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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Fremont Area Community Foundation

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
FREMONT, MI 49412

D Employer identification number
38-1443367

E Telephone number
(231) 924-5350

G Gross receipts $ 39,476,101

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

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 FACOMMUNITYFOUNDATION ORG

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

L Year of formation 1951

M State of legal domicile MI

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	25
6	Total number of volunteers (estimate if necessary)	**6**	170
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,698,777	6,569,182
9	Program service revenue (Part VIII, line 2g)	163,128	162,351
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,729,216	6,702,059
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,418	20,209
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,607,539	13,453,801

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,867,229	7,496,470
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,268,201	1,453,718
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶314,038		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	827,202	1,024,709
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,962,632	9,974,897
19	Revenue less expenses Subtract line 18 from line 12	1,644,907	3,478,904

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	210,140,085	213,019,604
21	Total liabilities (Part X, line 26)	4,002,022	4,363,640
22	Net assets or fund balances Subtract line 21 from line 20	206,138,063	208,655,964

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2015-11-06 Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kerry Nelson CPA	Kerry Nelson CPA	2015-10-28		P00932757

Firm's name ▶ Rehmann Robson LLC — Firm's EIN ▶ 38-3635706

Firm's address ▶ 2330 East Paris Ave SE PO Box 6547
Grand Rapids, MI 495166547 — Phone no (616) 975-4100

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

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 3,759,693 including grants of $ 3,435,116) (Revenue $ 182,295)

COMMUNITY RESPONSIVE GRANTMAKING ADMINISTERING AND DISTRIBUTING FUNDS RECEIVED EXCLUSIVELY FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE SERVICES FOR THE BENEFIT OF THE PEOPLE OF NEWAYGO COUNTY, MICHIGAN AND THE SURROUNDING AREA OF WESTERN MICHIGAN CATEGORIES OF FUNDING INCLUDE CHARITABLE PURPOSES ACROSS MANY SECTORS, INCLUDING BUT NOT LIMITED TO HEALTH, EDUCATION, COMMUNITY DEVELOPMENT, AND SERVICES TO VULNERABLE POPULATIONS

4b (Code) (Expenses $ 2,416,166 including grants of $ 2,207,578) (Revenue $)

EDUCATION TO IMPROVE EDUCATIONAL ATTAINMENT TO 60% BY THE YEAR 2025 IN NEWAYGO COUNTY, MI INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE EDUCATIONAL SERVICES CATEGORIES OF FUNDING INCLUDE CHARITABLE PURPOSES SUCH AS KINDERGARTEN READINESS, STEAM, LITERACY, REMEDIATION AND ACTIVITIES THAT CREATE A POSITIVE COLLEGE AND CAREER-ORIENTED CULTURE ALSO INCLUDES SCHOLARSHIPS TO EDUCATIONAL INSTITUTIONS SERVING RESIDENTS OF NEWAYGO COUNTY, MICHIGAN AND THE SURROUNDING AREA OF WESTERN MICHIGAN

4c (Code) (Expenses $ 1,650,681 including grants of $ 1,508,177) (Revenue $ 0)

POVERTY TO PROSPERITY TO REDUCE THE POVERTY RATE BELOW THE NATIONAL AVERAGE IN NEWAYGO COUNTY, MI INCLUDES THE ADMINISTARTION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATONS THAT PROVIDE PROGRAMS IN SELF-SUFFICIENCY, ASSET DEVELOPMENT AND SOCIAL CAPITAL/EMPOWERMENT OF INDIVIDUALS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 378,254 including grants of $ 345,599) (Revenue $)

4e **Total program service expenses** ▶ 8,204,794

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		
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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 domestic 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 or for domestic individuals 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**	Yes	
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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	23		
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	25		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			No
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**	15		
	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**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			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**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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**		
	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, address, and telephone number of the person who possesses the organization's books and records ▶ KATHRYN J POPE

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

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

Check if Schedule O contains a response 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) RICHARD DUNNING TREASURER	3 00	X		X				0	0	0
(2) ROBERT ZELDENRUST CHAIR	3 00	X		X				0	0	0
(3) CATHY KISSINGER SECRETARY	3 00	X		X				0	0	0
(4) WILLIAM JOHNSON VICE CHAIR	3 00	X		X				0	0	0
(5) JOSEPH ROBERSON TRUSTEE	3 00	X						0	0	0
(6) LOLA HARMON RAMSEY TRUSTEE	3 00	X						0	0	0
(7) TOM WILLIAMS TRUSTEE	3 00	X						0	0	0
(8) ROBERT CLOUSE TRUSTEE	3 00	X						0	0	0
(9) DENISE SUTTLES TRUSTEE	3 00	X						0	0	0
(10) DALE TWING TRUSTEE	3 00	X						0	0	0
(11) LINDSAY HAGER TRUSTEE	3 00	X						0	0	0
(12) KENT KARNEMAAT TRUSTEE	3 00	X						0	0	0
(13) MARIA GONZALEZ TRUSTEE	3 00	X						0	0	0
(14) CAROLYN HUMMEL TRUSTEE	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(15) MARY RANGEL TRUSTEE	3 00	X						0	0	0
(16) HENDRICK JONES TRUSTEE PART-YEAR	3 00	X						0	0	0
(17) LYNNE ROBINSON TRUSTEE PART-YEAR	3 00	X						0	0	0
(18) KIRK WYERS TRUSTEE PART-YEAR	3 00	X						0	0	0
(19) CARLA ROBERTS PRESIDENT & CEO	40 00			X		X		177,349	0	73,543
(20) ROBERT JORDAN VICE PRESIDENT OF PHILANTHROPIC SERVICES	40 00					X		99,170	0	14,622
(21) KATHYRN POPE VICE PRESIDENT OF FINANCE	40 00					X		92,638	0	25,849
(22) TODD JACOBS VICE PRESIDENT OF COMMUNITY INVESTMENT	40 00					X		98,634	0	7,828

