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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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) 4424 WEST 48TH STREET | Room/suite

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 $ 24,702,289

F Name and address of principal officer
CARLA A ROBERTS
4424 WEST 48TH STREET
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

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 2017 (Part V, line 2a)	**5**	20
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,561,966	3,061,085
9	Program service revenue (Part VIII, line 2g)	163,453	177,029
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,648,951	11,906,423
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	539	15,572
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,374,909	15,160,109
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,890,735	8,849,717
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,628,123	1,659,143
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶367,817		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	921,670	791,351
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,440,528	11,300,211
19	Revenue less expenses Subtract line 18 from line 12	-65,619	3,859,898

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	210,007,382	236,675,471
21	Total liabilities (Part X, line 26)	5,339,722	6,136,287
22	Net assets or fund balances Subtract line 21 from line 20	204,667,660	230,539,184

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

****** 2018-10-30
Signature of officer 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	2016-07-21		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 $ 4,802,710 including grants of $ 4,465,597) (Revenue $ 203,108)

See Additional Data

4b (Code) (Expenses $ 2,608,967 including grants of $ 2,425,840) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 1,625,066 including grants of $ 1,511,000) (Revenue $)

See Additional Data

(Code) (Expenses $ 481,044 including grants of $ 447,280) (Revenue $)

COMMUNITY & ECONOMIC DEVELOPMENT TO REDUCE AND MAINTAIN THE UNEMPLOYMENT RATE BELOW THE NATIONAL AVERAGE WHILE PRESERVING OUR RURAL CHARACTER IN NEWAYGO COUNTY, MICHIGAN AND THE SURROUNDING AREA OF WESTERN MICHIGAN INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE WORKFORCE, SMALL BUSINESS AND ENTREPRENEURSHIP DEVELOPMENT DESIGNED TO HIRE UNEMPLOYED AND UNDEREMPLOYED RESIDENTS OF NEWAYGO COUNTY, MICHIGAN, INCREASE CAPACTIY OF LOCAL COMMUNITY AND ECONOMIC DEVELOPMENT PARTNERS, NATURAL RESOURCES PRMOTION AND UTILIZATION

4d Other program services (Describe in Schedule O)

(Expenses $ 481,044 including grants of $ 447,280) (Revenue $)

4e **Total program service expenses ▶** 9,517,787

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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**	19		
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**	20		
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**		Yes	
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) LINDSAY HAGER CHAIR	1 0	X		X				0	0	0
(2) CATHY KISSINGER VICE CHAIR	1 0	X		X				0	0	0
(3) WILLIAM ALSOVER TREASURER	1 0	X		X				0	0	0
(4) LOLA HARMON RAMSEY SECRETARY	1 0	X		X				0	0	0
(5) ROBERT CLOUSE PARTIAL YEAR-SECRETARY	1 0	X		X				0	0	0
(6) WILLIAM JOHNSON PARTIAL YEAR-VICE CHAIR	1 0	X		X				0	0	0
(7) MICHAEL ANDERSON TRUSTEE	1 0 1 0	X						0	0	0
(8) CAROLYN HUMMEL TRUSTEE	1 0	X						0	0	0
(9) KENT KARNEMAAT TRUSTEE	1 0	X						0	0	0
(10) WILLIAM LEAVER TRUSTEE	1 0	X						0	0	0
(11) MARY RANGEL TRUSTEE	1 0	X						0	0	0
(12) JOSEPH ROBERSON TRUSTEE	1 0	X						0	0	0
(13) PEGGY ROSSLER TRUSTEE	1 0	X						0	0	0
(14) DENISE SUTTLES TRUSTEE	1 0	X						0	0	0
(15) LORI TUBBERGEN CLARK TRUSTEE	1 0	X						0	0	0
(16) DALE TWING TRUSTEE	1 0	X						0	0	0
(17) TOM WILLIAMS TRUSTEE	1 0	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			
(18) CARLA ROBERTS PRESIDENT & CEO	40 0			X				213,449	0	85,993
(19) KATHYRN POPE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER	40 0					X		104,798	0	30,787
(20) TODD JACOBS VICE PRESIDENT AND CHIEF PHILANTHROPHY OFFICER	40 0					X		107,809	0	16,707
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								426,056	0	133,487

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 ▶ 3

		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 PO BOX 639176 CINCINNATI, OH 452639176	INVESTMENT CONSULTANT	162,700

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	75			
	b Membership dues	1b				
	c Fundraising events	1c	37,465			
	d Related organizations	1d	224,200			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,799,345			
	g Noncash contributions included in lines 1a-1f $ 441,752					
	h Total. Add lines 1a-1f		3,061,085			

Program Service Revenue	Business Code				
2a ADMINISTRATIVE SUPPORT	900099	157,181	157,181		
b ~~PROGRAM RELATED INVESTMENTS~~	900099	548	548		
c ~~NC3 MEMBERSHIP DUES~~	900099	19,300	19,300		
d					
e					
f All other program service revenue		0	0	0	0
g Total. Add lines 2a–2f		177,029			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		7,801,321			7,801,321
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		45			45
	(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	13,616,749				
b Less cost or other basis and sales expenses	9,511,647				
c Gain or (loss)	4,105,102	0			
d Net gain or (loss)			4,105,102		4,105,102
8a Gross income from fundraising events (not including $ 37,465 of contributions reported on line 1c) See Part IV, line 18 a		19,981			
b Less direct expenses b		30,533			
c Net income or (loss) from fundraising events			-10,552		-10,552
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		26,079	26,079	
b					
c					
d All other revenue			0	0	0	0
e Total. Add lines 11a–11d			26,079			
12 Total revenue. See Instructions			15,160,109	203,108	0	11,895,916

