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,435,182	1,924,146
19	Revenue less expenses Subtract line 18 from line 12	1,148,712	1,013,083

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,264,396	29,208,915
21	Total liabilities (Part X, line 26)	1,928,170	2,160,236
22	Net assets or fund balances Subtract line 21 from line 20	23,336,226	27,048,679

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

****** 2014-07-24
Signature of officer Date

ROBERT A HANSEN JR PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VELDA K KAMMERMANN		2014-08-15		P01056809

Firm's name ▶ MASON KAMMERMANN & ROHRBACK 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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 $ 1,696,243 including grants of $ 1,484,636) (Revenue $ 2,400)

THE ORGANIZATION SERVES THE COUNTY OF CHARLEVOIX, MICHIGAN, THROUGH THE AWARDING OF GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS TO STUDENTS

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,696,243

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line 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**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
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**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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 301 WATER STREET
EAST JORDAN, MI 49727 (231) 536-2440

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) VALERIE SNYDER CHAIRWOMAN	2 00	X		X				0	0	0
(2) DON SPENCER VICE-CHAIRMA	2 00	X		X				0	0	0
(3) FAYE KEANE TREASURER	2 00	X		X				0	0	0
(4) DAVID LEUSINK DEPUTY TREAS	2 00	X		X				0	0	0
(5) JOHN KEMPTON CORPORATE SE	2 00	X		X				0	0	0
(6) HUGH CONKLIN TRUSTEE	1 00	X						0	0	0
(7) MICHELLE CORTRIGHT TRUSTEE	1 00	X						0	0	0
(8) JIM HOWELL TRUSTEE	1 00	X						0	0	0
(9) BARBARA MALPASS TRUSTEE	1 00	X						0	0	0
(10) LINDA MUELLER TRUSTEE	1 00	X						0	0	0
(11) RACHEL SWISS TRUSTEE	1 00	X						0	0	0
(12) PAUL WITTING TRUSTEE	1 00	X						0	0	0
(13) CONNIE WOJAN TRUSTEE	1 00	X						0	0	0
(14) ROBERT HANSEN JR PRESIDENT	40 00			X				91,656	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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								91,656		

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 ▶

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

Section B. Independent Contractors

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

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

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 ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,779,744				
	g Noncash contributions included in lines 1a-1f $	71,443				
	h **Total.** Add lines 1a-1f	▶	1,779,744			
Program Service Revenue		Business Code				
	2a PROPERTY RENTAL-FOR PROGRAMS		2,400	2,400		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	2,400			
	3 Investment income (including dividends, interest, and other similar amounts)	▶	631,964			631,964
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	3,037,342				
	b Less cost or other basis and sales expenses	2,514,221				
	c Gain or (loss)	523,121				
	d Net gain or (loss)	▶	523,121			523,121
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶				
	12 **Total revenue.** See Instructions	▶	2,937,229	2,400		1,155,085

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)

Check if Schedule O contains a response or note to any line 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	1,345,020	1,345,020		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	139,616	139,616		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,656	32,080	41,246	18,330
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	45,206	24,863	13,562	6,781
7 Other salaries and wages	70,810	38,946	21,242	10,622
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,699	4,940	3,918	1,841
9 Other employee benefits	14,583	6,734	5,340	2,509
10 Payroll taxes	17,752	8,197	6,501	3,054
11 Fees for services (non-employees)				
a Management				
b Legal	950		950	
c Accounting	14,480	7,964	4,344	2,172
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	29,319	16,125	8,796	4,398
13 Office expenses	19,696	10,833	5,909	2,954
14 Information technology				
15 Royalties . .				
16 Occupancy	16,346	8,990	4,904	2,452
17 Travel	11,260	6,193	3,378	1,689
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,588	11,874	6,476	3,238
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,587		13,587	
23 Insurance				
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 SUPPLIES	19,967	10,982	5,990	2,995
b REPAIRS AND MAINTENANCE	18,223	10,023	5,467	2,733
c CONSULTING SERVICES	15,052	8,278	4,516	2,258
d DUES & SUBSCRIPTIONS	8,336	4,585	2,500	1,251
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,924,146	1,696,243	158,626	69,277
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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		2,576,206	2	2,731,731
	3	Pledges and grants receivable, net		67,262	3	34,200
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,612	9	2,617
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 536,515			
	b	Less accumulated depreciation	10b 38,714	28,559	10c	497,801
	11	Investments—publicly traded securities		22,444,548	11	25,879,251
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		44,585	13	44,585
	14	Intangible assets			14	18,730
	15	Other assets See Part IV, line 11		99,624	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		25,264,396	16	29,208,915
Liabilities	17	Accounts payable and accrued expenses		19,499	17	12,681
	18	Grants payable		248,248	18	294,306
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		283,891	21	274,789
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,376,532	25	1,578,460
	26	**Total liabilities.** Add lines 17 through 25		1,928,170	26	2,160,236
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		152,537	27	647,926
	28	Temporarily restricted net assets		5,691,457	28	7,629,773
	29	Permanently restricted net assets		17,492,232	29	18,770,980
		Organizations that do not follow SFAS 117 (ASC 958), 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		23,336,226	33	27,048,679
	34	Total liabilities and net assets/fund balances		25,264,396	34	29,208,915