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	467,791	0	121,842

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 ▶ 4

			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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP Department 781565 PO BOX 7800 DETROIT, MI 48278	INVESTMENT CONSULTANT	162,012

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

Part VIII Statement of Revenue

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 236				
	b	Membership dues	1b				
	c	Fundraising events	1c 24,669				
	d	Related organizations	1d 212,400				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,331,877				
	g	Noncash contributions included in lines 1a-1f $	142,423				
	h	**Total.** Add lines 1a-1f	▶	6,569,182			
Program Service Revenue			Business Code				
	2a	ADMINISTRATIVE SUPPORT	900099	148,628	148,628		
	b	PROGRAM RELATED INVESTMENTS	900099	623	623		
	c	NC3 MEMBERSHIP DUES	900099	13,100	13,100		
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f	▶	162,351			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	4,603,409			4,603,409
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶	100			100
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	28,093,514				
	b	Less cost or other basis and sales expenses	25,994,864				
	c	Gain or (loss)	2,098,650 / 0				
	d	Net gain or (loss)	▶	2,098,650			2,098,650
Other Revenue	8a	Gross income from fundraising events (not including $ 24,669 of contributions reported on line 1c) See Part IV, line 18	a 27,601				
	b	Less direct expenses	b 27,436				
	c	Net income or (loss) from fundraising events	▶	165			165
	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	MICELLANEOUS	900099	19,944	19,944		
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d	▶	19,944			
	12	**Total revenue.** See Instructions	▶	13,453,801	182,295	0	6,702,324

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 domestic organizations and domestic governments See Part IV, line 21	6,725,220	6,725,220		
2 Grants and other assistance to domestic individuals See Part IV, line 22	771,250	771,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	248,975	79,672	144,405	24,898
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	918,125	306,654	459,063	152,408
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,713	21,600	30,239	9,874
9 Other employee benefits	147,110	48,517	74,479	24,114
10 Payroll taxes	77,795	25,828	39,831	12,136
11 Fees for services (non-employees)				
a Management				
b Legal	32,647		32,647	
c Accounting	21,000		21,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	146,508		146,508	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,535	0	65,535	0
12 Advertising and promotion	74,441	3,402	56,224	14,815
13 Office expenses	103,969	763	81,533	21,673
14 Information technology	66,450	4,062	60,466	1,922
15 Royalties				
16 Occupancy	111,478	29,228	68,495	13,755
17 Travel	34,453	22,354	11,123	976
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,595	9,339	17,238	4,018
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,691		78,691	
23 Insurance	24,546	1,649	9,816	13,081
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 INITIATIVES/COMMUNITY LEADERSHIP	93,372	93,372		
b MATCHING GRANT PROGRAM	37,579	37,579		
c DUES & MEMBERSHIPS	56,318	4,550	50,161	1,607
d PUBLIC RELATIONS	18,125	2,034	5,947	10,144
e All other expenses	29,002	17,721	2,664	8,617
25 **Total functional expenses.** Add lines 1 through 24e	9,974,897	8,204,794	1,456,065	314,038
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		15,371	1	45,607
	2	Savings and temporary cash investments		2,661,345	2	2,323,694
	3	Pledges and grants receivable, net		761,069	3	1,182,210
	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		21,447	7	13,447
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		31,369	9	45,097
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,627,877			
	b	Less accumulated depreciation	10b 1,155,887	1,158,615	10c	1,471,990
	11	Investments—publicly traded securities		31,131	11	30,119
	12	Investments—other securities See Part IV, line 11		205,158,194	12	207,590,173
	13	Investments—program-related See Part IV, line 11		63,419	13	60,955
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		238,125	15	256,312
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		210,140,085	16	213,019,604
Liabilities	17	Accounts payable and accrued expenses		58,566	17	115,507
	18	Grants payable		3,500,835	18	3,833,954
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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		442,621	25	414,179
	26	**Total liabilities.** Add lines 17 through 25		4,002,022	26	4,363,640
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		205,657,129	27	207,750,121
	28	Temporarily restricted net assets		480,934	28	905,843
	29	Permanently restricted net assets			29	
		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		206,138,063	33	208,655,964
	34	Total liabilities and net assets/fund balances		210,140,085	34	213,019,604

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	13,453,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,974,897
3	Revenue less expenses Subtract line 2 from line 1	3	3,478,904
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,138,063
5	Net unrealized gains (losses) on investments	5	-1,006,135
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	45,132
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	208,655,964

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		

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-1443367
Name: Fremont Area Community Foundation

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

(Code) (Expenses $ 263,830 including grants of $ 241,054) (Revenue $)

COMMUNITY & ECONOMIC DEVELOPMENT TO REDUCE THE UNEMPLOYMENT RATE BELOW THE NATIONAL AVERAGE WHILE PRESERVING OUR RURAL CHARACTER INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE WORKFORCE DEVELOPMENT INCLUDING SMALL BUSINESS AND ENTREPRENEURSHIP DEVELOPMENT, DESIGNED TO HIRE UNEMPLOYED AND UNDEREMPLOYED RESIDENTS OF NEWAYGO COUNTY, MI

(Code) (Expenses $ 58,144 including grants of $ 53,124) (Revenue $)

COMMUNITY PARTNER EFFECTIVENESS INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH TECHNICAL ASSISTANCE AND SERVICES TO NONPROFIT ORGANIZATIONS THAT ENHANCE THEIR IMPACT AND EFFECTIVENESS

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

(Code) (Expenses $ 56,280 including grants of $ 51,421) (Revenue $)

NATURAL RESOURCES INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PRESERVE THE RICH NATURAL RESOURCES AND RURAL CHARACTER OF NEWAYGO COUNTY, MI AND THE SURROUNDING AREA OF WESTERN MICHIGAN

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

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

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

1 ☐ A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,018,168	2,033,600	2,865,032	1,698,777	1,733,550	10,349,127
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,018,168	2,033,600	2,865,032	1,698,777	1,733,550	10,349,127
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)						561,469
6 **Public support.** Subtract line 5 from line 4						9,787,658