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,127,162	8,127,162		
2 Grants and other assistance to domestic individuals See Part IV, line 22	722,555	722,555		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	301,232	96,394	174,715	30,123
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	1,024,927	343,351	500,164	181,412
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	74,992	25,122	36,596	13,274
9 Other employee benefits	171,944	57,601	83,908	30,435
10 Payroll taxes	86,048	28,826	41,991	15,231
11 Fees for services (non-employees)				
a Management				
b Legal	6,679		6,679	
c Accounting	22,235		22,235	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	139,358		139,358	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,990	21,600	28,390	0
12 Advertising and promotion	24,487	988	7,745	15,754
13 Office expenses	104,744	280	73,505	30,959
14 Information technology	81,647	13,553	62,984	5,110
15 Royalties				
16 Occupancy	106,852	29,046	62,428	15,378
17 Travel	26,660	9,697	8,531	8,432
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,856	8,902	25,376	2,578
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,140		98,140	
23 Insurance	-4,192	1,024	-8,720	3,504
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	22,162	22,162		
b FUNDRAISING	1,130			1,130
c DUES & MEMBERSHIPS	55,966	7,489	47,279	1,198
d PUBLIC RELATIONS	17,957	1,355	3,303	13,299
e All other expenses	680	680	0	0
25 **Total functional expenses.** Add lines 1 through 24e	11,300,211	9,517,787	1,414,607	367,817
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	74,185	1	73,738
	2	Savings and temporary cash investments	2,450,918	2	2,779,982
	3	Pledges and grants receivable, net	1,754,804	3	2,239,435
	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	0	5	0
	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	0
	7	Notes and loans receivable, net	9,380	7	7,283
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	53,149	9	79,452
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,781,052			
	b	Less accumulated depreciation — 10b: 1,429,771	1,405,468	10c	1,351,281
	11	Investments—publicly traded securities	73,720	11	52,561
	12	Investments—other securities See Part IV, line 11	203,569,848	12	229,586,451
	13	Investments—program-related See Part IV, line 11	305,950	13	303,411
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	309,960	15	201,877
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	210,007,382	16	236,675,471
Liabilities	17	Accounts payable and accrued expenses	378,404	17	408,999
	18	Grants payable	4,562,754	18	5,316,175
	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	0
	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	398,564	25	411,113
	26	**Total liabilities.** Add lines 17 through 25	5,339,722	26	6,136,287
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	203,205,190	27	228,969,270
	28	Temporarily restricted net assets	1,462,470	28	1,569,914
	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	204,667,660	33	230,539,184
	34	Total liabilities and net assets/fund balances	210,007,382	34	236,675,471

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	15,160,109
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,300,211
3	Revenue less expenses Subtract line 2 from line 1	3	3,859,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	204,667,660
5	Net unrealized gains (losses) on investments	5	21,918,983
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	92,643
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	230,539,184

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: 17005876
Software Version: 2017v2.2
EIN: 38-1443367
Name: Fremont Area Community Foundation

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

EDUCATION TO INCREASE PROPORTION OF RESIDENTS WITH COLLEGE, CREDENTIALS, OR CERTIFCATIONS TO 60% BY THE YEAR 2025 IN NEWAYGO COUNTY, MICHIGAN INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE EDUCATIONAL SERVICES CATEGORIES OF FUNDING INCLUDE 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

Form 990, Part III, Line 4c:

POVERTY TO PROSPERITY TO REDUCE POVERTY TO AT OR BELOW THE NATIONAL AVERAGE IN NEWAYGO COUNTY, MICHIGAN INCLUDES THE ADMINISTRATION 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

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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

2017

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,698,777	1,733,550	2,394,089	2,561,966	3,061,085	11,449,467
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	1,698,777	1,733,550	2,394,089	2,561,966	3,061,085	11,449,467
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)						444,865
6 **Public support.** Subtract line 5 from line 4						11,004,602

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	1,698,777	1,733,550	2,394,089	2,561,966	3,061,085	11,449,467
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,575,267	4,604,032	4,724,125	4,830,006	7,801,869	26,535,299
9 Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	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						37,984,766

12 Gross receipts from related activities, etc (see instructions)	12	898,118

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 2017 (line 6, column (f) divided by line 11, column (f))	14	28 97 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	30 36 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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)

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

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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 17a TEN PERCENT FACTS AND CIRCUMSTANCES EXPLANATION	FREMONT AREA COMMUNITY FOUNDATION RECEIVES MORE THAN 10% OF ITS SUPPORT FROM THE PUBLIC T HE SUPPPORT RECEIVED IS NOT FROM ONE FAMILY OR GROUP OF RELATED ENTITITES THE PUBLIC SUPP ORT PERCENTAGE HAS BEEN JUST UNDER 33 1/3% FOR THE PAST 9 YEARS RANGING FROM 28 78% TO 32 93%, IN ADDITION, THE BOARD AND MEMBERS OF THE COMMUNITY FOUNDATION ARE MADE UP OF INDIVID UALS 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," on 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

2017

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	89	
2	Aggregate value of contributions to (during year)	405,922	
3	Aggregate value of grants from (during year)	209,803	
4	Aggregate value at end of year	7,048,160	

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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	199,275,192	190,522,126	203,828,853	201,602,347	179,311,418
b Contributions	2,270,713	2,184,128	1,873,797	6,013,939	1,517,855
c Net investment earnings, gains, and losses	34,002,080	16,649,222	-5,592,546	5,747,894	30,566,309
d Grants or scholarships	7,918,784	7,823,192	7,360,951	7,501,348	7,802,891
e Other expenditures for facilities and programs	15,178	17,811	43,778	24,713	24,826
f Administrative expenses	2,173,080	2,239,281	2,183,249	2,009,266	1,965,518
g End of year balance	225,440,943	199,275,192	190,522,126	203,828,853	201,602,347

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

- a Board designated or quasi-endowment ▶ 99 83 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 0 17 %

The percentages on 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" on 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" on 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		2,002,456	864,300	1,138,156
c Leasehold improvements				
d Equipment		626,204	565,471	60,733
e Other		41,200		41,200
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,351,281

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on 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	229,586,451	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	229,586,451	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CHARITABLE GIFT ANNUITIES	136,680
ANNUITIES-TRUSTS	274,433
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	411,113