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,937,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,924,146
3	Revenue less expenses Subtract line 2 from line 1	3	1,013,083
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,336,226
5	Net unrealized gains (losses) on investments	5	2,752,481
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-53,111
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,048,679

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 - Non-functionally integrated

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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,053,198	898,584	1,725,685	1,920,010	1,779,744	7,377,221
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,053,198	898,584	1,725,685	1,920,010	1,779,744	7,377,221
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)						2,565,866
6 **Public support.** Subtract line 5 from line 4						4,811,355

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,053,198	898,584	1,725,685	1,920,010	1,779,744	7,377,221
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	337,831	461,714	468,798	266,564	631,964	2,166,871
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-292,943	-65,807	583,779	394,917	523,121	1,143,067
11 **Total support** (Add lines 7 through 10)						10,687,159

12	Gross receipts from related activities, etc (see instructions)	12	12,705

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	45 020 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	48 910 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	GAIN ON SALES OF SECURITIES 1,143,067

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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)	966,446	
3	Aggregate grants from (during year)	690,900	
4	Aggregate value at end of year	6,589,536	

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☑ 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 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 XIII, 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 XIII, 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 XIII

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 XIII and complete the following table

		Amount
c Beginning balance	1c	283,891
d Additions during the year	1d	1,623
e Distributions during the year	1e	10,725
f Ending balance	1f	274,789

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☑

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,627,138	18,989,704	19,865,356	17,650,131	13,833,157
b Contributions	649,637	778,621	370,476	303,810	395,647
c Net investment earnings, gains, and losses	3,826,840	2,669,256	-498,062	2,706,695	3,961,180
d Grants or scholarships	644,031	425,665	381,997	450,159	246,418
e Other expenditures for facilities and programs	428,045	384,778	366,069	345,121	293,435
f Administrative expenses					
g End of year balance	25,031,539	21,627,138	18,989,704	19,865,356	17,650,131

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

- a Board designated or quasi-endowment ▶ 8 000 %
- b Permanent endowment ▶ 92 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	25,000			25,000
b Buildings	439,190		5,053	434,137
c Leasehold improvements				
d Equipment	72,325		33,661	38,664
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				497,801

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
FUNDS HELD ON BEHALF OF AGENCIES	1,578,460
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,578,460

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,689,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,752,481		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	2,752,481
3	Subtract line **2e** from line **1**			3	2,937,229
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,937,229

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,977,257
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 XIII)	2d	53,111		
e	Add lines **2a** through **2d**			2e	53,111
3	Subtract line **2e** from line **1**			3	1,924,146
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,924,146

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 2, 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
SCHEDULE D, PAGE 2, 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
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DISTRIBUTIONS ON SPLIT INTEREST AGREEMENTS 53,111

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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? . . . . . ☑ 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULE	38-0000000		1,231,154				SEE ATTACHED SCHEDUL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 64

