

2017

Open to Public
InspectionDepartment 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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning _____, 2017, and ending _____,					
B Check if applicable:	C	D Employer identification number			
<input type="checkbox"/> Address change	Charlevoix County Community Foundation	38-3033739			
<input type="checkbox"/> Name change	P.O Box 718	E Telephone number			
<input type="checkbox"/> Initial return	East Jordan, MI 49727	(231) 536-2440			
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
F Name and address of principal officer:	Robert A. Hansen, Jr.	G Gross receipts \$ 5,578,284.			
Same As C Above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Tax-exempt status	X 501(c)(3)	J Website: ► www.c3f.org	K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation: 1991	M State of legal domicile: MI
H(c) Group exemption number ►					

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Awarding grants and scholarships.	
	----- ----- -----	
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14	
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6	
Net Assets or Fund Balances	6 Total number of volunteers (estimate if necessary) 6 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34. 7b 0.	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 6,429,029.	2,654,907.	
9 Program service revenue (Part VIII, line 2g) 2,400.	2,400.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 614,231.	1,646,208.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,045,660.	4,303,515.	
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,075,390.	2,502,164.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 352,035.	375,862.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 127,422.		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 188,664.	215,239.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 2,616,089.	3,093,265.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 4,429,571.	1,210,250.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Beginning of Current Year	End of Year	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 35,329,926.	40,605,790.	
19 Revenue less expenses. Subtract line 18 from line 12 2,901,536.	2,864,613.	
20 Total assets (Part X, line 16) 32,428,390.	37,741,177.	
21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Type or print name and title		

Part II Signature Block

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

Sign Here	► Signature of officer	Date			
	► Robert A. Hansen, Jr.	President			
Paid Preparer Use Only	Print/Type preparer's name Velda K. Kammermann	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01056809
	Firm's name ► MASON, KAMMERMANN & ROHRBACK, P.C.			Firm's EIN ► 38-2763936	
Firm's address ► 110 PARK AVENUE CHARLEVOIX, MI 49720			Phone no. (231) 547-4911		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 1 Briefly describe the organization's mission:

Awarding grants and scholarships.

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

If 'Yes,' describe these new services on Schedule O.

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

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,816,154, including grants of \$ 2,502,164.) (Revenue \$ 2,400.)

The Organization serves the County of Charlevoix, Michigan, through the awarding of grants to other non-profit organizations and scholarships to students.

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► 2,816,154.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?.....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	8 X	
9 Did the organization report an amount in Part X, line 21, 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 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	11 a X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....	11 b X	
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....	11 c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	11 d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11 e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X....	11 f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	12 b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?.....	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)......	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....	19 X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V.....

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	6	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1 c	X	
2 a 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.....	2 a	6	
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)	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.....	3 a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.....	3 b		
4 a 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)?.....	4 a	X	
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).	5 a		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.....	5 b	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.....	5 c		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.....	6 a	X	
6 a 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?.....	6 b		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	7 a	X	
7 Organizations that may receive deductible contributions under section 170(c).	7 b		
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?.....	7 c	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.....	7 d		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....	7 e	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year.....	7 f	X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7 g		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7 h		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....	8	X	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....	9 a	X	
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?.....	9 b	X	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?.....	10 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.....	10 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	11 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.....	12 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)......	12 b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.....			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....	13 a		
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.	13 b		
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.....	13 c		
c Enter the amount of reserves on hand	14 a	X	
14a Did the organization receive any payments for indoor tanning services during the tax year?.....	14 b		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.....			

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

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

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.....	1 a	14	
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	1 b	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>	
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>	
7 a 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?	7 a	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8 b	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	<input checked="" type="checkbox"/>
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?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.... See .Schedule .O	12 c	
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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.. See .Schedule .O	15 a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization.. See .Schedule .O	15 b	<input checked="" type="checkbox"/>
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	<input checked="" type="checkbox"/>
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?	16 b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► MI
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- 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. See Schedule O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Robert A. Hansen, Jr. 301 Water Street East Jordan MI 49727 231-536-2440

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions 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	
		Off director	Indi- vidual trustee	Institutional trustee	Officer	Key employee	Former highest compensated		
(1) Bill Aten Chair	2 0	X		X				0.	0.
(2) Jack Poindexter Vice-Chair	2 0	X		X				0.	0.
(3) David Leusink Treasurer	2 0	X		X				0.	0.
(4) Barbara Malpass Secretary	2 0	X		X				0.	0.
(5) Scott Diller Trustee	1 0	X						0.	0.
(6) Perry Irish Hodgson Trustee	1 0	X						0.	0.
(7) Carol Burton Trustee	1 0	X						0.	0.
(8) Evelyn Howell Trustee	1 0	X						0.	0.
(9) Bob Hoffman Trustee	1 0	X						0.	0.
(10) Josette Lory Trustee	1 0	X						0.	0.
(11) Lori Meeder Trustee	1 0	X						0.	0.
(12) Michelle Cortright Trustee	1 0	X						0.	0.
(13) Don Spencer Trustee	1 0	X						0.	0.
(14) Tami Vincent Trustee	1 0	X						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 organiza- tions 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
		Former Officer Key Employee Highest compensated employee	Former Officer Key Employee Highest compensated employee	Former Officer Key Employee Highest compensated employee	Former Officer Key Employee Highest compensated employee			
(15) Robert Hansen, Jr. President	40 0		X			96,013.	0.	0.
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
1b Sub-total..... ►						96,013.	0.	0.
c Total from continuation sheets to Part VII, Section A..... ►						0.	0.	0.
d Total (add lines 1b and 1c)..... ►						96,013.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1 a			
	b Membership dues.....	1 b			
	c Fundraising events.....	1 c			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f	2,654,907.		
	g Noncash contributions included in lines 1a-1f: \$		965,714.		
	h Total. Add lines 1a-1f		2,654,907.		
Program Service Revenue		Business Code			
	2 a <u>Property Rental - Program</u>		2,400.	2,400.	
	b -----				
	c -----				
	d -----				
	e -----				
	f All other program service revenue....				
	g Total. Add lines 2a-2f		2,400.		
	3 Investment income (including dividends, interest and other similar amounts)		1,338,261.		1,338,261.
	4 Income from investment of tax-exempt bond proceeds..				
	5 Royalties				
	6 a Gross rents.....	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss) ...				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	1,582,716.			
	c Gain or (loss).....	1,274,769.			
	d Net gain or (loss)	307,947.			307,947.
Other Revenue	8 a Gross income from fundraising events (not including. \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19.....	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities.....				
	10 a 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			
	11 a -----				
	b -----				
	c -----				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		4,303,515.	2,400.	0. 1,646,208.