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	36,958,979
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	21,918,983		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	94,829		
e	Add lines **2a** through **2d**			2e	22,013,812
3	Subtract line **2e** from line **1**			3	14,945,167
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	214,942		
c	Add lines **4a** and **4b**			4c	214,942
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	15,160,109

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	11,311,655
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	11,444		
e	Add lines **2a** through **2d**			2e	11,444
3	Subtract line **2e** from line **1**			3	11,300,211
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	11,300,211

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-1443367
Name: Fremont Area Community Foundation

Supplemental 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 COMMUNITY FOUNDATION'S MISSION TO IMPROVE THE LIVES OF TH E CITIZENS OF NEWAYGO COUNTY, MICHIGAN AND THE NEARBY AREAS OF WESTERN MICHIGAN

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE INTERNAL REVENUE SERVICE("IRS") HAS RULED THAT THE COMMUNITY FOUNDATION AND ITS SUPPOR TING 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 TAXES THE COMMUNITY FOUNDATION AND ITS SUPPORTING OR GANIZATIONS ANALYZE ITS INCOME TAX FILING POSITIONS IN FEDERAL AND STATE JURISDICTIONS WHE RE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURIS DICTIONS, TO IDENTIFY POTENTIAL UNCERTAIN TAX POSTIONS THE COMMUNITY FOUNDATION AND ITS S UPPORTING ORGANIZATIONS TREAT INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REF LECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS MANGEMENT AND GENERAL EXPENSES THE COMMUNITY FOUNDATION HAS EVALUATED ITS INCOME TAX FILING POSTIONS FO R THE FISCAL YEARS 2014 THROUGH 2017, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF DECEMBER 31, 2017 THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS CONCLUDED THA T 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 B E 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 R ELATED TO UTB AT DECEMBER 31, 2017 OR 2016, AND ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUN TS BY FEDERAL OR STATE INCOME TAX AUTHORITIES

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Change in value of split interest agreements - 94829

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Grants from supporting organization - 224200 Fundraising expenses reported on part VII, li ne 8B - -30533 noncash gifts to fundraising events - 21275

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	portion of fundraising expenses reported on part VII, line 8B - 11444

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

2017

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" on 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" on 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 Auction-OCCF (event type)	(b) Event #2 Auction-LCCF (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	39,316	16,733	1,397	57,446
	2 Less Contributions	30,226	7,239	0	37,465
	3 Gross income (line 1 minus line 2)	9,090	9,494	1,397	19,981
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	16,353	3,228	0	19,581
	6 Rent/facility costs	200	475	150	825
	7 Food and beverages	5,880	0	542	6,422
	8 Entertainment	0	0	0	0
	9 Other direct expenses	2,246	1,171	288	3,705
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				30,533
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-10,552

Part III **Gaming.** Complete if the organization answered "Yes" on 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 Noncash 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 activity 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2017

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 121

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	508	721,105			
(2) STUDENT LOAN FORGIVENESS	2	1,450			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 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: 17005876
Software Version: 2017v2.2
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 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
Altarum Institue PO Box 633579 Cincinnati, OH 45263	38-1983442	501(C)(3)	28,000				Veterans Assessment
American Red Cross 1050 Fuller Avenue NE Grand Rapids, MI 49503	53-0196605	501(C)(3)	24,969				Operating and Program Support- Donor Designated, Prepare, Respond, Recover Disaster Services ($ 50/ $1 match), American Red Cross Disaster Services ($ 50/$1 match)

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 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 Action PO Box 1020 Big Rapids, MI 49307	45-2035870	501(C)(3)	7,210				Peanut Butter and Jelly Distribution, General Operating Support
Arts Center for Newaygo County 4734 S Campus Court Fremont, MI 49412	38-3205000	501(C)(3)	354,963				Operating and Program Support - Donor Designated, General Operating Support, General Operating and Program Support 2016 - 2017 ($ 50/$1 match), Dogwood Center Operating and Program Support, Dogwood Operating & Program Support ($ 50/$1 match)

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 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 Impaired 456 Cherry Street SE Grand Rapids, MI 49503	38-1387122	501(c)(3)	8,000				Low Vision Rehabilitation Services
Avow Hospice Inc 1095 Whippoorwill Lane Naples, FL 34105	59-2201250	501(C)(3)	34,879				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 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 International 6555 West College Drive Palos Heights, IL 60463	38-2284261	501(C)(3)	8,000				General Operating Support
Baldwin Community Schools 525 W 4th Street Baldwin, MI 49304	38-6002152	Govt Unit	6,425				Lake County Sheriff's Office Adopt A Door Program, First Robotics Team, Martin Luther King Day, Playing With Music

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 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)	88,725				In-Home Respite Program, Grant Health Center Dental Operatory
Baldwin Promise Authority 525 Fourth Street Baldwin, MI 49304	38-6002152	Govt Unit	69,202				General Operating Support, 2018 Michigan College Tour, Operating and Program Support - Donor Designated

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 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 W 48th Street Fremont, MI 49412	38-1405282	501(c)(3)	10,550				Operating and Program Support - Donor Designated, Adoption Support, Program for Disadvantaged Youth in NC, Foster Care Adoption Program
Blue Lake Fine Arts Camp 300 E Crystal Lake Road Twin Lake, MI 49457	38-1811838	501(C)(3)	9,195				Scholarship Program 2017, Support 1 Lake County Youth (Camp Bernstein), Scholarship Program 2018

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 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 Community Foundation 201 N Mitchell Street 101 Cadillac, MI 49601	38-2848513	501(C)(3)	6,500				Imagination Library
Calvin College Financial Services 3201 Burton Street SE Grand Rapids, MI 49546	38-3071514	501(C)(3)	1,000				Support Newaygo County Higher Education Scholarship