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,018,168	2,033,600	2,865,032	1,698,777	1,733,550	10,349,127
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,629,221	4,169,461	5,631,319	4,575,267	4,604,032	23,609,300
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11 **Total support** Add lines 7 through 10						33,958,427

12 Gross receipts from related activities, etc (see instructions)	12	868,352

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	28 82 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	28 88 %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☑

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 17a Ten Percent Facts And Circumstances Test Explanation	FREMONT AREA COMMUNITY FOUNDATION RECEIVES MORE THAN 10 % OF ITS SUPPORT FRM THE PUBLIC AND THAT SUPPORT IS NOT FROM ONE FAMILY OR GROUP OF RELATED ENTITIES THE PUBLIC SUPPORT PERCENTAGE HAS BEEN JUST UNDER 33 1/3% FO THE PAST 6 YEARS RANGING FROM 28 78% TO 32 93% IN ADDITION OUR BOARD IS MADE UP OF MEMBERS THAT REPRESENT THE BROAD INTERESTS OF THE PUBLIC

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	81	
2	Aggregate value of contributions to (during year)	314,783	
3	Aggregate value of grants from (during year)	169,390	
4	Aggregate value at end of year	5,607,133	

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) Revenue 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 Revenue 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
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	201,602,347	179,311,418	168,594,503	171,607,835	155,380,964
b	Contributions	6,013,939	1,517,855	2,685,582	6,804,168	1,257,126
c	Net investment earnings, gains, and losses	5,747,894	30,566,309	18,525,154	-562,465	23,225,119
d	Grants or scholarships	7,501,348	7,802,891	8,568,160	7,249,622	6,403,881
e	Other expenditures for facilities and programs	24,713	24,826	24,404	31,887	27,651
f	Administrative expenses	2,009,266	1,965,518	1,901,257	1,973,526	1,823,842
g	End of year balance	203,828,853	201,602,347	179,311,418	168,594,503	171,607,835

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

- a Board designated or quasi-endowment ▶ 99 6 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 0 04 %

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		111,192		111,192
b Buildings		1,937,778	662,945	1,274,833
c Leasehold improvements				
d Equipment		578,907	492,942	85,965
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,471,990

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		
(3) Other		
(A) MUTUAL FUNDS	207,590,173	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	207,590,173	

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	
CHARITABLE GIFT ANNUITIES	141,812
ANNUITIES-TRUSTS	272,367
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	414,179

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	12,289,699
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,006,135		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	45,132		
e	Add lines **2a** through **2d**			2e	-961,003
3	Subtract line **2e** from line **1**			3	13,250,702
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	203,099		
c	Add lines **4a** and **4b**			4c	203,099
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	13,453,801

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	9,984,199
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	9,302		
e	Add lines **2a** through **2d**			2e	9,302
3	Subtract line **2e** from line **1**			3	9,974,897
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,974,897

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, Part V, Line 4 Intended uses of endowment funds	TO MAKE GRANTS FROM THE ENDOWMENT FUNDS TO CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES AND BENEFITS CONSISTENT WITH THE FOUNDATION'S MISSION TO IMPROVE THE LIVES OF THE CITIZENS OF NEWAYGO COUNTY, MICHIGAN AND THE NEARBY AREAS OF WESTERN MICHIGAN
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE PUBLIC CHARITIES AS DESCRIBED IN SECTIONS 509(A)(1), 509(A)(3), AND 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE CONSEQUENTLY, THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ANALYZE ITS INCOME TAX FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS, TO IDENTIFY POTENTIAL UNCERTAIN TAX POSITIONS THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS TREAT INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECT ANY CHANGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS MANAGEMENT AND GENERAL EXPENSES THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS HAVE EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2011 THROUGH 2014, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF DECEMBER 31, 2014 THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS' COMBINED FINANCIAL STATEMENTS THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS DO NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS (UTB) (E G TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS DO NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBs AT DECEMBER 31, 2014 OR 2013, AND ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 45132
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B - -27436 GRANT FROM SUPPORTING ORGANIZATION - 212401 NONCASH GIFTS TO FUNDRAISING EVENTS - 18134
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	PORTION OF FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII, LINE 8B - 9302

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310016205

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 OCCF Auction/Dinner (event type)	(b) Event #2 COFPAR Fundraisers (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	42,648	6,391	3,231	52,270
	2 Less Contributions	20,269	4,400	0	24,669
	3 Gross income (line 1 minus line 2)	22,379	1,991	3,231	27,601
Direct Expenses	4 Cash prizes	200			200
	5 Noncash prizes	18,134	0	0	18,134
	6 Rent/facility costs	413	100	100	613
	7 Food and beverages	4,890	1,844	741	7,475
	8 Entertainment	0	0	0	0
	9 Other direct expenses	368	333	313	1,014
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(27,436)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				165

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310016205

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

2014

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 108

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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) SCHOLARSHIPS	524	762,750			
(2) MEDICAL EXPENSES FOR CHILD WITH LIFE THREATENING ILLNES	1	1,500			
(3) STUDENT LOAN FORGIVENESS	3	7,000			