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.

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	2,325,544.	2,325,544.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....	176,620.	176,620.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,013.	33,604.	43,206.	19,203.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	48,835.	26,859.	17,092.	4,884.
7 Other salaries and wages	157,352.	96,811.	13,948.	46,593.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	16,342.	8,501.	4,017.	3,824.
9 Other employee benefits	31,401.	16,345.	7,714.	7,342.
10 Payroll taxes	25,919.	13,488.	6,368.	6,063.
11 Fees for services (non-employees):				
a Management				
b Legal	3,220.	1,771.	966.	483.
c Accounting.....	13,516.	7,434.	4,055.	2,027.
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17....				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.....	48,187.	26,503.	7,228.	14,456.
13 Office expenses.....	25,073.	13,790.	7,522.	3,761.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	8,739.	4,806.	2,622.	1,311.
17 Travel.....	14,660.	8,063.	4,398.	2,199.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	18,463.	10,155.	5,539.	2,769.
20 Interest				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization	22,183.	12,201.	6,655.	3,327.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a Consulting Services	28,220.	15,521.	8,466.	4,233.
b Supplies	26,497.	14,573.	7,949.	3,975.
c Dues and subscriptions	6,481.	3,565.	1,944.	972.
d				
e All other expenses.....				
25 Total functional expenses. Add lines 1 through 24e....	3,093,265.	2,816,154.	149,689.	127,422.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash – non-interest-bearing.....	179,313.	1 137,318.
	2 Savings and temporary cash investments.....	4,289,284.	2 4,298,604.
	3 Pledges and grants receivable, net.....	85,950.	3 127,975.
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....	6	
	7 Notes and loans receivable, net.....	7	
	8 Inventories for sale or use.....	8	
	9 Prepaid expenses and deferred charges.....	6,927.	9 3,005.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 547,089.	
	b Less: accumulated depreciation.....	10b 99,547.	10c 456,688. 447,542.
	11 Investments – publicly traded securities.....	30,260,935.	11 35,589,264.
	12 Investments – other securities. See Part IV, line 11.....	12	
	13 Investments – program-related. See Part IV, line 11.....	13	
	14 Intangible assets.....	6,244.	14 2,082.
	15 Other assets. See Part IV, line 11.....	44,585.	15
	16 Total assets. Add lines 1 through 15 (must equal line 34).	35,329,926.	16 40,605,790.
Liabilities	17 Accounts payable and accrued expenses.....	23,349.	17 28,640.
	18 Grants payable	656,194.	18 433,522.
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....	378,909.	21 330,301.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties.....	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	1,843,084.	25 2,072,150.
	26 Total liabilities. Add lines 17 through 25.	2,901,536.	26 2,864,613.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets.....	667,107.	27 694,901.
	28 Temporarily restricted net assets.....	10,114,284.	28 14,647,640.
	29 Permanently restricted net assets.....	21,646,999.	29 22,398,636.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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.....	32,428,390.	33 37,741,177.
	34 Total liabilities and net assets/fund balances.....	35,329,926.	34 40,605,790.

BAA

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck 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	4,303,515.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	3,093,265.
3 Revenue less expenses. Subtract line 2 from line 1	3	1,210,250.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	32,428,390.
5 Net unrealized gains (losses) on investments.....	5	4,102,537.
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	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).....	10	37,741,177.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a	X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?.....	2b	X
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	X
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	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

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

The organization is not a private foundation because it is: (For lines 1 through 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 **section 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 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.").....	1,779,744.	2,487,905.	1,830,172.	6,429,029.	2,654,907.	15,181,757.
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...	1,779,744.	2,487,905.	1,830,172.	6,429,029.	2,654,907.	15,181,757.
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)...						6,957,364.
6 Public support. Subtract line 5 from line 4.....						8,224,393.

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.....	1,779,744.	2,487,905.	1,830,172.	6,429,029.	2,654,907.	15,181,757.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....	631,964.	848,542.	699,001.	616,789.	1,338,261.	4,134,557.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.....	523,121.	491,665.	-360,085.	-2,558.	307,947.	960,090.
11 Total support. Add lines 7 through 10.....						20,276,404.
12 Gross receipts from related activities, etc. (see instructions).....					12	12,000.
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.....						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))......	14	40.56 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.....	15	39.33 %
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.....		<input checked="" type="checkbox"/>
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.....		<input type="checkbox"/>
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.....		<input type="checkbox"/>
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.....		<input type="checkbox"/>
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... ► <input type="checkbox"/>		

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..... ► <input type="checkbox"/>						

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..... ► <input type="checkbox"/>		
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..... ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 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?
- b A family member of a person described in (a) above?
- 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
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).

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.

- 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.

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**.

- 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.

	Yes	No
2a		
2b		
3a		
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):			
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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result 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			

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Schedule A (Form 990 or 990-EZ) 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.)

Part II, Line 10 - Other Income

Nature and Source	2017	2016	2015	2014	2013
Gain (Loss) on the sale of securities	\$ 307,947.	\$ -2,558.	\$ -360,085.	\$ 491,665.	\$ 523,121.
Total	<u>\$ 307,947.</u>	<u>\$ -2,558.</u>	<u>\$ -360,085.</u>	<u>\$ 491,665.</u>	<u>\$ 523,121.</u>

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

- 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Charlevoix County Community Foundation

38-3033739

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.....	80	
2 Aggregate value of contributions to (during year).....	1,596,430.	
3 Aggregate value of grants from (during year).....	1,257,644.	
4 Aggregate value at end of year.....	13,643,068.	

- 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).	Held at the End of the Tax Year
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
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 7/25/06, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

1 a 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.

1 a 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
1 c	378,909.
1 d	95,972.
1 e	144,581.
1 f	330,300.

2 a 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 on Part XIII.

See 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
1 a Beginning of year balance	25,676,480.	24,600,368.	25,922,029.	25,031,539.	21,627,138.
b Contributions.....	918,300.	954,629.	657,457.	1,334,137.	649,637.
c Net investment earnings, gains, and losses.....	4,865,469.	1,646,445.	-701,759.	775,599.	3,826,840.
d Grants or scholarships.....	818,344.	705,652.	778,560.	796,605.	644,031.
e Other expenditures for facilities and programs.....	594,249.	819,310.	498,799.	422,641.	428,045.
f Administrative expenses.....					
g End of year balance.....	30,047,656.	25,676,480.	24,600,368.	25,922,029.	25,031,539.

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

a Board designated or quasi-endowment ► 25.20 %

b Permanent endowment ► 74.80 %

c Temporarily restricted endowment ► %

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

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

(i) unrelated organizations

Yes	No
3a(i)	X
3a(ii)	X

(ii) related organizations

3b	
----	--

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....