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 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 Henry 5575 Gordon Avenue Newaygo, MI 49337	38-1415419	501(C)(3)	20,000				Scholarship Program 2018
Caribbean Christian Centre for the Deaf Inc 122 N Court Street Lewisburg, WV 249011159	76-0763234	501(c)(3)	5,000				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 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 Michigan 360 Division Avenue S Ste 3A Grand Rapids, MI 49503	38-3012473	501(C)(3)	78,760				Counseling Program-Newaygo County and Vera House, Foster Grandparent Program, Senior Corps-Foster Grandparents
Center for Nonprofit Housing a TrueNorth Community Service 6308 S Warner Avenue PO Box 149 Fremont, MI 49412	38-3164047	501(c)(3)	107,065				Housing Assistance Programs, General Operating and Program Support, TrueNorth Center for Nonprofit Housing

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 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
Circles USA PO Box 113 Marshall, MN 56258	42-1474973	501(C)(3)	20,000				Cliff Effect Research, Mitigate Cliff Effect
City of Big Rapids 226 N Michigan Big Rapids, MI 49307	38-6004663	Govt Unit	66,000				Swede Hill Park/Riverwalk Improvements, Trout Stocking in Muskegon River, Complete Riverwalk Staging Area

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 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 Fremont 101 E Main Street Fremont, MI 49412	38-6004684	Govt Unit	71,328				Additions to Patio in Arboretum Park, Bridge in Branstrom Park, Beautification Projects & Maintenance of Downtown District, Enhancements to Arboretum Park, Students in Need of Eye Care, Park Maintenance
City of White Cloud 12 N Charles PO Box 607 White Cloud, MI 49349	38-6007264	Govt Unit	5,568				Electrical Power Upgrade, Purple Heart Pow Wow, 2017 Trail Town Days Sponsor

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 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)	27,831				Fremont Service Committee Used Car Ministry ($ 50/$1 match), Operating and Program Support - Donor Designated, Operating and program support - Donor Advised, Fremont Service Committee Used Car Ministry
Conservation Resource Alliance 10850 Traverse Highway Suite 1180 Traverse City, MI 49684	38-2181915	501(C)(3)	5,000				Stabilizing Pere Marquette Railroad Embankment

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 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 Lake 800 Tenth Street 100 Baldwin, MI 49304	38-6004864	Govt Unit	6,452				Sheriff Department Dive Team Equipment, Ballistic Vests, Animal Control Kennel Window Replacement
County of Newaygo Office of Administration PO Box 885 White Cloud, MI 49349	38-6006112	Govt Unit	343,780				Recycling Services, Camping Cabins - Stage II (Year 3 of 3), Recycling Services, Land Use Educator 2017-2020, Camping Cabins for NC Parks Stage III

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 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 Osceola 301 W Upton Avenue Reed City, MI 49677	38-6004880	Govt Unit	10,000				Rescue Task Force Equipment
Covenant Presbyterian Church 108 W Church Street Tustin, MI 49688	38-2862940	501(C)(3)	10,000				Weekend Supplemental Food 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 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
Croton Township 5833 E Division Street Newaygo, MI 49337	38-2064869	Govt Unit	12,000				Summer Recreation Program ($ 50/$1 match), Summer Recreation Program
Croton Township Library 8260 S Croton-Hardy Drive Newaygo, MI 49337	26-4047781	Govt Unit	41,970				Summer Reading 2018, Circulating Materials 2018-2019, Summer Reading Program 2017, Shelving

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 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
Disability Network WestMichigan 27 E Clay Avenue Muskegon, MI 49442	38-3476797	501(c)(3)	44,385				Advocacy, Empowerment, Accessibility, Education
Eagle Village Inc 4507 170th Avenue Hersey, MI 49639	38-1868217	501(C)(3)	1,011,783				General Operating Support, Scholarship Program 2017, DuBois Vocational Tech Center

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 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
Echo Youth Programs 517 E 3rd Street El Dorado, AR 71730	82-2560377	501(C)(3)	6,000				Echo Nation
Evart Downtown Development Authority 127 N River Street Evart, MI 49631	38-3185621	Govt Unit	12,450				Community Sound System Upgrade, 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 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
Family of God Community Church 90 Quarterline Road PO Box 517 Newaygo, MI 49337	26-3629898	501(C)(3)	19,500				Hope 101 Transitional Housing
Feeding America West Michigan Food Bank 864 West River Center Drive Comstock Park, MI 493218955	38-2439659	501(C)(3)	85,641				Love In the Name of Christ - Newaygo County Food Pantry, Newaygo County Mobile Food Pantry, Fixed Site Pantries & Other Feeding Programs, 3/1 Underwriting for Newaygo County Mobile Pantries

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

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Ferris State University 1201 S State Street CSS 301 Big Rapids, MI 49307	38-6005159	501(C)(3)	3,200				Horticulture Related Scholarships, Subsidize Skating Fees for All Children
First Christian Reformed Church 721 Hillcrest Drive Fremont, MI 49412	38-2539663	501(c)(3)	14,000				Evangelism Fund, General Operating and Program 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)	14,539				Operating and Program Support - Donor Designated, December 2016 Staff/Trustee Match, General Operating Support
Fremont Area Chamber of Commerce 7 E Main Street Fremont, MI 49412	47-0733366	501(c)(6)	9,750				Community Engagement Events

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Fremont Area Community Foundation 4424 W 48th Street PO Box B Fremont, MI 49412	38-1443367	501(c)(3)	56,963				Graduation Awards, Workforce Development Task Force, iEval After School Evaluation, Veteran's Leadership Forum, Market Livestock Auction, Ready-to-Work Awards, Board/Staff Match ($1/$1), Memorial Match ($1/$1 match), Aiming for Excellence Loan Forgiveness - Erin Blackwell VanMaanen, Aiming for Excellence Loan Forgiveness - Abigail Davis
Fremont Area District Library 104 E Main Street Fremont, MI 49412	38-3316295	Govt Unit	156,861				Operating and Program Support - Donor Designated, Board/Staff Match September 2017, Circulating Materials 2016, General Operating and Program Support, December 2016 Staff/Trustee Match, 2017 Summer Reading Program, Circulating Materials 2018-2019