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

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	147	139,616			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, 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 NEWS RELEASES TO THE PRINT AND ELECTRONIC MEDIA ANNOUNCING THE GRANT AND ITS PURPOSE TO THE PUBLIC -FOUNDATION STAFF CONDUCT SITE VISITS TO THE GRANTEE ORGANIZATION TO "SEE" THE GRANT IN ACTION

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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, lines 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting 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 of assistance	(d) Type of assistance	(e) Purpose of assistance

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 PRES	45,206	WAGES FOR EMPLOYMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	LAURA HANSEN IS MARRIED TO THE PRESIDENT OF THE FOUNDATION

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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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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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	11	71,443	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	THE FOUNDATION USES A BROKERAGE FIRM TO SELL PUBLICLY TRADED SECURITIES IT RECEIVES AS NONCASH CONTRIBUTIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Employer identification number
38-3033739

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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 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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE FOUNDATION ADHERES TO THE "RECOMMENDED BEST PRACTICES IN DETERMINING REASONABLE EXECUTIVE AND STAFF COMPENSATION" AS PUT FORTH BY THE COUNCIL OF FOUNDATIONS GENERALLY, REASONABLE COMPENSATION IS DEFINED AS WHAT SIMILAR PERSONS IN SIMILAR POSITIONS WITH SIMILAR DUTIES IN 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 FOUNDATIONS-COMMUNITY FOUNDATIONS -THE COUNCIL OF MICHIGAN FOUNDATION'S ANNUAL MICHIGAN & OHIO COMMUNITY FOUNDATIONS SALARY SURVEY 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 THE PRESIDENT IS RESPONSIBLE FOR EVALUATING AND RECOMMENDING COMPENSATION FOR STAFF FOLLOWING THE SAME PROCESS USED TO DETERMINE THE PRESIDENT'S COMPENSATION THE PRESIDENT AND STAFF ARE THE ONLY EMPLOYEES/OFFICERS OF THE FOUNDATION THAT RECEIVE COMPENSATION

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DISTRIBUTIONS ON SPLIT INTEREST AGREEMENTS -53,111

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2013
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
[illegible] College [illegible] S Madison Street [illegible], MI [illegible]		501(C)(3)	5,000				for the Veteran's Scholarship Fund		
Aquinas College 1607 Robinson Road, SE Grand Rapids, MI 49506-1799	38-1367080	501(C)(3)	5,000				for the Sports & Fitness Center		
B.A.S.E S. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C)(3)	4,000				to print the book "Raising Drug Free Kids" for parents		
B.A.S.E.S Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C)(3)	2,413				for computerized babies for pregnancy prevention		
B A.S.E.S. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C)(3)	2,000				for general operations		
Beaver Island Association PO Box 390 Beaver Island, MI 49782	38-2864727	501(C)(3)	9,500				to establish the Beaver Island Birding Trail		
Beaver Island Community Development Co. 27400 Paideenogs Rd Beaver Island, MI 49782	30-0246447	501(C)(3)	7,000				to install air conditioning at Forest View		
Beaver Island Rural Health Center PO Box 146 Beaver Island, MI 49782	38-3299988	501(C)(3)	50,000				for general operations		
Beaver Island Rural Health Center PO Box 146 Beaver Island, MI 49782	38-3299988	501(C)(3)	180,000				for general operations		
Big Brothers/Big Sisters of NW Michigan, Inc 521 South Union St. Traverse City, MI 49684	23-7043163	501(C)(3)	5,000				for a mentoring program for at risk girls		