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

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
1 a Land.....		25,000.		25,000.
b Buildings.....		439,190.	48,969.	390,221.
c Leasehold improvements.....				
d Equipment.....		82,899.	50,578.	32,321.
e Other.....				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 447,542.

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Schedule D (Form 990) 2017

Part VII Investments — Other Securities.

N/A

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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ►		

Part VIII Investments — Program Related.

N/A

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) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ►		

Part IX Other Assets.

N/A

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) _____	
(10) _____	

Total. (Column (b) must equal Form 990, Part X, column (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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Funds Held on Behalf of Agencies	2,072,150.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ►	2,072,150.	

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	8,406,052.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.....	2a	4,102,537.
b Donated services and use of facilities.....	2b	
c Recoveries of prior year grants.....	2c	
d Other (Describe in Part XIII.).....	2d	
e Add lines 2a through 2d.....	2e	4,102,537.
3 Subtract line 2e from line 1.....	3	4,303,515.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	4,303,515.

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	3,093,265.
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	
e Add lines 2a through 2d.....	2e	
3 Subtract line 2e from line 1.....	3	3,093,265.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	3,093,265.

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.

Part IV, Line 2b - Explanation Of Escrow Account Liability

The Foundation holds and invests funds that other 501(c)(3) organizations have designated for capital projects. These amounts are recorded as a custodial account liability.

Part V, Line 4 - Intended Uses Of Endowment Fund

Net income shall be distributed from the fund for the charitable purpose of the fund.

The term "net income" means the amount available for distribution from the fund under the Foundation's spending policy in effect from time to time. The principal of the

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Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)**Part V, Line 4 - Intended Uses Of Endowment Fund (continued)**

fund shall remain intact and not be subject to distribution, absent unusual circumstances.

SCHEDULE I
(Form 990)

OMB No. 1545-0047

2017Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

Name of the organization Charlevoix County Community Foundation

Employer identification number
38-3033739**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.► Go to www.irs.gov/Form990 for the latest information**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See _____ Attached Schedule, MI 49720			2,325,544.	0.			See Attached Schedule
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							
(8) _____							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table..... ▲ 87

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA390L 08/10/17

Schedule I (Form 990) (2017)

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
3.A.S.E.S. Recovery Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C) (3)					for general operations		
3.A.S.E.S. Recovery Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C) (3)					for transportation costs to provide services to Beaver Island		
3.A.S.E.S. Recovery Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C) (3)					for peer recovery coach training		
Beaver Island Community Center PO Box 494 Beaver Island, MI 49782			5,000						
Beaver Island Community Center PO Box 326 Beaver Island, MI 49782				9,100			agency distribution for 2017		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C) (3)					agency distribution for 2017		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C) (3)					to purchase moving equipment for a concert grand piano		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C) (3)					for general operations		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Tax Year 2017

Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C)(3)				1,377	to buy two risers for choral use and one set of stairs to access the risers		
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782		501(C)(3)				2,824	Beaver Island Historical Society: A Vision for the Future		
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782		501(C)(3)				3,800	for general operations		
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782		501(C)(3)				850	for general operations		
Beaver Island Rural Health Center PO Box 146 Beaver Island, MI 49782	38-3299988	501(C)(3)				12,000	for general operations		
Beaver Island Rural Health Center PO Box 146 Beaver Island, MI 49782	38-3299988	501(C)(3)				59,000	for general operations		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Botanical Garden at Historic Barns Park PO Box 1247 Traverse City, MI 49685-1247	38-3523429	501 (C) (3)					for unrestricted purposes		
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712									
			5,000						
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712									
			3,500						
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712									
			1,000						
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712									
			500						
Boyne District Library 201 East Main Street Boyne City, MI 49712									
			11,200						
Boyne District Library 201 East Main Street Boyne City, MI 49712									
			250						
Boyne District Library 201 East Main Street Boyne City, MI 49712									
			1,000						

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Boyne Falls Public Schools PO Box 356 Boyne Falls, MI 49713	501 (C) (3)		930				for attention deficit equipment and STEM supplies for Grades 2 & 3		
Boyne Falls Public Schools PO Box 356 Boyne Falls, MI 49713	501 (C) (3)		4,556				for materials to teach Science with a discovery and modeling method		
Boyne Falls Public Schools PO Box 356 Boyne Falls, MI 49713	501 (C) (3)		330				to support health care needs for Boyne Falls Students		
Boyne Valley Pantry 34619 US 131 Hwy South Boyne Falls, MI 49713	27-1124465	501 (C) (3)	5,000				to purchase food for the pantry from the Manna Project		
Boyne Valley Township PO Box 191 Boyne Falls, MI 49713	501 (C) (3)		5,000				for a vault toilet restroom at Dam Road Park		
Camp Daggett 33001 Church Road Petoskey, MI 49770	38-1617980	501 (C) (3)	300				to send Hunter Wattson to summer camp		
Camp Daggett 33001 Church Road Petoskey, MI 49770	38-1617980	501 (C) (3)	6,000				to upgrade and install a new dry fire hydrant at Camp Daggett		

Grantee #90 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Camp Daggett 33001 Church Road Petoskey, MI 49770	38-1617980	501(C) (3)		5,000			for general operations		
Camp Daggett 33001 Church Road Petoskey, MI 49770	38-1617980	501(C) (3)		1,750			for a camp-wide conversion to LED lights project		
Challenge Mountain of Vailoon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)		500			for a teambuilding program for the Cvx Montessori Academy		
Challenge Mountain of Vailoon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)		3,000			to support two weeks of SPIRIT Day Camp		
Challenge Mountain of Vailoon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)		1,200			for general operations		
Challenge Mountain of Vailoon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)		5,000			to purchase a multi-purpose truck for transporting equipment, plowing snow & general maintenance.		
Charlevoix Area Community Coal 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)		3,000			for the Learn to Swim program for 2nd & 5th grade Cvx area		

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more.									
Tax Year 2017									
Region: All Regions									
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Charlevoix Area Community pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)				500	to support the renovation/construction project		
Charlevoix Area Community pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)				50,000	for a 1:1 challenge match for the current pool renovation/construction project		
Charlevoix Area Community pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)				250	for unrestricted purposes		
Charlevoix Area Community pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)				500	to support the capital campaign		
Charlevoix Area Community pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)				5,000	to meet the challenge match for the pool renovation/construction project		
Charlevoix Area Community pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)				100,000	for the pool renovation/construction		