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Fremont Christian School 208 Hillcrest Drive Fremont, MI 49412	38-1459379	501(c)(3)	33,292				General Operating and Program Support, December 2016 Staff/Trustee Match, Support Music Department, Building Expansion Fund, Board/Staff Match
Fremont Public Schools 450 E Pine Street Fremont, MI 49412	38-6003027	Govt Unit	364,507				Program and Curriculum Support, Education Mini-Grants 2017-2018, Beaver Island Group 2016, Beaver Island Group 2017, Beaver Island Group 2018, Close Up 2017, Close Up 2018, General Operating and Program Support, After School Program 2017-2018, Guest Speaker "March is Reading Month", Drawing Helps Reading and Writing, Gifted Programming/"Escape"/Live Laugh Love, Quest High School - Career Coach, Support Wrestling Camp, Best of Belize 2018, MACUL Conference 2018, Wrestling Camperships, Literacy for Success, Fremont Rainforest Group 2018, High School Girls Softball Program

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Friendship City Program 101 E Main Street Fremont, MI 49412	30-0221482	501(c)(3)	11,000				Friendship City Exchange Program, Fremont/Yahaba Exchange Program 2017-2018
Grand Valley State University One Campus Drive Allendale, MI 49401	38-1684280	501(C)(3)	500				General Operating Support for Grand Valley Public Radio

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Grant Area District Library 122 Elder Street Grant, MI 49327	38-3571760	Govt Unit	40,550				Summer Reading 2018, Circulating Materials 2018-2019
Grant Public Schools 148 S Elder Avenue Grant, MI 49327	38-6003017	Govt Unit	104,023				After School Program 2015-2016, Education Mini-Grants 2016-2017, Education Mini-Grants 2017-2018, After School Program 2016-2017, After School Program 2017-2018, Close Up 2017, Equipment, Totem Pole/Memorial Gardens

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Habitat for Humanity of Newaygo County 5983 S Warner Fremont, MI 49412	38-2991654	501(c)(3)	42,587				Operating and Program Support - Donor Designated, Operating and Program Support - Donor Advised, 2017-2018 Matching Grant ($ 50/$1 ReStore match), Housing Assistance, General Operating Support
Hesperia Community Library 80 S Division Hesperia, MI 49421	38-1720440	Govt Unit	54,800				General Operating and Program Support, December 2016 Staff/Trustee Match, Summer Reading Program 2017, Circulating Materials 2018-2019

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Hesperia Community Schools 96 S Division PO Box 338 Hesperia, MI 49421	38-6003002	Govt Unit	17,414				General Operating Support, Repairs to the Athletic Field Complex, Strategic Plan Phase 2, Summer STEAM Day Camp, 5th Annual Volley Against Violence ($ 50/$1 match), Volley Against Violence 2017 ($ 50/$1 match), Education Mini-Grants 2016-2017, Education Mini-Grants 2017-2018
Hope College 141 E 12th Street PO Box 9000 Holland, MI 494229904	38-1381271	501(c)(3)	-209				Hope-Newaygo County Youth Address Low Post-Graduation Problem in Newaygo County

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Hospice of Michigan 989 Spaulding SE Ada, MI 49301	38-2255529	501(c)(3)	36,964				General Operating and Program Support, Operating and Program Support - Donor Designated, Grief Support Program
Indiana State University Foundation 30 North Fifth Street Terre Haute, IN 47809	35-6045550	501(C)(3)	25,000				Support Norma Henerberg Purvis Education Scholarship

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Insight Pregnancy Services 25 Maple Ridge Road PO Box 595 Newaygo, MI 49337	20-5937038	501(C)(3)	59,236				General Operating Support, Operating and Program Support - Donor Designated, General Support for Alpha Family Center, Branding and Marketing a New Vision, Client Services, Assistance to the Poor, December 2016 Staff/Trustee Match, June 2017 Board/Staff Match, Board Staff Match
Junior Achievement of the Michigan Great Lakes 741 Kenmoor Avenue C Grand Rapids, MI 49546	84-1267604	501(C)(3)	10,000				Empowering Economic Success

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Lake County Area Churches Charities 740 E Ninth Street PO Box 729 Baldwin, MI 49304	47-3155665	501(C)(3)	5,000				Food Pantry Support
Lake County Historical Society 911 Michigan Avenue PO Box 774 Baldwin, MI 49304	26-4357560	501(C)(3)	5,640				General Operating Support, Technology-Network Computers

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Land Conservancy of West Michigan 400 Ann Street NW Suite 102 Grand Rapids, MI 49504	38-2363129	501(c)(3)	15,000				Pere Marquette Wild
Lilley Township 364 Harbison Drive Bitely, MI 49309	38-2167174	Govt Unit	5,600				Skid Unit

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Little Manistee Watershed Conservation Council PO Box 52 Irons, MI 49644	38-3307028	501(C)(3)	5,000				Management Plan Education Materials
Love In the Name of Christ - Newaygo County 11 W 96th Street Grant, MI 49327	38-2871534	501(C)(3)	232,988				General Operating and Program Support, Operating and Program Support - Donor Designated, Operating and program support - Donor Advised, Assistance to the Poor, 2018 Poverty to Prosperity Family Assistance ($ 50/$1 match), 2018 Poverty to Prosperity Family Assistance

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Marion Public Schools 510 W Main Street PO Box O Marion, MI 49665	38-6003225	Govt Unit	11,113				Elementary Playground Improvement, Be-a-Santa, Education Mini-Grants 2017-2018
Mary Free Bed Rehabilitation Hospital 235 Wealthy Street SE Grand Rapids, MI 49503	38-1359265	501(C)(3)	10,000				Outpatient Pediatric Program

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Michigan 4-H Foundation Justin S Morrill Hall of Agriculture 446 W Circle Drive Room 160 East Lansing, MI 48824	38-1539997	501(c)(3)	7,400				Messy Science at Kettunen Center
Michigan State University Office of Financial Aid 556 E Circle Drive 252 East Lansing, MI 488241113	38-6005984	501(C)(3)	4,895				General Operating Support, Integrated Soil and Weed Management in Snap Beans