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2013
Region. All Regions

Name address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
[illegible] Garden Society of Northwest Michigan PO Box 1247 Traverse City, MI 49685-1247	38-3[illegible]3429	501(C)(3)	5,000				for unrestricted purposes		
Boyne Valley Pantry 04619 US 131 Hwy South Boyne Falls, MI 49713	27-1124465	501(C)(3)	5,335				to purchase food for the pantry		
Boyne Valley Pantry 04619 US 131 Hwy South Boyne Falls, MI 49713	27-1124465	501(C)(3)	7,000				for food pantry purchases		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C)(3)	3,000				for an irrigation system to promote erosion control		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C)(3)	2,500				to replace the pickleball court and equipment		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C)(3)	5,000				for general operations		
Challenge Mountain of Walloon Hills, Inc 01158 M-75 South Boyne City, MI 49712	38-2563815	501(C)(3)	2,000				for general operations, where needed the most		
Challenge Mountain of Walloon Hills, Inc 01158 M-75 South Boyne City, MI 49712	38-2563815	501(C)(3)	4,500				to purchase a speed boat for water sports programs		
Challenge Mountain of Walloon Hills, Inc 01158 M-75 South Boyne City, MI 49712	38-2563815	501(C)(3)	4,200				to purchase a Mobi-Mat for ski slopes and beach		
Charlevoix Area Community Pool 11905 US 31 North	38-3219489	501(C)(3)	1,000				for the 2013 Amanda Beard fundraising event		

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	5,000				for unrestricted purposes		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	10,000				for the Office Freshen-Up campaign		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	15,750				for general operations		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	-940				for a hydraulic lift for the pool		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	6,200				for the olympian Amanda Beard program series		
Charlevoix Area Hospital 14700 Lake Shore Drive Charlevoix, MI 49720		501(C)(3)	1,000				for general operations		
Charlevoix Area Hospital 14700 Lake Shore Drive Charlevoix, MI 49720		501(C)(3)	7,000				for general operations		
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C)(3)	1,000				to purchase an electric door for the Pine River Medical Associates		
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C)(3)	1,000				for books for the Read To Me program		

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C)(3)	5,000				for Fit-4-Life Kids healthy living program		
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C)(3)	10,000				for general operations		
Charlevoix Area Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C)(3)	9,500				for the Cancer Chair & unrestricted purposes		
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(C)(3)	1,000				for medical operation for a labrador retriever		
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(C)(3)	5,368				for eight additional Cat Condo units		
Charlevoix County 4-H Council MSU Extension 319 B North Lake Street Boyne City, MI 49712		501(C)(3)	800				for general operations		
Charlevoix County 4-H Council MSU Extension 319 B North Lake Street Boyne City, MI 49712		501(C)(3)	5,500				for scholarships for low income families to participate in 4-H programs		
Charlevoix Historical Society P O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	5,000				for a film documentary on Earl Young		
Charlevoix Historical Society P.O. Box 525	38-2636672	501(C)(3)	6,000				for general operations		

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Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	182				for general operations		
Charlevoix Historical Society P O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	1,950				to construct an ADA compliant ramp at Harsha House		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C)(3)	1,000				to re-plant the Circle Garden		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C)(3)	2,250				for a historical jazz music and dance program		
Charlevoix Public Library 220 W Clinton Street Charlevoix, MI 49720	03-0474720	501(C)(3)	6,000				to plant the Circle Garden and for garden maintenance		
Charlevoix Public Schools 104 E St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	15,646				for reimbursement for fall 2013 grant awards		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	4,494				for reimbursement for spring 2013 grant awards		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	1,000				to update electronic equipment in the auditorium		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	300				for equipment and scholarships for wrestling camp		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	1,500				for the 2013 Model United Nations program at CHS		

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Charlevoix Public Schools 104 E. St Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	1,010				to purchase racing gates for the ski team		
Charlevoix Public Schools 104 E St Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	2,000				for emergency medical needs for a 7th grade student with cancer		
Charlevoix Township 12491 Waller Road Charlevoix, MI 49720		501(C)(3)	6,000				for a paved pathway portion of the rec improvement plan		
Child & Family Services of NW Michigan, Inc 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C)(3)	150				for general operations		
Child & Family Services of NW Michigan, Inc. 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C)(3)	2,000				for updated marketing resources		
Child & Family Services of NW Michigan, Inc 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C)(3)	3,000				for the pregnancy counseling program		
Child & Family Services of NW Michigan, Inc. 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C)(3)	750				for general operations in 2013		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	1,025				for two partial scholarships for 2013-2014 Leadership Charlevoix County participants		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	2,160				to purchase one backed bench through the Adopt-A-Bench program		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	4,000				to support Leadership Charlevoix County		