Name, address, and zip	EIN	JRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)				10,000	for the "Love the Pool in February" match for the capital campaign		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)				300,000	for the current pool renovation/construction project		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)				100,000	for the pool renovation/construction project		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)				800	for the NOMI annual fundraiser event		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)				20,000	for general operations		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)				2,618	for the i swim program for fifth grade students from five area schools		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501 (C) (3)				5,120	for Phase 1 of the project to purchase hardware/software		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501 (C) (3)				5,000	towards the challenge grant for the pool renovation/construction project		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501 (C) (3)				50,000	for the second 1:1 challenge match for pool construction/renovation		
Charlevoix Area Humane Society 514 Beardsley Boyne City, MI 49712	38-2107163	501 (C) (3)				500	for unrestricted purposes		
Charlevoix Area Humane Society 514 Beardsley Boyne City, MI 49712	38-2107163	501 (C) (3)				1,000	for the spay and neuter program		
Charlevoix Area Humane Society 514 Beardsley Boyne City, MI 49712	38-2107163	501 (C) (3)				100	for general operations		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Area Humane Society 314 Beardsley Boyne City, MI 49712	38-2107163	501(C) (3)							
Charlevoix Area Humane Society 314 Beardsley Boyne City, MI 49712	38-2107163	501(C) (3)	5,500				to purchase an industrial grade washing machine for use at the animal shelter		
Charlevoix Area Humane Society 314 Beardsley Boyne City, MI 49712	38-2107163	501(C) (3)	1,100				agency distribution for 2017		
Charlevoix Area Humane Society 314 Beardsley Boyne City, MI 49712	38-2107163	501(C) (3)	500				for general operations		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)	1,000						
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)	700				to construct large display cubes for the gallery		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)	3,301				for marketing materials to promote membership and programming		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)				1,000	for scholarships for the 2017 youth art program		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)				1,000	for general operations		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)				5,000	to support classical string music education for Charlevoix County youth		
Charlevoix Conservation District 303 North St. Boyne City, MI 49712	38-6366924	501(C) (3)				7,000	to renovate an existing room into a multi-purpose community room		
Charlevoix County 203 Antrim Street Charlevoix, MI 49720						12,000	to establish a water source and irrigation system for the garden at the County Jail		
Charlevoix County 203 Antrim Street Charlevoix, MI 49720						1,100	to support the BC to CX non-motorized trail		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Grantee Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix County 103 Antrim Street Charlevoix, MI 49720			8,000				for the Boyne City to Charlevoix Non-motorized Trail - Phase 3		
Charlevoix County 4-H Council MSU Extension 119 B North Lake Street Boyne City, MI 49712		501 (C) (3)					for youth to participate in the 4H Youth Programs		
Charlevoix County 4-H Council MSU Extension 119 B North Lake Street Boyne City, MI 49712		501 (C) (3)					for scholarships for 4-H programs for low income families		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501 (C) (3)					for general operations/membership		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501 (C) (3)					for restoration work at Harsha House		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501 (C) (3)					for a sign for the Charlevoix South Pierhead Light		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Grantee Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)				2,350	for Phase 1 of the Photographic Digitization & Preservation Project		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)			200		for an annual membership fees and for general operations		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)			7,000		for general operations		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)			500		for the 125th Depot Anniversary project		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)			1,000		for general operations		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)			1,000		to support the Friends of the Library programs		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)			19,979		to replace 19 computers at the library		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Region: All Regions									
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)				2,500	to support the children's section of the library		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501 (C) (3)				250	to expand library resources on leadership		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501 (C) (3)				2,395	for trustees room technology updates		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501 (C) (3)				300	to support the JAYL program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)				1,000	to support the CHS Model United Nations program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)				2,000	to support the "Paydementors" Robotics program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501 (C) (3)				500	for the Senior Class 2017 Safety Net project		

Grantees 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)		8,668			for reimbursement of the Fall 2016 grant awards		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)		1,000			for the Charlevoix Elementary "Learn To Serve" program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)		1,000			for the Charlevoix Elementary School Kids Closet program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	4,125				to purchase 4 wireless headset systems		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)		1,000			for the Model United Nations Club program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)		554			to support the Music Education program at CMS		
Charlevoix Schools Enrichment Foundation PO Box 730 Charlevoix, MI 49720	38-2768057	501(C) (3)		7,723			to reimburse funds for the Spring 2017 grant awards		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

James, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Child & Family Services of JW Michigan, Inc. & Third Level Crisis Center 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C) (3)					for youth outreach, as well as crisis & suicide prevention services		
Child & Family Services of JW Michigan, Inc. & Third Level Crisis Center 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C) (3)					for general operations		
Child & Family Services of JW Michigan, Inc. & Third Level Crisis Center 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C) (3)					for unrestricted purposes where most needed		
Child & Family Services of JW Michigan, Inc. & Third Level Crisis Center 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C) (3)					to improve access to therapy for children/families		
Christ Episcopal Church PO Box 385 Charlevoix, MI 49720		501(C) (3)							
City of Boyne City 319 N. Lake Street Boyne City, MI 49712		501(C) (3)							
			15,000				for a variety of programs in 2017		
			3,412				for the Boyne City Veteran's Park Pavilion Phase 2		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

James, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
City of Boyne City 319 N. Lake Street Boyne City, MI 49712	501(C) (3)		30,000				for Phase 1 of the Boyne Valley Trailway from BC to BF		
City of Boyne City 319 N. Lake Street Boyne City, MI 49712	501 (C) (3)		2,597			to purchase a winter trail groomer			
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501 (C) (3)		3,000			for summer and winter scholarships to attend activities at Mt. McSauba		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501 (C) (3)		500			for recreation scholarships		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501 (C) (3)		20,000			to refresh plantings in East Park for summer 2017		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501 (C) (3)		5,000			for scholarships for Camp McSauva in summer 2018 & winter 2017-2018 at the ski hill		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501 (C) (3)		1,000			to develop & implement a phone app for the Jr Main Street program		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017

Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			15,000				for signage in East Jordan		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			5,184				for the 2017 downtown EJ & Bridge flower program		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			8,000				to purchase an ATV Rescue/Fire Support Vehicle		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			499				to sponsor the Summer 2017 Friday Night Concert Series		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			8,596				to provide an ADA accessible waterfront beach at the East Jordan Tourist Park		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			500				for marketing the 2017 Green Light EJ program		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			4,000				for an EJ community marketing & re-branding program through MSU		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Grantee Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Community Food Pantry 100 West Hurlbut Charlevoix, MI 49720	38-3553346	501(C) (3)							
Community Food Pantry 100 West Hurlbut Charlevoix, MI 49720	38-3553346	501(C) (3)							
Community Food Pantry 100 West Hurlbut Charlevoix, MI 49720	38-3553346	501(C) (3)							
Conservation Resource Alliance 10800 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C) (3)							
Create Community Arts Studio PO Box 391 Boyne City, MI 49712	501(C) (3)								
Create Community Arts Studio PO Box 391 Boyne City, MI 49712	501(C) (3)								
Zrooked Tree Arts Council 161 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C) (3)							

for general operations

for general operations of the pantry

for general operations

to replace the Cokirs Creek Crossing with an access to a new recreational area

For an Artist-in-Residence studio program

for general operations

for a 2017 Baroque Society membership renewal

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
23-7187264	501(c)(3)							
crooked Tree Arts Council 51 E. Mitchell Street Petoskey, MI 49770		700				for general operations		
crossroads Ecumenical resale Shop P O Box 937 7110 M22 East Jordan, MI 49727	20-2482132	501(c)(3)				to purchase supplies to display and organize items at the new resale shop		
			4,588					
crossroads Ecumenical resale Shop P O Box 937 7110 M22 East Jordan, MI 49727	20-2482132	501(c)(3)				for the building project		
			640					
crossroads Ecumenical resale Shop P O Box 937 7110 M22 East Jordan, MI 49727	20-2482132	501(c)(3)				to support the expansion and renovation of the new resale shop		
			25,000					
East Grand Rapids Schools Foundation 3115 Hall Street SE Grand Rapids, MI 49506	38-2486451	501(c)(3)				for general operations		25,000

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

James, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Deser Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				1,332	for reimbursement of 2016 holiday giving for EFSS students		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				2,000	for year-round camperships in 2017-2018		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				2,000	for Project Days in Spring 2017		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				2,000	for the ROV Underwater Robotics Club		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				-3	for the 10th grade bookstore trip in 2016-2017		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				7,500	for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				1,000	for the Girls on the Run program in 2017-2018		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			850				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			7,000				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			11,600						
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			5,985				for musical instruments to loan to students & owned by EJPS		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			27,000				for the Pool Manager's Salary for 2017 - 2018		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			1,147				for equipment for the Radio Controlled "RC" after school club.		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			-540				for EJPS students to attend summer camp at Camp Daggett in 2017		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)							
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)	1,000				to support the High School Cross Country Team		
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)	4,000				for the 2017-2018 theatre trip		
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)							
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)	450				for partial scholarships for the 2017 Girls on the Run program		
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)	3,000				for the 6th grade bookstore trip in 2017-2018		
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)							
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)	-5				for the 6th grade bookstore trip in 2016-2017		
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)							
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)	-612				for additional scholarships for EJPS students to attend camps in 2016		
Last Jordan Public Schools 20 Box 399 Last Jordan, MI 49727	38-2137029	501 (C) (3)	-24				for a first aid tent		

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

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		-141			to increase leadership opportunities for the MS/HS students		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		2,000			for art supplies for the ES in 2017-2018		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		2,000			for art supplies for the ES in 2017-2018		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		3,000			for the 10th grade bookstore trip in 2017-2018		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		475			to 2 students partial fees for drivers education instruction		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		11,500			to update the sound and lighting at the EJPS Community Auditorium		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		3,230			for the Back to School shopping program		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
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James, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			1,378				for the Back to School shopping program		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			1,200				to purchase office furniture for the EJPS Wellness Center		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			3,500				to provide re-striping at the Boswell Stadium Track		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			2,500				to support integration of the SMART Program in grades K-2 for reading & math readiness		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			7,500				to add preschool equipment to the Elementary School playground		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			7,582				to close the EJ Lioness Scholarship Fund		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
			505				to support lunch programs for EJPS students		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools 'O Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				410	to pay for additional students to attend Camp Daggett in 2017		
East Jordan Public Schools 'O Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				1,000	to support the Cross Country team attending the State Meet		
Evangelical Lutheran Church 'O Box 497 East Jordan, MI 49727		501(C) (3)				12,276	To close the Evangelical Lutheran Church Scholarship Fund		
First Congregational Church 01 State Street Charlevoix, MI 49720	23-7098809	501(C) (3)				1,000	for hurricane victims relief		
First Congregational Church 01 State Street Charlevoix, MI 49720	23-7098809	501(C) (3)				200	for the Tim Clagett Memorial/unrestricted purposes		
First Congregational Church 01 State Street Charlevoix, MI 49720	23-7098809	501(C) (3)				7,000	for the 2017 general operations pledge campaign		
Fishtown Preservation Society 03 East Cedar Street Elkland, MI 49654	383621736	501(C) (3)				25,000	for the capital campaign for Fishtown		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Florida Keys Outreach Organization PO Box 4767 Key West, FL 33041	65-0409888	501(C) (3)							
Good Samaritan Family Services PO Box 206 Millsboro, MI 49729	38-3469219	501(C) (3)							
Good Samaritan Family Services PO Box 206 Millsboro, MI 49729	38-3469219	501(C) (3)							
Good Samaritan Family Services PO Box 206 Millsboro, MI 49729	38-3469219	501(C) (3)							
Good Samaritan Family Services PO Box 206 Millsboro, MI 49729	38-3469219	501(C) (3)							
Good Samaritan Family Services PO Box 206 Millsboro, MI 49729	38-3469219	501(C) (3)							
Grand Traverse Regional Community Foundation 50 E. Front St., Suite 310 Traverse City, MI 49684-2552	38-3056434	501(C) (3)							

13,000

for Serendipity Fund
grantmaking

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Grand Traverse Regional
and Conservancy
3860 N. Long Lk. Rd., #D
Traverse City, MI 49684

Grantee 990 - Part 2 Organizations
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
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Grand Traverse Regional
and Conservancy
38-2994229

501(c) (3)

for unrestricted purposes

Grandview Medical Care
Facility
1728 S. Peninsula Road
East Jordan, MI 49727

501(c) (3)

for Marketing and Promotion
for Grandview Terrace and
Recreation Park Project

Grandview Medical Care
Facility
1728 S. Peninsula Road
East Jordan, MI 49727

501(c) (3)

for general operations

Krass River Natural Area
3500 Alden Hwy
PO Box 231
Bellaire, MI 49615

38-22279204

501(c) (3)

for the 2017 capital campaign

Great Lakes Center for the
Arts
300 Bay Harbor Drive
Bay Harbor, MI 49770

501(c) (3)

2,800

to assist with costs for
Student Performers from the U
of M School of Music

Great Lakes Center for the
Arts
300 Bay Harbor Drive
Bay Harbor, MI 49770

501(c) (3)