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, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	GRANT RECIPIENTS ARE REQUIRED TO SUBMIT AN EVALUATION AT THE CONCLUSION OF THE PROGRAM OR PROJECT FUNDED BUT NOT LESS THAN ANNUALLY THE EVALUATION DESCRIBES THE USE, SUCCESSES AND CHALLENGES OF THE PROGRAM OR PROJECT, NUMBER SERVED, FINANCIAL INFORMATION AND OTHER INFORMATION RELATIVE TO THE ORIGINAL GRANT APPLICATION THE EVALUATION IS REVIEWED TO ASSESS CONSISTENCY WITH THE ORIGINAL APPLICATION AND ATTAINMENT OF PROJECT/PROGRAM GOALS PERIODIC SITE VISITS ARE MADE TO PROJECTS/PROGRAMS TO OBSERVE THE PROJECT/PROGRAM IN ACTION TO EVALUATE THEIR OPERATION AND EFFECTIVENESS
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANT RECIPIENTS ARE REQUIRED TO SUBMIT AN EVALUATION AT THE CONCLUSION OF THE PROGRAM OR PROJECT FUNDED BUT NOT LESS THAN ANNUALLY THE EVALUATION DESCRIBES THE USE, SUCCESSES AND CHALLENGES OF THE PROGRAM OR PROJECT, NUMBER SERVED, FINANCIAL INFORMATION AND OTHER INFORMATION RELATIVE TO THE ORIGINAL GRANT APPLICATION THE EVALUATION IS REVIEWED TO ASSESS CONSISTENCY WITH THE ORIGINAL APPLICATION AND ATTAINMENT OF PROJECT/PROGRAM GOALS PERIODIC SITE VISITS ARE MADE TO PROJECTS/PROGRAMS TO OBSERVE THE PROJECT/PROGRAM IN ACTION TO EVALUATE THEIR OPERATION AND EFFECTIVENESS

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-1443367
Name: Fremont Area Community Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
27th Judicial Circuit Court 1092 Newell Street PO Box 885 White Cloud, MI 49349	38-6006112	Govt Unit	12,284				Newaygo County CASA Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Alpha Family Center of Newaygo25 E Maple Ridge Road PO Box 595 Newaygo, MI 49337	20-5937038	501(C)(3)	44,279				Operating and Program Support, Mentoring Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
American Red Cross1050 Fuller Avenue NE Grand Rapids, MI 49503	53-0196605	501(C)(3)	45,150				Operating and Program Support, Disaster Assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
American Red Cross-- Central Michigan Chapter 215 East Broadway Mt Pleasant, MI 48858	53-0196605	501(C)(3)	6,000				Disaster Assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Angels of ActionPO Box 1020 Big Rapids, MI 49307	45-2035870	501(C)(3)	5,868				Backpack Blessings, Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Arbor Circle Corporation 1115 Ball Avenue NE Grand Rapids, MI 49505	38-3263853	501(c)(3)	5,000				Counseling Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Arts Center for Newaygo County4734 S Campus Court Fremont, MI 49412	38-3205000	501(C)(3)	457,175				Operating and Program Support, Equipment Upgrade, Satellite Collective, Grand Rapids Ballet, Summer Youth Theater

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Association for the Blind & Visually Impaired456 Cherry Street SE Grand Rapids, MI 49503	38-1387122	501(c)(3)	7,000				Low Vision Rehabilitation Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Back to God Ministries International6555 West College Drive Palos Heights,IL 60463	38-2284261	501(C)(3)	8,000				General Operating Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Baldwin Community Schools 525 West 4th Street Baldwin, MI 49304	38-6002152	Govt Unit	9,875				High School Yearbook Camera Equipment, Baseball Scoreboard, Martin Luther King Day Celebration

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Baldwin Family Health Care 1615 Michigan Avenue Baldwin, MI 49304	38-2053619	501(C)(3)	61,412				Volunteer In-Home Respite, Digital Mammography, Television with DVD for Pediatric Dental Rooms

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Baldwin Promise Authority 525 Fourth Street Baldwin, MI 49304	38-6002152	Govt Unit	52,232				Operating and Program Support, College Readiness, 2015 SE Michigan College Tour

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Bethany Christian Services 6995 West 48th Street Fremont, MI 49412	38-1405282	501(c)(3)	9,625				Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Blue Lake Fine Arts Camp 300 East Crystal Lake Road Twin Lake, MI 49457	38-1811838	501(C)(3)	7,500				Scholarship Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cadillac Area Young Men's Christian Association9845 Campus Drive Cadillac, MI 49601	30-0013507	501(C)(3)	11,200				After School Tutoring

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Camp Henry5575 Gordon Avenue Newaygo,MI 49337	38-1415419	501(C)(3)	32,000				2015 Youth Enrichment Scholarship Program, Accessibility Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Camp Tall Turf816 Madison Avenue SE Grand Rapids, MI 49507	38-1890465	501(c)(3)	10,275				Summer Youth and Adventure Camp

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Catholic Charities West Michigan360 Division Avenue S Grand Rapids, MI 49503	38-3012473	501(C)(3)	93,006				Foster Grandparent Program, Counseling Program Newaygo County and Vera's House

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Center for Nonprofit Housing a TrueNorth Community Service6308 South Warner Avenue PO Box 149 Fremont, MI 49412	38-3164047	501(c)(3)	148,985				Housing Assistance Programs, Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
City of Fremont101 E Main Street Fremont, MI 49412	38-6004684	Govt Unit	239,224				General Operating Support, Fremont Dog Park, Waves of Grain Sculpture, Park Maintenance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
City of Grant280 South Maple Street PO Box 435 Grant, MI 49327	38-6007221	Govt Unit	55,422				Grant Area Amphitheatre, Farmers Market

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
City of Newaygo28 North State Road PO Box 308 Newaygo, MI 49337	38-6007192	Govt Unit	37,000				Agriculture Education, Technology, and Innovation, Code Michigan Challenge

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
City of White Cloud12 North Charles PO Box 607 White Cloud, MI 49349	38-6007264	Govt Unit	27,760				Purchase City Hall Property, Community Clean Up

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Classis Muskegon Ministries 973 W Norton Muskegon, MI 49441	38-2051351	501(c)(3)	90,155				Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
County of NewaygoOffice of Administration PO Box 885 White Cloud, MI 49349	38-6006112	Govt Unit	47,609				Camping Cabins for Newaygo County Parks - Stage II, Hardy Pond Biking/Hiking Trail & Economic Impact Study, Disaster Assistance Flood Spring 2014