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Muskegon River Watershed Assembly Ferris State University 1009 Campus Drive JOH 200 Big Rapids, MI 493072280	38-3523819	501(c)(3)	40,000				General Operating and Program Support
Muskegon YMCA 1115 Third Street Muskegon, MI 49441	38-2000172	501(C)(3)	12,488				YMCA Camp Pendalouan Newaygo County Schools Campership Program, Scholarship Program 2018

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Naples United Church of Christ Inc 5200 Crayton Road Naples, FL 34102	59-1555020	501(C)(3)	13,951				General Operating Support
Newaygo Area District Library 44 N State Road Newaygo, MI 49337	37-1514015	Govt Unit	53,600				Furnish "Middle Zone" Tween Area, Donor Recognition Wall, December 2016 Staff/Trustee Match, August 2017 Staff/Trustee Match, Summer Reading 2018, Circulating Materials 2018-2019

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Newaygo County Area Promise Zone Authority 4747 W 48th Street Fremont, MI 49412	81-5391612	Govt Unit	179,196				General Operating Support, Promise Zone Scholarships
Newaygo County Commission on Aging 93 S Gibbs PO Box 885 White Cloud, MI 49349	38-6006112	Govt Unit	134,726				Operating and Program Support - Donor Designated, Assistance to the Poor, Alzheimer's/Dementia Congregate Respite/Day Activity Group, White Pine Adult Day Group, Bus Access Transportation, Bus Access Transportation ($ 50/$1 match), Homemaker Program, Homemaker Program ($ 50/$1match), , Steamer Oven

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Newaygo County Compassion Home for the Terminally Ill 4012 Sherman Avenue Fremont, MI 49412	46-3838415	501(C)(3)	85,000				General Operating Support, General Operating Support ($ 50/$1 match)
Newaygo County Council for the Arts 13 E Main Street Fremont, MI 49412	38-3000675	501(C)(3)	347,265				General Operating Support, Operating and Program Support 2018-2019, Operating and Program Support 2018-2019 ($ 50/$1 match), Operating and Program Support - Donor Designated, Operating and Program Support - Donor Advised, December 2016 Staff/Trustee Match, Grand Rapids Symphony 2018-2019, Inspire - Art Experiences for Newaygo County Teens, Photography Classes, Positive Impact Through the Arts (PITA)

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Newaygo County Council for the Prevention of Child Abuse & Neglect 1268 E Newell PO Box 415 White Cloud, MI 49349	38-2577323	501(C)(3)	123,942				Operating and Program Support - Donor Designated, General Operating Support ($ 50/$1 match), 2017 Operational and Matching Grant, 2017 Operational & Matching Grant ($ 50/$1 match), Summer Programs 2018, Materials for Summer Program, Parent Education Initiative Grant, NC3 Parent Education Initiative Grant, Safe Sleep Pack and Plays
Newaygo County Economic Development Office 5479 72nd Street Suite 400 Fremont, MI 49412	38-3477661	501(C)(3)	5,900				Michigan Citizen Planner Education

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Newaygo County Museum and Heritage Center 12 E Quarterline Road PO Box 361 Newaygo, MI 493370361	38-2599704	501(c)(3)	140,880				Operating and Program Support - Donor Designated, Newaygo County Museum Looks to the Future, Architect for Renovations, Community Inspired 2018, Community Inspired 2018 ($ 50/ $1match)
Newaygo County Regional Educational Service Agency 4747 W 48th Street Suite 106 Fremont, MI 49412	38-1717623	Govt Unit	498,626				Operating and Program Support - Donor Designated, Education Mini-Grants 2016-2017 , Education Mini-Grants 2017-2018, Education Mini-Grants 2017-2018 (Daycares), Education Mini-Grants 2017-2018 (Private Daycare), Filling the Early Childhood Education Gap, Parents as Teachers 2017, Early Literacy Initiative Year 2, Books for Newaygo County Literacy Project, Advanced & Accelerated Exploratory Classes 2017-2018, 2018-19 Advanced and Accelerated Services, Summer Autism Community and Peer Engagement, Summer Autism Enrichment, Sensory Equipment, Student Specific iPad, Tool Chest, Tool for Enterprise Wood Product, Summer Internship 2018, Business Leaders of Tomorrow, Community Outreach Learning Program, WE CAN! Newaygo County, FIRST "More Than Robots"

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Newaygo First Responders 177 Cooperative Center Drive Newaygo, MI 49337	38-2592582	501(c)(3)	5,469				Repair First Responder Apparatus
Newaygo Nationals Association PO Box 316 Newaygo, MI 49337	27-4529272	501(C)(3)	25,000				2017 Capacity Expansion Project

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Newaygo Public Schools 360 S Mill Street PO Box 820 Newaygo, MI 49337	38-6002990	Govt Unit	133,100				After School Program 2017-2018, Education Mini-Grants 2017-2018, 2017 Teacher Micro Grants, Best of Belize 2018, Project 180, The Literacy Triangle - Reading, Writing & Illustrating, SolidWorks, Howard Christensen Nature Center
Northern Economic Initiatives Corporation 1401 Presque Isle Avenue Suite 202 Marquette, MI 49855	38-3024786	501(C)(3)	20,000				Enhanced Business Planning Assistance to Start & Grow Small Business

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Osceola County Commission on Aging 732 W 7th Street Evart, MI 49631	38-1443367	Govt Unit	7,994				Marion Senior Center
Our Brothers Keeper Shelter 405 S Third Street Big Rapids, MI 49307	90-0924350	501(C)(3)	12,100				Operating and Program Support - Donor Designated, Nonprofit sustainability

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Pine River Watershed Enhancement Fund PO Box 184 Tustin, MI 49688	11-3812419	501(C)(3)	5,000				Fish Habitat & Bluff Stabilization
Planned Parenthood of Michigan Development Department PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C)(3)	5,622				Reproductive Health Care Services