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City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	500				for the art in public places project		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	1,700				for scholarships for Mt. McSauba summer day camp		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	4,225				for Leadership Cx County non-profit status support		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	750				for a classical music concert in Charlevoix's East Park		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	3,924				for medical equipment for a EMS vehicle		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	20,000				to develop a regional Master Plan for East Jordan & environs		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	300				for general operations		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	2,800				for a power-operated battery recharge system for EMS		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	2,650				for a video projector upgrade for the fire department		
Conservation Resource Alliance 10850 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C)(3)	10,000				to redesign a road stream crossing for the Jordan River at Old State Road		

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Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	500				to support the dance program		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	500				for the Renaissance Society campaign		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	600				for general operations		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	10,000				for the School of Ballet		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	1,250				for the Lightwire Theatre performance in BC		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	650				for general operations		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	1,500				for the annual spring youth strings concert in Boyne City		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	1,000				for the D'Art for Art fundraiser for the youth orchestra program		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	2,500				for unrestricted purposes		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	5,000				for general operations		
Crooked Tree District Library PO Box 518	38-2167002	501(C)(3)	15,750				for general operations		

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Crooked Tree District Library PO Box 518 2203 Walloon Street Walloon Lake, MI 49796	38-2167002	501(C)(3)	900				for general operations		
Disability Network - Northern Michigan 415 East Eighth Street Traverse City, MI 49686	27-0050871	501(C)(3)	3,500				for a phone app to identify handicap-friendly places		
Disability Network - Northern Michigan 415 East Eighth Street Traverse City, MI 49686	27-0050871	501(C)(3)	2,160				to create universal access to the waterfront at Whiting Park		
East Jordan Ecumenical Ministerial Association c/o Lighthouse Missionary Church 7824 Rogers Road East Jordan, MI 49727		501(C)(3)	5,000				for home heat, utility shutoffs, and rental assistance		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	600				for the Josh Spears speaking event at EJHS		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	27				for smoking cessation medication		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,000				for college tours for EJHS & BCHS		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	510				for students to participate in Girls on the Run in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	10,000				for bleacher and locker repair/replacement and/or other capital improvements at		

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East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	10,000				for general operations at the community pool in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	6,000				for large instruments for the HS band program		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	7,000				for two starting blocks for the Stingray Swim Team		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,752				for book resources for an ES literacy program in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,856				for a bookstore trip for 10th grade students in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,495				for a theatre trip for HS students in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,000				for supplemental art supplies for HS students in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	40,000				for the Senior Class trip to Peru in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	9,293				to purchase choir robes and performance attire for EJPS		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	-4,900				for the EBLI literacy program training & computer support 2012-2013		

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East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	-613				for college site visits for Shoe Club members		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	5,500				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	194				additional agency allocation		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	3,000				for Camp Daggett scholarships for ES students in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	7,000				to purchase a utility terrain vehicle		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	4,400				for a pool lift for the physically challenged		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	500				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,852				for a bookstore trip for 8th grade students in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	6,000				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	35,000				to support the pool manager position from Jan 2013 to June 2014		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	475				for a software communications tool for students, parents, and staff		

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East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	6,000				for playground equipment for the EJES		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,000				for supplemental art supplies for the ES students in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	5,670				for educational field trips for EJPS, K-7 students		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	9,210				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	11,000				for general operations in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	5,000				for registration & hotel fees for the 2013 Chicago Leadership Training Conference		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	194				for medical assistance for a third grade student		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,712				to equip busses with the Gardian Angel safety system		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,500				for Camp EJ scholarships, equipment, and field trips		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	3,750				for K-12 digital media resources and staff training		

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East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	8,600				to support the EJPS Alternative Education program		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,000				for supplemental art supplies for MS students in 2013		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,951				for musical instruments for the EJES		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,000				for student camperships beginning summer of 2013		
Ellsworth Community School 9467 Park Street Ellsworth, MI 49729	38-6000402	501(C)(3)	12,181				to create a computer lab for elementary students		
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(C)(3)	300				for the Lisa Dixon Scholarship Fund		
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(C)(3)	1,000				for general operations		
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(C)(3)	6,100				for unrestricted purposes		
Florida Keys Outreach Coalition PO Box 4767 Key West, FL 33041	65-0409898	501(C)(3)	10,000				to provide housing and support services for the homeless elderly		
Friends' School 5465 Pennsylvania Avenue Boulder, CO 80303	84-1087693	501(C)(3)	5,000				for unrestricted purposes		