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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County of Osceola310 West Upton Reed City, MI 49677	38-6004880	Govt Unit	5,224				Employee Continuing Education, Citizen Corps Mobilization Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Crossroads Theatre Guild Inc249 West Upton Reed City, MI 49677	38-2690480	501(C)(3)	5,000				Sewer Line Replacement/Lobby Improvements

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Croton Township Library 8260 S Croton-Hardy Drive Newaygo, MI 49337	26-4047781	Govt Unit	17,850				Operating and Program Support, Library Circulation Materials 2015, Summer Reading Program 2014

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Disability Network West Michigan27 E Clay Avenue Muskegon, MI 49442	38-3476797	501(c)(3)	55,000				Advocacy, Empowerment, Accessibility, Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Evart Bible Methodist Church 3976 80th Avenue Evart, MI 49631	38-2096840	501(C)(3)	5,000				Educational Technology

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Evart Downtown Development Authority127 North River Street PO Box 668 Evart, MI 49631	38-3185621	Govt Unit	14,000				Evart DDA Sound System, Summer Musicale

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Feeding America West Michigan Food Bank864 West River Center Drive Comstock Park, MI 49321	38-2439659	501(C)(3)	89,100				Newaygo County Mobile Food Pantries, Fixed Site Food Pantry Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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First Christian Reformed Church721 Hillcrest Drive Fremont, MI 49412	38-2539663	501(c)(3)	12,500				General Operating Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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First Congregational Church 714 Hillcrest Drive Fremont, MI 49412	38-1912998	501(c)(3)	25,600				Fishing for Kids 2014, Capital Projects, Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Fremont Area District Library 104 East Main Street Fremont, MI 49412	38-3316295	Govt Unit	113,575				Operating and Program Support, Non-Profit Resource Center, Live at the Library Series, Library Circulation Materials, Summer Reading Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Fremont Christian School 208 Hillcrest Drive Fremont, MI 49412	38-1459379	501(c)(3)	25,000				Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Fremont Community Recreation Authority201 East Maple Street Fremont, MI 49412	61-1709109	501(C)(3)	37,500				Summer Youth Scholarship Program, Pool Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Fremont Public Schools450 E Pine Street Fremont, MI 49412	38-6003027	Govt Unit	288,442				Check It Out, Campus Live!, Senior Escape, After School Program, Families Together, Beaver Island Group, Marzano Evaluation Workshop, Close Up Washington DC, Education Mini Grants, Northwest Evaluation Testing Program, General Operating and Program Support, Basketball Camp Scholarships, ZAPS Instructional Support for ACT, Cross County Camp Scholarships, Capturing Kids Hearts Training

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Friends of the Big Rapids Community Library426 South Michigan Avenue Big Rapids, MI 49307	38-3240371	501(c)(3)	5,997				Operating and Program Support, Renovation Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Grand Valley State UniversityOne Campus Drive Allendale, MI 49401	38-1684280	501(C)(3)	36,500				Operating and Program Support, Agricultural/Rural Entrepreneurship Newaygo County

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Grant Area District Library 122 Elder Street Grant, MI 49327	38-3571760	Govt Unit	36,135				Summer Reading Program, Library Circulation Materials, Technology Upgrade

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Grant Public Schools148 S Elder Avenue Grant, MI 49327	38-6003017	Govt Unit	120,055				Operating and Program Support, Battle of the Books, After School Program, Curious Kids Summer Fun, Life Skills Forever, Close Up Washington DC, College Access, Education Mini Grants, Outstanding Educators 2014-2015

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Habitat for Humanity of Newaygo County5484 S Warner 1 Fremont, MI 49412	38-2991654	501(c)(3)	8,519				Operating and Program Support, ReStore Improvements and Supplies

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Hesperia Community Library 80 South Division Hesperia, MI 49421	38-1720440	Govt Unit	33,300				Circulation Materials, Computer Hardware/Software and Support, Defibrillator & CPR/First Aid Training, Summer Reading Program, Operating and Program Support, Outstanding Educators 2014-2015

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Hesperia Community Schools 96 South Division PO Box 338 Hesperia, MI 49421	38-6003002	Govt Unit	23,572				Camp Exploration, Operating and Program Support, Education Mini Grants, Readers on the Prowl Mobile Library, Play Equipment for All, Volley Against Violence, College Access, Library Books

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Hospice of Michigan989 Spaulding SE Ada,MI 49301	38-2255529	501(c)(3)	33,800				Operating and Program Support, Grief Support Services in Newaygo County

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Junior Achievement of the Michigan Great Lakes3351 Claystone Street SE Grand Rapids, MI 49546	84-1267604	501(C)(3)	7,000				Empowering Economic Success in Newaygo County

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Lake County Department of Human Services5653 South M-37 Baldwin, MI 49304	38-6000134	Govt Unit	5,000				Christmas Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Lake County Historical Society911 Michigan Avenue PO Box 774 Baldwin,MI 49304	26-4357560	501(C)(3)	15,626				Technology Project, Relocation Costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Lilley Township12075 Lake Street Bitely, MI 49309	38-2167174	Govt Unit	6,075				Multi-Purpose Building Community Exercise Room Expansion

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Love In the Name of Christ - Newaygo County11 W 96th Street Grant, MI 49327	38-2871534	501(C)(3)	225,614				Operating and Program Support, Project Ramp, Emergency Services, Food Pantry Support

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LOVE INC of Wexford and Osceola CountiesPO Box 88 Cadillac, MI 49601	38-3067784	501(c)(3)	10,600				Storage Barn

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Marion Community of Christ Church16945 30th Avenue Marion,MI 49665	44-0552038	501(C)(3)	5,000				Community Food Pantry Supplies

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Marion Public Schools510 West Main Street Marion, MI 49665	38-6003225	Govt Unit	54,112				Education Mini Grants, Strengthening Student Skills, iPad Cart/Accessories, Laptop Cart/Accessories

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McGaw YMCA--Camp Echo 1000 Grove Street Evanston, IL 60201	36-2169194	501(C)(3)	27,225				Camp Echo Scholarships