5,000
to purchase one chair for the
theatre

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Great Lakes Chamber Orchestra 19 E Lake St Petoskey, MI 49770	30-0084912	501(C) (3)				5,000	to implement a marketing and branding effort for the GLCO		
Great Lakes Chamber Orchestra 19 E Lake St Petoskey, MI 49770	30-0084912	501(C) (3)				1,000	for unrestricted purposes towards the 2017 annual campaign		
Great Lakes Chamber Orchestra 19 E Lake St Petoskey, MI 49770	30-0084912	501(C) (3)				350	for general operations		
Great Lakes Chamber Orchestra 19 E Lake St Petoskey, MI 49770	30-0084912	501(C) (3)				20,000	for the 2nd year Music Director/Conductor's salary		
Great Lakes Chamber Orchestra 19 E Lake St Petoskey, MI 49770	30-0084912	501(C) (3)				2,000	to support a musical performance at the Castle		
Groundwork Center for Resilient Communities 48 E Front Street, Suite 101 Traverse City, MI 96844-5725	38-2314954	501(C) (3)				5,000	to improve food nutrition in Charlevoix County Schools		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Health Department of Northwest Michigan 20 W. Garfield Street Charlevoix, MI 49720	501 (C) (3)		3,500				for a youth Skin Cancer Prevention Project		
Health Department of Northwest Michigan 20 W. Garfield Street Charlevoix, MI 49720	501 (C) (3)		35,963				for reimbursement of mental health services July-December 2016		
Health Department of Northwest Michigan 20 W. Garfield Street Charlevoix, MI 49720	501 (C) (3)		41,279				for the school-based behavioral Health program		
Health Department of Northwest Michigan 20 W. Garfield Street Charlevoix, MI 49720	501 (C) (3)		24,188				first quarter reimbursement for school-based program		
Health Department of Northwest Michigan 20 W. Garfield Street Charlevoix, MI 49720	501 (C) (3)		4,000				to help parents w/young children w/mental and/or behavioral health issues		
Ospice of Northwest Michigan 20 W Garfield Charlevoix, MI 49720	38-2391256	501 (C) (3)	4,600				to hire a consultant to help with recruitment, succession planning, board training & tools		

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

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Sospice of Northwest Michigan 20 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)							
Sospice of Northwest Michigan 20 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)	2,000				To expand the Veterans Outreach and Education services in Charlevoix County		
Sospice of Northwest Michigan 20 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)	1,000				for general operations		
Sospice of Northwest Michigan 20 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)	1,200				for general operations		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C) (3)		3,000					
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C) (3)	2,000				for program support		
Jordan Valley Teen Center - The Depot PO Box 283 East Jordan, MI 49727		501(C) (3)	5,000						
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C) (3)	75				for unrestricted purposes		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C) (3)					for reimbursement for the 2017 invasive species control program		
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C) (3)	782				for general operations		
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C) (3)	250						
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C) (3)	5,000				for a Lake Charlevoix shoreline survey update		
Meelau School One Old Honestad Road Mellen Arbor, MI 49636	38-6061392	501(C) (3)	5,000				to support the Bob McNutt Scholarship Fund		
Little Traverse Conservancy 1264 Powell Road Larbor Springs, MI 49740	23-7267810	501(C) (3)	250				for general operations		
Little Traverse Conservancy 1264 Powell Road Larbor Springs, MI 49740	23-7267810	501(C) (3)	52,000				to the Endowment Fund		
Little Traverse Conservancy 1264 Powell Road Larbor Springs, MI 49740	23-7267810	501(C) (3)	2,000				for a boardwalk expansion at the Beaver Island Little Sand Bay Nature Preserve		

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

Grantee Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C) (3)							
little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C) (3)	100				for an annual membership renewal		
mann Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C) (3)							
mann Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C) (3)	50				for general operations		
mann Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C) (3)							
mann Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C) (3)	6,000				for the "Produce for People" program		
mann Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C) (3)					for unrestricted purposes		
mann Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C) (3)	6,000				to hire 6 local growers to raise crops for Manna in 2018 for Produce for People Phase 2		
mann Project 3791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C) (3)	5,000				for the Backpack for Kids program for Charlevoix students		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
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Jane, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Mayo Clinic Siebens Building, Ninth Floor 100 First Street SW Rochester, MN 55905-0001	41-6011702	501(C) (3)							
Mayo Clinic Siebens Building, Ninth Floor 100 First Street SW Rochester, MN 55905-0001	41-6011702	501(C) (3)							
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)							
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)							
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)							
Mothers' Keepers 1675 Church Road Boyne City, MI 49712	812931650	501(C) (3)							

for unrestricted purposes

10,000

for "It's Never 2 Late"
 Therapeutic Technology

5,299

for general operations

2,500

for the Patient Assistance
 Program

3,000

to train volunteers to support
 mothers w/infants

2,500

Grantee 990 - Part 2 Organizations
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Other's Keepers 675 Church Road Boyne City, MI 49712	812931650	501(C) (3)							
Junson Healthcare Charlevoix Hospital 4700 Lake Shore Drive Charlevoix, MI 49720	501(C) (3)		2,500				for program support		
Junson Healthcare Charlevoix Hospital 4700 Lake Shore Drive Charlevoix, MI 49720	501(C) (3)			8,000			for general operations		
Junson Healthcare Charlevoix Hospital 4700 Lake Shore Drive Charlevoix, MI 49720	501(C) (3)				250		for respite care services for families with patients at MICH		
Junson Healthcare Charlevoix Hospital Foundation 4700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)			50,000		To support the expansion of outpatient rehabilitation unit over three years		
Junson Healthcare Charlevoix Hospital Foundation 4700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)			10,000		for general operations		
Junson Healthcare Charlevoix Hospital Foundation 4700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)			100		for unrestricted purposes		

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

ame, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
unson Healthcare harlevoix Hospital oundation 4700 Lake Shore Dr harlevoix, MI 49720	75-3078034	501(C) (3)				2,000	to support the new mental health care services program.		
unson Healthcare harlevoix Hospital oundation 4700 Lake Shore Dr harlevoix, MI 49720	75-3078034	501(C) (3)				3,500	to support the wheelchair corral		
unson Healthcare harlevoix Hospital oundation 4700 Lake Shore Dr harlevoix, MI 49720	75-3078034	501(C) (3)				250	for the Gifts of Love annual fundraiser for unrestricted funds		
unson Healthcare harlevoix Hospital oundation 4700 Lake Shore Dr harlevoix, MI 49720	75-3078034	501(C) (3)				5,000	for unrestricted purposes		
unson Healthcare harlevoix Hospital oundation 4700 Lake Shore Dr harlevoix, MI 49720	75-3078034	501(C) (3)				12,649	for an Infant Bed Warmer & Resuscitation System		
unson Healthcare harlevoix Hospital oundation 4700 Lake Shore Dr harlevoix, MI 49720	75-3078034	501(C) (3)				15,000	toward the Christoff Family Challenge for a blood analyzer		

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

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Northwest Michigan Habitat for Humanity 1460 M 119 Harbor Springs, MI 49740	38-2971056	501 (C) (3)				5,000	to build the foundation for a home in Boyne City		
Northwest Michigan Habitat for Humanity 1460 M 119 Harbor Springs, MI 49740	38-2971056	501 (C) (3)				500	for general operations		
Northwest Michigan Habitat for Humanity 1460 M 119 Harbor Springs, MI 49740	38-2971056	501 (C) (3)				5,000	for at least 2 Charlevoix County Critical Home Repairs		
Paddle Antrim PO Box 205 Bellaire, MI 49615-0000	47-1402648	501 (C) (3)				5,000	for Phase 2 - Development of signs for the Upper Chain of Lakes Water Trail		
Paddle Antrim PO Box 205 Bellaire, MI 49615-0000	47-1402648	501 (C) (3)				1,000	for general operations		
Petoskey-Harbor Springs Area Community Foundation 316 Petoskey Street, Suite 103 Petoskey, MI 49770	38-3032185	501 (C) (3)				1,269	to close the fund		
Petoskey-Harbor Springs Area Community Foundation 316 Petoskey Street, Suite 103 Petoskey, MI 49770	38-3032185	501 (C) (3)							

5,000

for the Jerolene/Lewis Brown
Charitable Youth Fund

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Grantee 990 - Part 2 Organizations
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Planned Parenthood of Michigan 125 Cherry Street SE Grand Rapids, MI 49503	38-1707521	501(C) (3)				150	for unrestricted purposes		
Planned Parenthood of Michigan 125 Cherry Street SE Grand Rapids, MI 49503	38-1707521	501(C) (3)				8,000	for a sexual health program to serve at-risk adults		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C) (3)				2,500	for access to reproductive health care & educational services in 2017-2018		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C) (3)				3,800	for general operations		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C) (3)				5,000	for general operations		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C) (3)				5,950	to provide teens with comprehensive sexuality education		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Raven Hill Discovery Center 14737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				4,650	for students to discover the past/future through art		
Raven Hill Discovery Center 14737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				500	for unrestricted purposes		
Raven Hill Discovery Center 14737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				50	for general operations		
Raven Hill Discovery Center 14737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				2,934	for reimbursement costs in 2016		
Raven Hill Discovery Center 14737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				400	for general operations		
Raven Hill Discovery Center 14737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				350	annual distribution for Raven Hill programming		
Raven Hill Discovery Center 14737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				8,000	for general operations		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
aven Hill Discovery Center 4737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				40,000	for the match to purchase the 40 acre Hellebuck property		
aven Hill Discovery Center 4737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)				75,000	to transfer 40 acres of Fuller Road property to Raven Hill		
Donald McDonald House of Western Michigan, Inc. 323 Cedar St NE Grand Rapids, MI 49503	38-2781170	501(C) (3)				1,000	in honor of Jarret James Frye		
Donald McDonald House of Western Michigan, Inc. 323 Cedar St NE Grand Rapids, MI 49503	38-2781170	501(C) (3)				7,500	to accommodate Chz Co families receiving medical treatment		
Rotary Club of East Jordan P O Box 195 East Jordan, MI 49727		501(C) (3)				1,000	for continuing education for a Strive graduate		
Rotary Club of East Jordan P O Box 195 East Jordan, MI 49727		501(C) (3)				3,400	to support the Rotary Student Exchange Program		
Rotary Club of East Jordan P O Box 195 East Jordan, MI 49727		501(C) (3)				1,000	to support the Rotary Strive Program		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
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Line, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Toray Club of East Jordan PO Box 195 East Jordan, MI 49727	501(C) (3)		3,000				to support 3 - \$1,000 scholarship awards for 2017 EJ graduates		
Salk Institute for Biological Studies 10010 N Torrey Pines Road La Jolla, CA 92037-1002	95-2160007	501(C) (3)			5,000		to further autism research		
St. James Township PO Box 85 Beaver Island, MI 49782	501(C) (3)			5,250			to hire a consultant to write a Recreation Plan for St. James Township		
St. Mary's Catholic Church 1003 Bridge Street Charlevoix, MI 49720	53-0196617	501(C) (3)		3,800			to support annual parish projects and St. Mary School programs		
St. Mary's Catholic Church 1003 Bridge Street Charlevoix, MI 49720	53-0196617	501(C) (3)		500			to sponsor Northern Lights 2017		
St. Mary's Catholic Church 1003 Bridge Street Charlevoix, MI 49720	53-0196617	501(C) (3)		1,368			for the St. Mary's School Endowment Fund		
St. Mary's Catholic Church 1003 Bridge Street Charlevoix, MI 49720	53-0196617	501(C) (3)		700			to sponsor Girl Scout Troop 10233 college campus tour activities		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
St. Mary's Catholic Church 101 Durval Street Charlevoix, MI 49720	53-0196617	501(C) (3)				2,000	for the St. Paul Street Evangelization Program		
St. Paul's Episcopal Church PO Box 1014 Key West, FL 33040		501 (C) (3)				15,000	to repair termite damage in the 1931 organ		
The Community Foundation Serving Boulder County 123 Spruce Street Boulder, CO 80302	84-1171836	501(C) (3)				10,000	for Serendipity Fund grantmaking		
Tip of the Mitt Watershed Council The Freshwater Center 126 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)				250	for general operations		
Tip of the Mitt Watershed Council The Freshwater Center 126 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)				5,250	for the Beaver Island Watershed Academy 2018		
Tip of the Mitt Watershed Council The Freshwater Center 126 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)				100	for an annual membership renewal		

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2017
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Mit of the Mitt Watershed Council The Freshwater Center 126 Bay Street Petoskey, MI 49770	38-2361745	501 (C) (3)					for the Line 5 Pipeline public engagement program		
Mit of the Mitt Watershed Council The Freshwater Center 126 Bay Street Petoskey, MI 49770	38-2361745	501 (C) (3)					for general operations		
Mit of the Mitt Watershed Council The Freshwater Center 126 Bay Street Petoskey, MI 49770	38-2361745	501 (C) (3)					for stipends for two 2017 student internships		
Mit of the Mitt Watershed Council The Freshwater Center 126 Bay Street Petoskey, MI 49770	38-2361745	501 (C) (3)					for unrestricted purposes		
Top of Michigan Mountain Bike Association 1502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)					for reimbursement of trail building items		
Top of Michigan Mountain Bike Association 1502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)					for trailbuilding at Avalanche Mountain - Phase 2		
							7,000		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501(C)(3)				1,000	for general operations		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501(C)(3)				1,000	for trail promotional materials		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501(C)(3)				6,400	to develop a strategic plan for the TOMBA		
Top of Michigan Trails Council 1687 M-119 Petoskey, MI 49770	38-3263521	501(C)(3)				10,000	for preliminary engineering for a bicycle trail route through Fisherman's Island State Park		
Trout Unlimited - Schrems West Michigan Chapter PO Box 230094 Grand Rapids, MI 49523	52-1766265	501(C)(3)				10,000	for a 2:1 match to support the Schrems scholarship		
University Musical Society Burton Memorial Tower 381 North University Avenue Ann Arbor, MI 48109-1011	38-1545881	501(C)(3)				5,000	for general operations		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2017

Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
University of Hartford 100 Bloomfield Avenue IC303 West Hartford, CT 06117-1599	06-0731360	501(C) (3)				10,000	for a 2:1 matching grant to support the Milliard Auditorium		
Charlevoix Lake Trust and Conservancy PO Box 579 Charlevoix Lake, MI 49796	38-3608004	501(C) (3)			817		for webinar technology, field compass kits, & outreach materials		
Charlevoix Lake Trust and Conservancy PO Box 579 Charlevoix Lake, MI 49796	38-3608004	501(C) (3)			6,134		for privy construction and preserve maintenance		
Women's Resource Center 123 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)			5,000		for general operations		
Women's Resource Center 123 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)			1,000		For the 40th anniversary		
Women's Resource Center 123 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)			1,000		for general operations		
Women's Resource Center 123 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)			1,000		for the Women Can Women Do Charlevoix event		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Region: All Regions

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 Educational Scholarships	33	176,620.			
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.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

There are a number of check points in the life of a grant to help monitor that the grant was used by an organization for its intended purpose:

- After the Foundation approves a grant for distribution to an organization, it sends each grantee a grant notification letter, a grant agreement, a financial report form and/or a final report form. The purpose of these forms is to specify the amount and purpose of the grant, and the specific reporting requirements of the grantee at the end of the grant period as to how the funds were used.

-If the grant is for the purchase of a specific item, the Foundation will require the

Client C1005

Charlevoix County Community Foundation

38-3033739

5/21/18

04:16PM

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

grantee provide a receipt as proof of purchase. The Foundation staff uses the meeting of the grantees' governing board as an opportunity to present the grant award check. This serves as public notice and expectation of the grant and how the funds are intended to be used.

-The Foundation and the grantee disseminate news releases to the print and electronic media announcing the grant and its purpose to the public.

-Foundation staff conduct site visits to the grantee organization to "see" the grant in action.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public
Inspection

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ► \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Laura Hansen	Married to President				
(2)		48,835.	Wages for Employment	X	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....	X	10	965,714.	FMV
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► (_____).....				
26 Other ► (_____).....				
27 Other ► (_____).....				
28 Other ► (_____).....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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 isn't required to be used for exempt purposes for the entire holding period?.....

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?.....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

See Part II

	Yes	No
30a		X
31	X	
32a	X	

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.

Part I, Line 32 - Hire and Use of Third Parties

The Foundation uses a brokerage firm to sell publicly traded securities it receives as noncash contributions.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

Form 990, Part VI, Line 11b - Form 990 Review Process

The President reviews the completed Form 990 for compatibility with the financial audit. The Form 990 is included as an agenda item at the next meeting of the Finance Committee. Each member of the committee receives a copy in advance of the meeting. A recommendation for acceptance is brought to the Board of Trustees with copies made available for the entire Board. The Finance Committee, in its role as the Audit Committee, meets with the auditor to discuss the audit, Form 990, and related financial reports and processes.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Each Trustee receives a copy of the Conflict of Interest Policy in their orientation manual, which they review with the President. They are also given a "Trustee Disclosure Statement" to complete and sign. The Disclosure Statement identifies any business or avocational interest, or charitable or civic involvement which might give rise to a possible conflict of interest or duality of interest with the Community Foundation. This process is repeated every year in January. The completed statements are kept on file in the Foundation office. Also on file, are completed Conflict of Interest forms for members of the Youth Advisory Committee, and scholarship selection committee members. During the course of a meeting, a Trustee declares a conflict of interest and abstains from voting on matters that present a potential or perceived conflict. Their abstention is noted in the minutes of the meeting.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Foundation's President is evaluated by the Executive Committee according to a "compensation review process." Using a combination of the evaluation results and information obtained from salary and benefits surveys, the Executive Committee makes a compensation recommendation for the President to the Board of Trustees, the

Name of the organization	Employer identification number
Charlevoix County Community Foundation	38-3033739

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

President is not present during the discussion, nor does he participate in the vote.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Foundation adheres to the "Recommended Best Practices in Determining Reasonable Executive and Staff Compensation" as put forth by the Council of Foundations.

Generally, reasonable compensation is defined as what similar persons in similar positions with similar duties in similar organizations are paid. To determine reasonable levels of compensation the Foundation relies on salary and compensation surveys, and comparisons with similar organizations in relative geographic proximity, specifically, we use information obtained from:

-The Council on Foundation's Annual Grantmakers Salary and Benefits Report.

-The Council on Foundation's Annual Compensation, Summary for the Council of Michigan Foundations - Community Foundations.

The proceedings of all committee and board meetings are documented in writing and filed with the Foundation's permanent records. The compensation determination process and salary and benefits research occurs in the last quarter of the fiscal year. Board approved salary and benefit payments begin with the start of the next fiscal year.

The President is responsible for evaluating and recommending compensation for staff following the same process used to determine the President's compensation. The President and staff are the only employees/officers of the Foundation that receive compensation.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

It is the policy and practice of the Foundation to comply with all Internal Revenue

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available (continued)

Service laws and requirements for public disclosure for tax-exempt organizations.

This includes providing copies of our exemption application (Form 1023), and the three most recently filed annual information returns (Form 990) to individuals making a request in person or in writing. Form 990 and the financial statements are also available on the Foundation's website. The Foundation's governing documents, conflict of interest policy, and financial statements are available upon request to the Foundation President.

Application for Automatic Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Charlevoix County Community Foundation	Employer identification number (EIN) or 38-3033739
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. P.O Box 718	Social security number (SSN) East Jordan, MI 49727
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Robert A. Hansen, Jr.
- Telephone No. ► 231-536-2440 Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ... ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2017 or
- tax year beginning _____, 20_____, and ending _____, 20_____.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)