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Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	5,000				for the 2013-2014 emergency heating assistance program		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	5,000				for food pantry purchases		
Grand Traverse Regional Community Foundation 250 E. Front St , Suite 310 Traverse City, MI 49684-2552	38-3056434	501(C)(3)	10,000				for the Experience 231 program		
Grand Traverse Regional Community Foundation 250 E Front St., Suite 310 Traverse City, MI 49684-2552	38-3056434	501(C)(3)	10,000				to add to the endowment of the Serendipity Fund		
Grand Traverse Regional Land Conservancy 3860 N Long Lk. Rd., #D Traverse City, MI 49684	38-2994229	501(C)(3)	5,000				for unrestricted purposes		
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)	10,000				for a wheelchair accessible van		
Great Lakes Chamber Orchestra 438 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	1,000				for the Musical Feast contribution		
Great Lakes Chamber Orchestra 438 E Lake St	30-0084912	501(C)(3)	5,992				for two orchestral performances in Charlevoix		

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Great Lakes Chamber Orchestra 438 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	500				for unrestricted purposes		
Great Lakes Chamber Orchestra 438 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	4,200				for a March 16, 2014 performance in Chlx		
Great Lakes Chamber Orchestra 438 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	400				to support musical programs		
Heart of the Lakes Center for Land Conservation Policy PO Box 1128 Bay City, MI 48706		501(C)(3)	5,000				for unrestricted purposes		
Inland Seas Education Association 100 Dame Street PO Box 218 Suttons Bay, MI 49682	38-2866234	501(C)(3)	5,000				for unrestricted purposes		
Inland Seas Education Association 100 Dame Street PO Box 218 Suttons Bay, MI 49682	38-2866234	501(C)(3)	3,600				for scholarships for Family Science Sails		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C)(3)	6,000				for general operations		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C)(3)	2,360				for a women's issues visual & performing art exhibit & program		

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Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	140				for general operations		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	25,000				to purchase the Camp Seagull property in Hayes Township		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	5,371				to help purchase preserve property in Charlevoix County		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	1,000				to purchase the Camp Seagull property in Hayes Township		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	10,000				to support the stewardship program		
Mayo Clinic Siebens Building, Ninth Floor 200 First Street SW Rochester, MN 55905-0001	41-6011702	501(C)(3)	10,000				for unrestricted purposes		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	5,000				for unrestricted purposes		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	3,800				for the Child Bereavement Program		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	5,000				for patient assistance funds for Charlevoix County residents		
Michigan Dyslexia Institute, NM 681 E Lake Street	38-2424612	501(C)(3)	5,000				for general operations		

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Michigan Dyslexia Institute, NM 681 E Lake Street Harbor Springs, MI 49740	38-2424612	501(C)(3)	300				for three Cx County student scholarships in 2013-2014		
Michigan Land Use Institute 148 E Front Street, Suite 301 Traverse City, MI 49684-5725	38-2314954	501(C)(3)	4,705				for the Taste the Local Difference marketing and research project		
Michigan Land Use Institute 148 E Front Street, Suite 301 Traverse City, MI 49684-5725	38-2314954	501(C)(3)	10,000				a challenge grant to address the issue of oil transport on the Great Lakes		
Michigan League of Conservation Voters 3029 Miller Road Ann Arbor, MI 48103	37-1430158	501(C)(3)	10,000				for a 1:1 challenge match to support the MLCV Education Fund		
Michigan School of Boat Building & Marine Technology PO Box 553 Petoskey, MI 49770		501(C)(3)	12,500				for unrestricted purposes		
Michigan Technological University 160 Administration Building 1400 Townsend Drive Houghton, MI 49931-1295	38-6005955	501(C)(3)	5,000				to support the Michigan Tech Parents Annual Fund		
Mountainview Medical Center PO Box Q White Sulphur Springs, MT 59645	81-0255832	501(C)(3)	10,000				for general operations		
Munson Healthcare Regional Foundation 1150 Medical Campus Drive Traverse City, MI 49684-9805	38-2642724	501(C)(3)	5,000				for unrestricted purposes		