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Mecosta Osceola United Way315 Ives Avenue Big Rapids, MI 49307	38-2489813	501(c)(3)	7,279				Environmental Education Programs for Youth

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Michigan Dental Association Foundation3657 Okemos Road Okemos, MI 48864	38-3421257	501(C)(3)	7,500				Michigan Mission of Mercy 2014

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Michigan State University Office of Financial Aid 252 Student Services Building East Lansing, MI 48824	38-6005984	501(C)(3)	15,000				Great Lakes Leadership Academy, Crop Research

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MSU Extension District 5 5479 West 72nd Street Fremont, MI 49412	38-6005984	Govt Unit	30,124				General Operating Support, Breastfeeding Initiative Mother-to-Mother Program

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Muskegon Community Health Project565 W Western Avenue Muskegon, MI 49441	91-1932918	501(c)(3)	9,000				Lungs AT Work

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Muskegon Conservation District4735 Holton Road Twin Lake,MI 49457	38-2333068	Govt Unit	18,921				Muskegon River Streambank Restoration Project

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Muskegon Family YMCA 1243 East Fruitvale Road Montague, MI 49437	38-2000172	501(C)(3)	11,423				Camp Pendalouan Campership Program, At-Risk Youth Camperships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Muskegon River Watershed AssemblyFerris State University 1009 Campus Drive Big Rapids, MI 49307	38-3523819	501(c)(3)	63,000				MRWA Staffing & Projects for Newaygo County Year 2, Bigelow Creek Instream Habitat Maintenance, Muskegon River KEEP IT COOL Campaign

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Newaygo Area District Library44 N State Road Newaygo, MI 49337	37-1514015	Govt Unit	26,356				Circulating Materials, Summer Reading Program, Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Newaygo County Agricultural Fair AssociationPO Box 147 Fremont, MI 49412	38-6071118	501(C)(3)	11,398				Market livestock auction purchases & processing

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Newaygo County Commission on Aging93 S Gibbs PO Box 885 White Cloud, MI 49349	38-6006112	Govt Unit	164,179				Homemaker Program, Operating and Program Support, Bus Access Transportation, Alzheimer Congregate Respite, Day Activities Group, Older Adult Respite Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Newaygo County Council for the Arts13 E Main Street Fremont, MI 49412	38-3000675	501(C)(3)	174,013				Operating and Program Support, Summer Youth Series, Positive Impact Through Arts (PITA)

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Newaygo County Council for the Prevention of Child Abuse & Neglec1268 E Newell PO Box 415 White Cloud, MI 49349	38-2577323	501(C)(3)	154,470				Support of Relocation to White Cloud Office, Operating and Program Support, NC3 Parent Initiative, Summer Programs

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Newaygo County Day Care Corporation5764 Division Newaygo, MI 49337	38-1983241	501(C)(3)	7,550				Bus Purchase, Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Newaygo County Economic Development Office4684 Evergreen Drive Newaygo, MI 49337	38-3477661	501(C)(3)	56,472				Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Newaygo County Museum and Heritage Center12 E Quarterline Road PO Box 361 Newaygo,MI 49337	38-2599704	501(c)(3)	84,099				Museum in Motion!, Operating and Program Support, Building Acquisition, Building Repairs

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Newaygo County Regional Educational Service Agency 4747 W 48th Street Fremont, MI 49412	38-1717623	Govt Unit	777,890				Just Right Room, WE CAN! Part-Time Assistant, Summer Internship Program, WE CAN! Newaygo County, Special Education Program Support, Community Outreach Learning Program, Program Expansion Upstart Costs, Education Mini Grants, Learning Strategies Truancy & Troubled Students, Advanced and Accelerated Services, Early College Newaygo County, Filling the Early Childhood Gap, Summer Autism Program, Parents as Teachers Plus (PAT+)

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Newaygo First Responders 177 Cooperative Center Drive PO Box 243 Newaygo, MI 49337	38-2592582	501(c)(3)	5,061				Training

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Newaygo Medical Care Facility4465 West 48th Street Fremont, MI 49412	38-3040613	Govt Unit	9,458				Eden Kids Day Program, Gift Shop

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Newaygo Nationals Association4760 Croton Drive Newaygo, MI 49337	27-4529272	501(C)(3)	17,600				Outdoor Adventure, Safety, and Support, 2014 Asset Protection Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Newaygo Public Schools360 S Mill Street PO Box 820 Newaygo, MI 49337	38-6002990	Govt Unit	100,692				After School Program, College Awareness & Access Initiative, Classroom Purchases

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Old Rugged Cross Historical Society4918 Park Street PO Box 52 Reed City, MI 49677	38-2423661	501(c)(3)	7,000				Scan Pro Microfilm Reader/Printer

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Osceola Children's Council IncPO Box 1132 Big Rapids, MI 49307	38-3252580	501(C)(3)	8,000				Grub-2-Go Program, Shop with a Hero

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Our Brothers Keeper Shelter PO Box 1142 Big Rapids, MI 49307	90-0924350	501(C)(3)	5,708				Operating and Program Support, Homeless Help in West Central Michigan, Building Volunteer Capacity

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Pine River Area Historical SocietyPO Box 84 Tustin,MI 49688	38-2503160	501(C)(3)	5,000				Museum Upgrade and Renewal

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRIDE Youth Programs Inc PO Box 45 Fremont, MI 49412	38-3583592	501(c)(3)	6,000				PRIDE Drug Prevention Conference

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Project Starburst120 South State PO Box 313 Big Rapids, MI 49307	38-1988807	501(c)(3)	6,600				Operating and Program Support, Transportation Assistance, Food Pantry Supplies

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Recycling for Newaygo CountyPO Box 217 Fremont, MI 49412	35-2313870	501(C)(3)	90,275				Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Reed City Area Ministerial Association22275 Four Mile Road Reed City, MI 49677	38-3056454	501(C)(3)	6,000				Food Pantry