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President Ford Field Service 3213 Walker Avenue NW Grand Rapids, MI 49544	45-4003240	501(C)(3)	13,925				2017 Scholarship Program, Scholarship Program 2018
Project Starburst 120 S State Street PO Box 313 Big Rapids, MI 49307	38-1988807	501(c)(3)	6,000				General Operating Support, Pantry food storage update, Pantry Upgrade

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Reed City Area District Library 829 S Chestnut Reed City, MI 49677	46-5024174	501(c)(3)	5,000				Summer Reading Program 2017
Reed City Area Ministerial Association 22275 Four Mile Road Reed City, MI 49677	38-3056454	501(C)(3)	12,000				Food Pantry Support

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Reeman Christian Reformed Church 6121 S Fitzgerald Avenue Fremont, MI 49412	38-2051351	501(C)(3)	17,250				Operating and Program Support - Donor Designated, Wellspring Adult Day Services
River Country Chamber of Commerce of Newaygo County 28 State Road Newaygo, MI 49337	37-1449234	501(C)(6)	10,000				Community Engagement Events

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Ronald McDonald House of Western Michigan 1323 Cedar Street NE Grand Rapids, MI 49503	38-2781170	501(C)(3)	22,500				2018 Family Support Program
Rose Lake Youth Camp 17750 Youth Drive PO Box 95 LeRoy, MI 49655	38-1681340	501(C)(3)	10,765				General Operating Support, Scholarship Program 2017, 2017 Camp Scholarships & Breakfast Bar Improvements, Support 3 Lake County Youth

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Second Christian Reformed Church 600 Apache Drive Fremont, MI 49412	38-1795681	501(c)(3)	92,894				Operating and Program Support - Donor Designated, Faith Promise Fund, Fremont Friendship Ministries Special Events, Fremont Friendship Ministries Special Events ($ 50/$1 match), Used Car Ministry of the Fremont Service Committee, Used Car Ministry of the Fremont Service ($ 50/ $1 match)
Share Foundation 2000 Wildcat Drive El Dorado, AR 71730	71-0236863	501(C)(3)	6,000				Echo Nation 2017

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Shelter for Abused Women & Children Inc PO Box 10102 Naples, FL 34112	59-2752895	501(C)(3)	20,927				General Operating Support
Solid Ice Inc co Robert Boyce 218 Maple Street PO Box 1240 Big Rapids, MI 49307	38-3246150	501(c)(3)	14,300				General Operating Support

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Spectrum Health Foundation Big Rapids & Reed City Hospitals 605 Oak Street MC350 Big Rapids, MI 49307	38-3358675	501(c)(3)	7,450				Patient Transportation Assistance, Flu Vaccination Project
Spectrum Health Gerber Memorial 212 S Sullivan Fremont, MI 49412	38-1359517	501(c)(3)	143,500				General Operating and Program Support, Operating and Program Support - Donor Designated

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St Ann-St Ignatius Catholic Church 740 E Ninth Street PO Box 729 Baldwin, MI 49304	38-1368146	501(c)(3)	7,800				Food Pantry & Religious Education, Houses to Homes
St Bartholomew Church 599 W Brooks Street Newaygo, MI 49337	38-6064727	501(C)(3)	41,655				General Operating and Program Support

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St Mark's Episcopal Church 30 Justice Street PO Box 211 Newaygo, MI 49337	38-3008949	501(C)(3)	24,775				General Operating Support of Vera's House, Women In Transition (WIT) and Project Illuminate (PI)
St Mary's Elementary School 927 Marion Avenue Big Rapids, MI 49307	38-1367334	501(c)(3)	21,400				General Operating and Program Support, Robotics Program, GaGa Ball Pit

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 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 Church 6382 S Maple Island Road Fremont, MI 494129116	38-1598964	501(c)(3)	6,700				General Operating Support, Religious Education of Youth
St Peter's Evangelical Lutheran Church 408 W Bellevue Street Big Rapids, MI 49307	38-1547030	501(C)(3)	16,000				Projection System Upgrade

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 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 Peter's Lutheran School 408 W Bellevue Street Big Rapids, MI 49307	38-1547030	501(c)(3)	5,140				Tuition Assistance, Reading Circle
Terry Wantz Historical Research Center 30 E Main Street PO Box 2 Fremont, MI 49412	45-3688338	501(C)(3)	66,000				From Paper to Cloud Digitizing 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 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 County PO Box 147 Fremont, MI 49412	52-1035883	501(c)(3)	7,432				Camp Ability 2017, Camp Ability 2018
The Right Place Foundation 125 Ottawa Avenue NW 450 Grand Rapids, MI 49503	27-4012914	501(C)(3)	99,500				NCEDO-Right Place, Inc Collaboration, Regional Recration Trail Connectivity Strategy, Lake County Economic Development Alliance Advanced Capacity, Economic Development in Lake County, Newaygo County Dashboard

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 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 Salvation Army 325 Linden Street PO Box 1256 Big Rapids, MI 49307	13-3485289	501(C)(3)	10,900				General Operating Support, Mecosta-Osceola Tools for Schools, Pathways to Success
Trinity Christian Reformed Church 539 E Pine Street Fremont, MI 49412	23-7410099	501(c)(3)	5,400				Program Support, "Go Local" Community Outreach

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 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 Services 6308 S Warner Avenue PO Box 149 Fremont, MI 49412	38-6158533	501(C)(3)	1,282,475				General Operating and Program Support, Operating and Program Support - Donor Designated, SAMRC Farmworker Appreciation Day 2016 ($ 50/$1 match), Get Outside! Get Environmental! Go Green! G3 2016-2017, Hesperia After School Program 2017-2018, White Cloud After School Program 2017-2018, STEAMing Up Summer 2018 (Day Camp), Scholarship Program 2018, Newaygo County Services, Circles Newaygo County 2018, Volunteer Resource Center Impact 2018, Health and Community Solutions, Health and Community Solutions ($ 50/$1 match), BRAINS Presentation, Parks in Focus
United Way of the Lakeshore 31 E Clay Avenue PO Box 207 Muskegon, MI 494430207	38-1426895	501(C)(3)	20,350				Community Resource Development, December 2016 Staff/Trustee Match

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 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 Baldwin PO Box 339 Baldwin, MI 49304	38-1848425	Govt Unit	8,584				Summer Concert Series, World's Largest Brown Trout
Village of Marion - M Alice Chapin Memorial Library 120 E Main Street PO Box 549 Marion, MI 49665	38-1816630	Govt Unit	7,700				Education Mini-Grants 2017-2018, Library Technology 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 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 200 Muskegon, MI 49440	38-6092131	501(C)(3)	8,000				Link Up
West Michigan Trails and Greenways Coalition PO Box 325 Comstock Park, MI 49321	20-2362857	501(C)(3)	35,000				White Pine Trail Year 1 of 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 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
Western Michigan University Cashiering Office 1903 W Michigan Avenue Kalamazoo, MI 490085267	38-6007327	Govt Unit	-2,500				Healthcare and Human Services Pipeline
White Cloud Community Library 1038 Wilcox Avenue PO Box 995 White Cloud, MI 493490995	38-3405298	Govt Unit	64,500				Operating and Program Support - Donor Designated, 2017 Summer Reading Program, Summer Reading 2018, Circulating Materials 2018-2019

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 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	36,579				Quiet Time Transcendental Meditation Program, Camper Scholarships, Education Mini-Grants 2017-2018, Best of Belize 2018
Women's Information Service Inc 110 Elm Street PO Box 1249 Big Rapids, MI 49307	38-2536680	501(c)(3)	93,098				Transportation Services, Domestic Violence and Sexual Assault Support Services, Women's Night Out, Community Education Series, ACT Adults and Children Together

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 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 Renew 1700 28th Street SE Grand Rapids, MI 49508	38-1708140	501(C)(3)	6,000				Disaster Response

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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" on 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

2017

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 on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on 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" on 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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARLA ROBERTS	(i)	213,449	0	0	76,222	9,771	299,442	0
PRESIDENT & CEO	(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 II, Column (D) $1956	Nontaxable life & disability insurance
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 CONTRIBUTION 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

2017

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	X	5	315	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		30	Market value
5 Clothing and household goods	X		5,795	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	22	420,477	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 ▶ (FOOD)	X	14	2,661	Market value
26 Other ▶ (ENTERTAINMENT PACKAGES)	X	13	4,582	Market value
27 Other ▶ (GIFT CERTIFICATES)	X	51	6,570	Market value
28 Other ▶ (SUPPLIES FOR AUCTION)	X	14	1,322	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?		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 nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE SOLD BY OUR INVESTMENT ACCOUNT CUSTODIAN
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - number of contributions Art - Works of art - number of items Clothing and household goods - number of items Other - FOOD NUMBER OF ITEMS Other - ENTERTAINMENT PACKAGES NUMBER OF ITEMS Other - GIFT CERTIFICATES NUMBER OF ITEMS

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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

2017

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 481,044 including grants of $ 447,280) COMMUNITY & ECONOMIC DEVELOPMENT TO RE DUCE AND MAINTAIN THE UNEMPLOYMENT RATE BELOW THE NATIONAL AVERAGE WHILE PRESERVING OUR RU RAL CHARACTER IN NEWAYGO COUNTY, MICHIGAN AND THE SURROUNDING AREA OF WESTERN MICHIGAN IN CLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE WORKFORCE, SMALL BUSINESS AND ENTREPRENEURSHIP DE VELOPMENT DESIGNED TO HIRE UNEMPLOYED AND UNDEREMPLOYED RESIDENTS OF NEWAYGO COUNTY, MICHI GAN, INCREASE CAPACTIY OF LOCAL COMMUNITY AND ECONOMIC DEVELOPMENT PARTNERS, NATURAL RESOU RCES PRMOTION AND UTILIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 SUPERINTENDENT, JUDGE, MAYOR, CPA, LAWYER, ELECTED OFFICIAL, ETC T HERE IS ONLY ONE CLASS OF MEMBERS THE MEMBERS ELECT THE BOARD OF TRUSTEES AND APPROVE AME NDMENTS TO THE BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE 990 FILING IS PREPARED BY THE FINANCE DEPARTMENT AND PROVIDED TO MANANGEMENT AND A TAX ACCOUNTANT TO REVIEW BEFORE FILING A COPY OF THE 990 IS PRESENTED TO THE BOARD AND AUDIT COMMITTEE PRIOR TO FILING BY E-MAIL, HARD COPY BY MAIL, OR BY ONLINE BOARD PORTAL THE 990 IS NOT ALWAYS DISCUSSED AT A MEETING DEPENDING ON THE TIMING OF THE COMPLETION OF THE 990 THE BOARD IS PROVIDED WITH A TIMELINE FOR COMMENTS AND QUESTIONS, AFTER WHICH COMMENTS OR CORRECTIONS NOTED BY THE BOARD ARE CONSIDERED PRIOR TO FILING THE 990 THE AUDIT COMMITTEE APPROVES THE 990 AT A MEETING BEFORE IT IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 THE INTERESTED PARTY SHALL LEAVE THE BOARD/COMMITTEE MEETING WHILE THE DISINTERESTED PAR TIES DELIBERATE AND TAKE ACTION ON THE PROPOSAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE COMMUNITY FOUNDATION MAKES STATEMENTS ON ITS WEBSITE THAT FINANCIAL STATEMENTS, FORM 1 023, FORM 990 AND POLICIES ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VAULE OF SPLIT INTEREST AGREEMENTS - 94829, Donated catering - -864, Donated supplies - -1322,

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

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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

2017

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)		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)		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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, 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	224,200	CASH PAYMENT
(2)THE AMAZING X CHARITABLE TRUST	L	54,661	ESTIMATED COST
(3)THE FREMONT AREA ELDERLY NEEDS FUND	L	102,520	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)