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2013
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
North Central Michigan College 1515 Howard Street Petoskey, MI 49770	38-2910328	501(C)(3)	1,816				for fall semester 2013 student tuition awards		
North Central Michigan College 1515 Howard Street Petoskey, MI 49770		501(C)(3)	5,000				for a 1:1 match for the Link to Learning program for Charlevoix County students		
North Central Michigan College 1515 Howard Street Petoskey, MI 49770	38-2910328	501(C)(3)	1,000				for the student emergency fund		
North Central Michigan College 1515 Howard Street Petoskey, MI 49770	38-2910328	501(C)(3)	10,800				to purchase computers for a mobile training lab		
Northwest Michigan Habitat for Humanity 8460 M 119 Harbor Springs, MI 49740	38-2971056	501(C)(3)	1,975				for the Financial Peace University program		
Northwest Michigan Habitat for Humanity 8460 M 119 Harbor Springs, MI 49740	38-2971056	501(C)(3)	3,200				for a storage unit and future Habitat ReStore in Charlevoix County		
Petoskey-Harbor Springs Area Community Foundation 616 Petoskey Street, Suite 203 Petoskey, MI 49770	38-3032185	501(C)(3)	5,000				for the Jerolene & Lewis Brown Charitable Youth Fund		
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(C)(3)	3,000				for general operations		
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(C)(3)	9,825				for women's access to reproductive health care & education		

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Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(C)(3)	6,000				for Project Smart & Healthy for teen pregnancy & infection prevention		
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(C)(3)	5,000				for the Smart Choices Technology Initiative		
Planned Parenthood/W&N MI 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(C)(3)	3,500				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	4,900				for the G.E.A.R. U.P hands on robotics science program		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	1,000				for the Learning Gardens project		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	1,200				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	1,305				for program reimbursement May to November 2013		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	4,800				for the MAP- Mobile Access Project		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	100				for two 2013 student scholarships		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	2,000				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	6,000				for general operations		

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Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	2,000				for unrestricted purposes		
San Diego Social Venture Partners 12555 High Bluff Drive, Suite 180 San Diego, CA 92130	26-4671099	501(C)(3)	5,000				to support partner membership efforts		
Serenity House Alano Club Charlevoix, Inc. 106 Mason Street Charlevoix, MI 49720	38-2660208	501(C)(3)	15,000				for general operations		
Serenity House Alano Club Charlevoix, Inc. 106 Mason Street Charlevoix, MI 49720	38-2660208	501(C)(3)	250				for the 2013 Bowl-A-Thon fundraiser		
St Paul's Episcopal Church 401 Duval Street PO Box 1014 Key West, FL 33040		501(C)(3)	8,600				for new doors to enhance security		
The Community Foundation Serving Boulder County 1123 Spruce Street Boulder, CO 80302	84-1171836	501(C)(3)	10,000				to add to grantmaking of the Serendipity Fund		
The Nature Conservancy 101 East Grand River Lansing, MI 48906-4348	53-0242652	501(C)(3)	50,000				for an addition to the Grass Bay Preserve & to acquire the Gerstacker Preserve		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	9,668				for a Stover Creek restoration and management plan		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street	38-2361745	501(C)(3)	5,800				to develop the Boyne Falls stormwater management plan		

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Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	6,005				for the Chlx Stormwater Pollution Detection program		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	1,568				for general operations		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	300				for general operations		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	4,688				a research project connecting water quality and economic health		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	100				for general operations		
Upjohn Institute for Employment Research 300 South Westnedge Avenue Kalamazoo, MI 49007-4686	38-1360419	501(C)(3)	7,500				for a feasibility study		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	1,000				for general operations		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	50				for general operations		

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Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	100				for the 100 Men Campaign		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	8,000				for educational scholarships to single moms in need		
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)	2,000				for general operations, where needed the most		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	425				for general operations		
Totals			1,231,154	000					