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Reed City Area Public Schools225 West Church Avenue Reed City, MI 49677	38-6003232	Govt Unit	5,140				Education Mini Grants, Projectors and Document Cameras

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Rose Lake Youth Camp 17750 Youth Drive PO Box 95 LeRoy, MI 49655	38-1681340	501(C)(3)	28,574				Camp Scholarships & Equipment, Camp Building Repair

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Shamrock InvitationalPO Box 528 Stanwood, MI 49346	46-0537579	501(C)(3)	9,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Solid Ice Incc/o Robert Boyce 218 Maple Street PO Box 1240 Big Rapids, MI 49307	38-3246150	501(c)(3)	22,600				Sports Kiosk Upgrade/Annual Fundraising, 2014/2015 Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Spectrum Health - Reed City CampusPO Box 75 Reed City, MI 49677	38-2770076	501(C)(3)	60,000				Susan P Wheatlake Regional Cancer Center Year 2 and 3

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Spectrum Health Gerber Memorial212 S Sullivan Fremont, MI 49412	38-1359517	501(c)(3)	150,734				Operating and Program Support, Collaboration with the Institute for Healthcare Improvement

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
St Ann's Catholic Church740 East Ninth Street PO Box 729 Baldwin, MI 49304	38-2034266	501(c)(3)	5,400				Freezer Replacement and Expansion, Food Pantry Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
St Bartholomew Church599 W Brooks Street Newaygo, MI 49337	38-6064727	501(C)(3)	39,784				Assistance to the Poor

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
St Mark's Episcopal Church 30 Justice Street PO Box 211 Newaygo, MI 49337	38-3008949	501(C)(3)	10,250				General Operating & Vera's House Support, Finding Our Way Home

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
St Mary's Elementary School 927 Marion Avenue Big Rapids, MI 49307	38-1367334	501(c)(3)	12,089				Physical Education Equipment, Operating and Program Support, School Programs, Tuition Assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
St Michael Church6382 South Maple Island Road Fremont, MI 49412	38-1598964	501(c)(3)	6,110				Church Education Programs, Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The ArcNewaygo CountyPO Box 147 Fremont, MI 49412	52-1035883	501(c)(3)	7,816				Camp Ability, Training Fees, Operating and Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Farm Where Living Things Grow Inc623 East Main Fremont, MI 49412	38-3370088	501(C)(3)	7,888				Disability Equine Equipment

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Research & Technology Institute of West Michigan 125 Ottawa Avenue NW Grand Rapids, MI 49503	38-2787209	501(c)(3)	50,000				Newaygo County Economic Development Support Services Year 2

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TrueNorth Community Services6308 S Warner Avenue PO Box 149 Fremont, MI 49412	38-6158533	501(C)(3)	1,132,225				Building Healthy Independent Families in Newaygo County, Parks in Focus, Children's Christmas Program, Science, Math, Evironment and Art "In Person", Summer Growth and Learning Opportunities at Camp Newaygo, Get Outside! Get Environmental! Go Green!, Operating and Program Support, Hesperia & White Cloud After School Program, Hunger and Homeless Awareness Week, PACE After School Program, Speak UP! Newaygo County, Food Distributuion and Home Heating Program, Self-Esteem Building Activities, SAMRC Farmworker Appreciation Day

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
United Way of the Lakeshore 31 East Clay Avenue PO Box 207 Muskegon, MI 49443	38-1426895	501(C)(3)	40,000				Community Resource Development

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Village of BaldwinPO Box 339 Baldwin, MI 49304	38-1848425	Govt Unit	5,300				Sounds of the Forest Program, Remote Control Park Pavilion, Summer Concert Series

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Village of LutherPO Box 9 State Street Luther, MI 49656	38-2336139	Govt Unit	5,000				Mill Pond Project/Playground Safety Surfaces, Swings and Ten Spin

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
West Michigan Symphony 360 W Western Avenue Muskegon, MI 49440	38-6092131	501(C)(3)	5,800				Link Up

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
West Shore Educational Service District2130 West US-10 Ludington, MI 49431	38-1722100	501(C)(3)	8,000				Family Fun, Elementary Science Units

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
White Cloud Community Library1038 Wilcox Avenue PO Box 995 White Cloud, MI 49349	38-3405298	Govt Unit	28,050				Library Circulation Materials 2015, Summer Reading Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
White Cloud Public Schools 555 Wilcox Avenue PO Box 1000 White Cloud, MI 49349	38-6003034	Govt Unit	6,694				"Indian Pride" Positive Behavior Support Initiative, Chicago Trip, Education Mini Grants, Career Exposure Trip, Camper Scholarships, Athletic Equipment

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Women's Information Service IncPO Box 1249 Big Rapids, MI 49307	38-2536680	501(c)(3)	98,415				Operating and Program Support, Women's Night Out, ACT Adults and Children Together Against Violence, Mother/Child Sexual Abuse Therapy Group, Domestic/Sexual Violence Outreach Transportation, NC Domestic Violence & Sexual Assault Support Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
World Renew1700 28th Street SE Grand Rapids, MI 49508	38-1708140	501(C)(3)	6,800				General Operating Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARLA ROBERTS PRESIDENT & CEO	(i)	177,349	0	0	65,467	8,076	250,892	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	PAYMENT OF ANNUAL ALLOWANCE OF $300 PER CALENDAR YEAR FOR FITNESS ACTIVITIES/HEALTH CLUB MEMBERSHIP THIS BENEFIT IS OFFERED TO ALL REGULAR FULL AND PART-TIME STAFF
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE COMMUNITY FOUNDATION MADE A OF $50,000 TO A SECTION 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN FOR THE BENEFIT OF CARLA A ROBERTS

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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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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	X		50	Market value
5 Clothing and household goods	X		1,572	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	124,289	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 ► (Gift certificates)	X	50	11,378	Market value
26 Other ► (Food)	X	20	3,820	Market value
27 Other ► (Home improvement goods)	X	2	275	Market value
28 Other ► (Entertainment tickets)	X	8	1,039	Market value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

		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?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded number of items received Other number of items received Other number of items received Clothing and household goods number of items received Books and publications number of items received Other number of items received Other number of items received
Schedule M, Part I, Line 9 Number of contributions or items contributed	number of items received
Schedule M, Part I Number of contributions or items contributed	number of items received
Schedule M, Part I Number of contributions or items contributed	number of items received
Schedule M, Part I, Line 5 Number of contributions or items contributed	number of items received

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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 990-EZ 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

2014

Open to Public Inspection

Name of the organization	Employer identification number
Fremont Area Community Foundation	38-1443367

990 Schedule O, Supplemental Information

Return Reference	Explanation
CoreFormPartIII_PartIIILine4d Description of other program services	
CoreFormPartIII_PartIIILine4d Description of other program services	(Expenses $ 58,144 including grants of $ 53,124) COMMUNITY PARTNER EFFECTIVENESS INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH TECHNICAL AS SISTANCE AND SERVICES TO NONPROFIT ORGANIZATIONS THAT ENHANCE THEIR IMPACT AND EFFECTIVENE SS
CoreFormPartIII_PartIIILine4d Description of other program services	(Expenses $ 56,280 including grants of $ 51,421) NATURAL RESOURCES INCLUDES THE ADMINISTR ATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANI ZATIONS THAT PRESERVE THE RICH NATURAL RESOURCES AND RURAL CHARACTER OF NEWAYGO COUNTY, MI AND THE SURROUNDING AREA OF WESTERN MICHIGAN
Form 990, Part VI, Line 6 Classes of members or stockholders	THE FOUNDATION IS ORGANIZIED IN CORPORATE FORM COMPRISED OF MEMBERS MEMBERS SERVE IN THEI R CAPACITY DUE TO THE SPECIFIC POSITIONS THAT THEY HOLD WITHIN THE COMMUNITY SUCH AS SCHOO L SUPERINTENDENTS, JUDGES, MAYORS, CPA, ETC THE MEMBERS MEET ANNUALLY AND ELECT THE BOARD OF TRUSTEES TO THEIR POSITIONS
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	MEMBERS SERVE IN THEIR CAPACITY DUE TO THE SPECIFIC POSITIONS THAT THEY HOLD WITHIN THE CO MMUNITY SUCH AS SCHOOL SUPERINTENDENTS, JUDGES, MAYORS, CPA, LAWYER, ELECTED OFFICIALS, ET C THERE IS ONLY ONE CLASS OF MEMBERS THE MEMBERS ELECTED THE MEMBERS OF THE BOARD OF TRU STEES AND APPROVE AMENDMENTS TO THE BYLAWS
Form 990, Part VI, Line 11b Review of form 990 by governing body	A COPY OF THE 990 IS GIVEN TO EACH TRUSTEE EITHER THROUGH EMAIL, through an online board portal OR HARD COPY FOR INSPECTION
Form 990, Part VI, Line 12c Conflict of interest policy	THE WRITTEN POLICY REGARDING CONFLICT OF INTEREST AND DUALITY OF INTEREST IS SHARED WITH E ACH BOARD AND COMMITTEE MEMBER ANNUALLY EACH BOARD/COMMITTEE MEMBER IS REQUESTED TO DISCL OSE POTENTIAL CONFLICT/DUALITY OF INTEREST ON THE CONFLICT/DUALITY OF INTEREST DISCLOSURE FORM WHICH IS UPDATED ON AN ANNUAL BASIS BOARD/COMMITTEE MEMBERS ARE REQUESTED TO DISCLOS E CONFLICT/DUALITY OF INTEREST DURING ANY BOARD OR COMMITTEE MEETING AFTER SUCH DISCLOSUR E AND ALL RELEVANT DISCUSSION AMONG ALL BOARD/COMMITTEE MEMBERS, THE INTERESTED PARTY SHAL L LEAVE THE BOARD/COMMITTEE MEETING WHILE THE DISINTERESTED PARTIES DELIBERATE AND TAKE AC TION ON THE PROPOSAL
Form 990, Part VI, Line 15a Process to establish compensation of top management official	STAFF COLLECTS DATA FROM LOCAL, REGIONAL AND NATIONAL SURVEYS OF SIMILAR ORGANIZATIONS FOR POSITIONS COMPARABLE TO THE KEY POSITIONS AS WELL AS ECONOMIC DATA RELEVANT TO THE AREA A ND PRESENTS IT TO THE EXECUTIVE COMMITTEE OF THE BOARD THE EXECUTIVE COMMITTEE ACTS ON RE COMMENDATIONS OF THE CEO FOR OTHER KEY STAFF POSITIONS BUT DELIBERATES WITHIN ITSELF TO ES TABLISH THE COMPENSATION FOR THE PRESIDENT AND CEO THE COMMITTEE DOCUMENTS THE PROCESS IN THEIR MEETING MINUTES COMPENSATION FOR THE CEO IS REVIEWED ANNUALLY ON THE CEO'S ANNIVER SARY DATE
Form 990, Part VI, Line 19 Required documents available to the public	THE COMMUNITY FOUNDATION MAKES STATEMENTS AND ON ITS WEBSITE THAT FINANCIAL STATEMENTS, FO RM 1023, FORM 990 AND POLICIES ARE AVAILABLE UPON REQUEST
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 45132,
Form 990, Part XII, Line 2b	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CON SOLIDATED BASIS ONLY THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR
Schedule M, Part I, Line 4 Number of contributions or items contributed	number of items received
Schedule M, Part I Number of contributions or items contributed	number of items received
Schedule M, Part I Number of contributions or items contributed	number of items received

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) The Amazing X Charitable Trust	C	212,400	Cash payment
(2) The Amazing X Charitable Trust	L	51,704	Estimated cost
(3) The Fremont Area Elderly Needs Fund	L	96,924	Estimated cost

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation