

2016

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

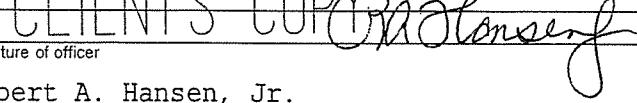
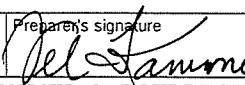
Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning		, 2016, 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:		G Gross receipts \$ 11,496,962.	
Robert A. Hansen, Jr. Same As C Above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.)		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If 'No,' attach a list. (see instructions)		If 'No,' attach a list. (see instructions)	
J Website: ► www.c3f.org		H(c) Group exemption number ►	
K Form of organization: <input checked="" 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	

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 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 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.
Expenses	8 Contributions and grants (Part VIII, line 1h) 1,830,172. 6,429,029. 9 Program service revenue (Part VIII, line 2g) 2,600. 2,400. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 338,916. 614,231. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,171,688. 7,045,660.
	Prior Year Current Year
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,828,069. 2,075,390. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 295,276. 352,035. 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) ► 100,443. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 176,763. 188,664. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,300,108. 2,616,089. 19 Revenue less expenses. Subtract line 18 from line 12 -128,420. 4,429,571.
	Beginning of Current Year End of Year
	20 Total assets (Part X, line 16) 29,580,152. 35,329,926. 21 Total liabilities (Part X, line 26) 2,755,984. 2,901,536. 22 Net assets or fund balances. Subtract line 21 from line 20 26,824,168. 32,428,390.

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	► 	6/23/2017		
	Signature of officer	Date		
	► Robert A. Hansen, Jr.	President		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	
	Velda K. Kammermann		6-23-17	
	Firm's name ► MASON, KAMMERMANN & ROHRBACK, P.C.		Check <input type="checkbox"/> if self-employed	PTIN P01056809
	Firm's address ► 110 PARK AVENUE CHARLEVOIX, MI 49720		Firm's EIN ► 38-2763936	
		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.

4 a (Code: _____) (Expenses \$ 2,377,527. including grants of \$ 2,075,390.) (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.

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

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

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

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

4 e Total program service expenses ► 2,377,527.

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.....	11a X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....	11b X	
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....	11c X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI 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.....	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?.....	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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	X
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). 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 b	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.....	7 c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....	7 d	
d If 'Yes,' indicate the number of Forms 8282 filed during the year.....	7 e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7 f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7 g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....	7 h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....	8	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 a	X
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?.....	9 b	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.....	10 a	
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12.....	10 b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....	11 a	
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.....	11 b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).....	12 a	
12 a 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.....	12 b	
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 a	
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 b	
c Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?..... b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.....	14 a	X
	14 b	

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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent.....	1 b	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?.....	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?.....	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.....	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?.....	5		X
6 Did the organization have members or stockholders?.....	6		X
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		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.....	7 b		X
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	X	
b Each committee with authority to act on behalf of the governing body?.....	8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?.....	10 a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.....	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	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	12 b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ...See .Schedule .O ..	12 c	X
13 Did the organization have a written whistleblower policy?.....	13	X
14 Did the organization have a written document retention and destruction policy?.....	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official..See .Schedule .O ..	15 a	X
b Other officers or key employees of the organization...See .Schedule .O ..	15 b	X
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	X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.....	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 ContractorsCheck 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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated		
(1) Michelle Cortright Chair	2 0	X		X				0.	0.
(2) Bill Aten 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) Ann Hollis Trustee	1 0	X						0.	0.
(8) Evelyn Howell Trustee	1 0	X						0.	0.
(9) John Kempton 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) Jack Poindexter Trustee	1 0	X						0.	0.
(13) Don Spencer Trustee	1 0	X						0.	0.
(14) Robert Hansen, Jr. President	40 0			X				93,183.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)					
(16)					
(17)					
(18)					
(19)					
(20)					
(21)					
(22)					
(23)					
(24)					
(25)					

1 b Sub-total ► 93,183. 0. 0.
 c Total from continuation sheets to Part VII, Section A. ► 0. 0. 0.
 d Total (add lines 1b and 1c). ► 93,183. 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	6,429,029.		
	g Noncash contributions included in lines 1a-1f: \$		1,129,989.		
	h Total. Add lines 1a-1f..... ►		6,429,029.		
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)		616,789.		616,789.
	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	4,448,744.			
	c Gain or (loss).....	4,451,302.			
	d Net gain or (loss)..... ►	-2,558.			-2,558.
	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..... ►		7,045,660.	2,400.	0. 614,231.
	12 Total revenue. See instructions..... ►				

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.....	1,893,190.	1,893,190.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	182,200.	182,200.		
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	93,183.	32,614.	41,932.	18,637.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	47,272.	26,000.	16,545.	4,727.
7 Other salaries and wages	141,863.	100,470.	10,120.	31,273.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	15,997.	9,014.	3,887.	3,096.
9 Other employee benefits	28,868.	16,268.	7,015.	5,585.
10 Payroll taxes	24,852.	14,004.	6,039.	4,809.
11 Fees for services (non-employees):				
a Management				
b Legal	336.	185.	101.	50.
c Accounting.....	15,164.	8,340.	4,549.	2,275.
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.....	26,783.	14,731.	4,017.	8,035.
13 Office expenses	28,012.	15,406.	8,404.	4,202.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	6,827.	3,755.	2,048.	1,024.
17 Travel.....	11,823.	6,503.	3,547.	1,773.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings....	19,963.	10,980.	5,989.	2,994.
20 Interest				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization....	22,550.	12,403.	6,765.	3,382.
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.....	25,401.	13,971.	7,620.	3,810.
b Supplies.....	25,331.	13,932.	7,599.	3,800.
c Dues and subscriptions.....	6,474.	3,561.	1,942.	971.
d				
e All other expenses.....				
25 Total functional expenses. Add lines 1 through 24e.....	2,616,089.	2,377,527.	138,119.	100,443.
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 ► <input type="checkbox"/> 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
	1 Cash – non-interest-bearing.....	37,039.	1	179,313.
	2 Savings and temporary cash investments.....	3,422,319.	2	4,289,284.
	3 Pledges and grants receivable, net.....	144,525.	3	85,950.
	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.....	12,527.	9	6,927.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a	540,942.	
	b Less: accumulated depreciation.....	10b	84,254.	462,710.
	11 Investments – publicly traded securities.....		10c	456,688.
	12 Investments – other securities. See Part IV, line 11.....	25,446,041.	11	30,260,935.
	13 Investments – program-related. See Part IV, line 11.....		12	
	14 Intangible assets.....		13	
	15 Other assets. See Part IV, line 11.....	10,406.	14	6,244.
	16 Total assets. Add lines 1 through 15 (must equal line 34).	44,585.	15	44,585.
		29,580,152.	16	35,329,926.
	17 Accounts payable and accrued expenses.....	13,393.	17	23,349.
	18 Grants payable	738,388.	18	656,194.
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....	400,910.	21	378,909.
	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.	1,603,293.	25	1,843,084.
	26 Total liabilities. Add lines 17 through 25.	2,755,984.	26	2,901,536.
	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.....	678,658.	27	667,107.
	28 Temporarily restricted net assets.....	5,608,472.	28	10,114,284.
	29 Permanently restricted net assets.....	20,537,038.	29	21,646,999.
	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.....	26,824,168.	33	32,428,390.
	34 Total liabilities and net assets/fund balances.....	29,580,152.	34	35,329,926.

BAA

Form 990 (2016)

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	7,045,660.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	2,616,089.
3 Revenue less expenses. Subtract line 2 from line 1	3	4,429,571.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	26,824,168.
5 Net unrealized gains (losses) on investments.....	5	1,174,651.
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	32,428,390.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

- 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?.....

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

- b Were the organization's financial statements audited by an independent accountant?.....

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3 a 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?.....

- 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.....

	Yes	No
2 a	X	
2 b	X	
2 c	X	
3 a	X	
3 b		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

Charlevoix County Community Foundation

Employer identification number
38-3033739**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants').	1,920,010.	1,779,744.	2,487,905.	1,830,172.	6,429,029.	14,446,860.
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	1,920,010.	1,779,744.	2,487,905.	1,830,172.	6,429,029.	14,446,860.
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).						7,147,851.
6 Public support. Subtract line 5 from line 4						7,299,009.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,920,010.	1,779,744.	2,487,905.	1,830,172.	6,429,029.	14,446,860.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	266,564.	631,964.	848,542.	699,001.	616,789.	3,062,860.
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.	394,917.	523,121.	491,665.	-360,085.	-2,558.	1,047,060.
11 Total support. Add lines 7 through 10						18,556,780.
12 Gross receipts from related activities, etc. (see instructions)					12	12,003.
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 2016 (line 6, column (f) divided by line 11, column (f)).	14	39.33 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	42.98 %
16a 33-1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).....						
13 Total support. (Add lines 9, 10c, 11, and 12.).....						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).....	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.....	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).....	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17.....	18	%
19a 33-1/3% support tests—2016. 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—2015. 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 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- 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? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If 'Yes,' provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

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.

	Yes	No
2a		
2b		
3a		
3b		

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.

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 2016 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-2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

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	2016	2015	2014	2013	2012
Gain (Loss) on the sale of securities	\$ -2,558.	\$ -360,085.	\$ 491,665.	\$ 523,121.	\$ 394,917.
Total	<u>\$ -2,558.</u>	<u>\$ -360,085.</u>	<u>\$ 491,665.</u>	<u>\$ 523,121.</u>	<u>\$ 394,917.</u>

CHARLEVOIX COUNTY COMMUNITY FOUNDATION

Form 990 Return of Organization Exempt From Income Tax

#38-3033739

December 31, 2016

Schedule B

Part I

Contributors

THIS PAGE NOT OPEN

FOR PUBLIC INSPECTION

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

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)	5,413,240.	
3 Aggregate value of grants from (during year)	1,212,584.	
4 Aggregate value at end of year.....	11,678,719.	

- 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).	
<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.....	Held at the End of the Tax Year
b Total acreage restricted by conservation easements.....	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2c
	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	400,910.
1 d	165,944.
1 e	187,945.
1 f	378,909.

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.....	24,600,368.	25,922,029.	25,031,539.	21,627,138.	18,989,704.
b Contributions.....	954,629.	657,457.	1,334,137.	649,637.	778,621.
c Net investment earnings, gains, and losses	1,646,445.	-701,759.	775,599.	3,826,840.	2,669,256.
d Grants or scholarships.....	705,652.	778,560.	796,605.	644,031.	425,665.
e Other expenditures for facilities and programs	819,310.	498,799.	422,641.	428,045.	384,778.
f Administrative expenses					
g End of year balance	25,676,480.	24,600,368.	25,922,029.	25,031,539.	21,627,138.

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

a Board designated or quasi-endowment ► 8.20 %

b Permanent endowment ► 91.80 %

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.....
 (ii) related organizations.....

	Yes	No
3a(i)		X
3a(ii)		X
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.	37,990.	401,200.
c Leasehold improvements.....				
d Equipment.....		76,752.	46,264.	30,488.
e Other.....				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 456,688.

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Schedule D (Form 990) 2016

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	1,843,084.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)... ►	1,843,084.

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	8,220,311.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.....	2a	1,174,651.
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	1,174,651.
3 Subtract line 2e from line 1.....	3	7,045,660.
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	7,045,660.

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	2,616,089.
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	2,616,089.
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	2,616,089.

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

BAA

Schedule D (Form 990) 2016

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
2016

Department of the Treasury
Internal Revenue Service

Name of the organization

Charlevoix County Community Foundation

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			183,190.	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.....							89
3 Enter total number of other organizations listed in the line 1 table.....							0

Schedule I (Form 990) (2016)

TEEA901L 11/03/16

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

10:04 AM

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desir Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2016									
Region: All Regions									
Anglers of the AuSable PO Box 200 Grayling, MI 49738									
Anglers of the AuSable PO Box 200 Grayling, MI 49738	38-2720596	501(C) (3)				5,000	for a 1:1 match to litigate commercial fish farming		
B.A.S.E. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-2720596	501(C) (3)				10,000	for general operations		
B.A.S.E. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C) (3)				50	to support youth programs		
B.A.S.E. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C) (3)				100	for a 2016 annual contribution		
B.A.S.E. Teen Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C) (3)				10,000	to support Chz County adolescents & adults with substance abuse disorders		
Beaver Island Community Center PO Box 494 Beaver Island, MI 49782	501(C) (3)					8,500	for general operations		
Beaver Island Community School 37895 King's Highway Beaver Island, MI 49782	501(C) (3)					815	to support Beaver Island students attending leadership conferences		

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Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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 Community School 3795 King's Highway Beaver Island, MI 49782	501(C) (3)		7,000				to support the BICS 2016 robotics trip to the world championship		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C) (3)					to purchase acoustical shells for orchestral performances		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C) (3)					for the purchase of a grand piano		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C) (3)					to purchase orchestral risers for use during performances		
Beaver Island Rural Health Center PO Box 146 Beaver Island, MI 49782	38-3299988	501(C) (3)					for general operations		
Botanical Garden Society of Northwest MI PO Box 1247 Traverse City, MI 49685-1247	38-3523429	501(C) (3)					for unrestricted purposes		

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Grantee 990 – Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2016

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 City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712	501(C) (3)								
			2,902			to purchase machine tools for the 2016 program at BCPS			
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712	501(C) (3)					for summer tutoring lessons for a 4th grade female student			
			250						
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712	501(C) (3)					to support the BCPS robotics program			
			1,000						
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712	501(C) (3)					for the Parenting Education & Support program			
			750						
Boyne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyne City, MI 49712	501(C) (3)					to support the BCPS 2016 robotics trip to the world championship			
			3,000						
Boyne District Library 201 East Main Street Boyne City, MI 49712	501(C) (3)					for the Boyne Reads program			
			2,500						
Boyne District Library 201 East Main Street Boyne City, MI 49712	501(C) (3)					for general operations			
			11,000						

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016
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 03001 Church Road Petoskey, MI 49770	38-1617980	501(C) (3)			5,000		for general operations in 2016		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C) (3)			3,000		for equipment for the summer camp programs		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C) (3)			1,318		for a complete recycling program for summer camp		
Challenge Mountain of Wallon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)			4,500		to continue implementation of the marketing plan		
Challenge Mountain of Wallon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)			20,000		for up to a 1:1 challenge match to renovate the Resale Store		
Challenge Mountain of Wallon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)			1,200		for general operations		
Challenge Mountain of Wallon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)			1,000		toward the Resale Store renovation project		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016
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
Challenge Mountain of Wallloon Hills, Inc PO Box 764 Boyne City, MI 49712	38-2563815	501(C) (3)					to update 3 types of signage for Challenge Mountain		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720			5,000						
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)					for sponsorship of the paddle event		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720			250						
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)					for the community pool renovation/construction project		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720			125,000						
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)					for general operations		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720			19,500						
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)					for roof renovations in 2016		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720			12,000						
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)					for the pool restoration and construction project		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720			10,000						

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: 2016 Region: All Regions									
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)			10,487		for construction documents and cost estimates for the pool		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)			600		for sponsorship of the NOMI fashion show fundraiser		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)			3,000		for the "Learn To Swim" Program for Charlevoix area 2nd & 5th grade students		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)			10,000		for the pool renovation project		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)			3,734		for the fifth grade water safety/ learn to swim program		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)			14,137		to continue with the pool renovations & construction		

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2016

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)					for general operations		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C) (3)					for unrestricted purposes		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)					for an updated computer system to manage programming, point of sale and inventory		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)					for unrestricted purposes		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)					for general operations		
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)					for unrestricted purposes		

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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 Year	Sponsor's EIN
Grantee 990 - Part 2 Organizations Grantees receiving \$50000 or more. Tax Year 2016									
Region: All Regions									
for scholarships for low income students to attend art classes									
Charlevoix Circle of Arts 109 W. Clinton St. PO Box 617 Charlevoix, MI 49720	26-2637019	501(C) (3)					2,500		
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)					500		
Charlevoix County 4-H Council MSU Extension 319 B North Lake Street Boyne City, MI 49712		501(C) (3)					5,000		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)					200		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)					100		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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)							
			2,150				for a projector, table, and chairs for programs at the Depot		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)							
			150				for the annual Ralph Hamilton Circle Campaign		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)					for general operations		
			1,000						
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)							
			1,000				for the removal and replacement of lighting at the Harsha House Museum		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)							
			100				for a 2016 annual membership fee		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C) (3)							
			6,750				for general operations		

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 Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)					for the 2016 strategic plan, second installment		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)	6,875				for the 2016 strategic plan, first installment		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)	8,984				for a replacement copier/scanner/fax machine for public use		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)	4,153				update the server with hardware to increase network speed		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)	2,611				to the Friends of the Library for unrestricted purposes, in honor of Sally Campi		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)	1,000				to support the Jazz at the library program		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)	200				to redesign the library website		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)	9,350						

Grantee 990 – Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2016

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descriptor Assistance	Purpose of Grant or Assistance	Fiscal Year	Sponsor: Sponsor's EIN
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Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720	03-0474720	501(C) (3)							
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Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)							
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Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	1,000				for the Charlevoix High School FIRST Robotics Program		
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Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	2,000				to support the class trip to the 2017 inauguration in Wash. DC		
<hr/>									
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)		1,000			for the Charlevoix Elementary School "Learn to Serve" program		
<hr/>									
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		
<hr/>									
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	10,938				to reimburse grants awarded in fall 2015		
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Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)		6,859			to reimburse grants awarded in spring 2016		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016
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)							
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	1,688				to support the music education at Chx Elmn School		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	350				for equipment & scholarships for the wrestling team in 2016		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	847				to support the music education at Chx Elmn School		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	1,589				to support the 2016 Model United Nations program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	2,484				to purchase sensory materials for the ES		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C) (3)	2,000				to purchase items for elementary school children with a learning disability		
Christ Episcopal Church PO Box 385 Charlevoix, MI 49720		501(C) (3)	12,000				to support programs at the church for 2016		

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Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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 Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C) (3)							
			-2,000				for general operations		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C) (3)							
			3,000				for the East Park planter project		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C) (3)							
			5,000				for scholarships for Camp McSauba in summer & winter activities at the ski hill		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C) (3)							
			5,000				to hire a consultant to write a Parks & Recreation Plan		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C) (3)							
			1,500				to provide student scholarships to summer & winter programs at Mt. McSauba		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			7,889						
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
			200				for contractor services to water the bridge flowers in 2016		

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2016

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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City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C) (3)							
toward 3 entryway signs for the City of EJ									
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501 (C) (3)							
Conservation Resource Alliance 10050 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C) (3)							
Conservation Resource Alliance 10050 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C) (3)							
Conservation Resource Alliance 10050 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C) (3)							
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C) (3)							
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C) (3)							
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501 (C) (3)							

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

Tax Year 2016

Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desc. Assistance	Purpose of Grant or Assistance	Fiscal. Sponsor	Sponsor's EIN
Crooked Tree District Library PO Box 518 Walloon Lake, MI 49796	38-2167002	501 (C) (3)					for general operations		
Crooked Tree District Library PO Box 518 Walloon Lake, MI 49796	38-2167002	501 (C) (3)					for general operations		
Crossroads Ecumenical Resale Shop PO Box 937 205 Water Street East Jordan, MI 49727	20-2482132	501 (C) (3)					for a building addition to allow community services in one facility		
Crossroads Ecumenical Resale Shop PO Box 937 205 Water Street East Jordan, MI 49727	20-2482132	501 (C) (3)					for a building addition to allow community services in one facility		
EARTH University Foundation 8 Piedmont Center, Ste. 320 3525 Piedmont Road NE Atlanta, GA 30305	38-2920639	501 (C) (3)					for general operations		
East Grand Rapids Schools Foundation 2915 Hall Street SE Grand Rapids, MI 49506	38-2486451	501 (C) (3)					for general operations in honor of the Class of 1953		

Grantee Name, 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 Care & Share Food Pantry 105 Water Street PO Box 901 East Jordan, MI 49727	38-2512684	501(C) (3)					For the Christmas food baskets 2016 program		
East Jordan Ecumenical Administrative Association c/o Lighthouse Missionary Church 1824 Rogers Road East Jordan, MI 49727	38-2512684	501(C) (3)					to renovate the building for Care & Share Food Pantry		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for home heating, utility, rent and other assistance for winter 2016-2017		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for the First Aid tent grant		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for the STEM Project Based-Learning Grant		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					to support the welding program		

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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
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more.									
Tax Year 2016									
Region: All Regions									
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	4,271				to increase leadership opportunities for the MS/HIS students		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	1,800				for equipment to increase School Bus Safety		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	2,863				to reimburse the 8th grade bookstore trip in June 2016		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	5,000				to support the EJES welding program		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	1,608				to reimburse for the Back to School shopping program		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	3,448				to reimburse for the back to school shopping program		

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Grantee 990 - Part 2 Organizations
Grants receiving \$5000 or more.
Tax Year 2016

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)	2,800				for additional ES students to attend Camp Daggett summer 2016		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	15,000				to support the welding program at EJPS		
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)	600				for equipment for the EJPS volleyball team		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	3,000				for EJPS students to attend summer camp at Camp Daggett in 2017		
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 2016-2017		

Name, 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
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2016 Region: All Regions									
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	1,600				for additional scholarships for EJPS students to attend camps in 2016		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					to support the EJPS volleyball teams		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for equipment, materials, room prep & instructor for the welding program at EJPS		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	2,000				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)		5,000			for the Montessori start-up program at EJES		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)			11,700		for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				-2,988			
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)				7,500			
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for EJPS homeless student expenses reimbursement through 3/15/2016		

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Besor 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)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	2,500				To purchase books for the summer reading program		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	1,500				for EJPS student holiday shopping 2015		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	-226				for teaching tools and safety equipment for the community pool		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	-165				for a bookstore trip for 10th graders in spring 2015		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	3,000				for the 6th grade bookstore trip in 2016-2017		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	27,732				for the EJ Community Pool Director's position 2016-2017		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	-18				to purchase 50 Chromebooks for assessments		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	-390				for camperships for EJPS students		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	-1,476				for equipment for the youth swim programming		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)					for scholarships for EJPS students to attend Camp Daggett in summer 2016		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	3,200						
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)					for a golf cart for transport of IIC spectators and deliveries		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)							
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	3,750						
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)					For Project Days year-end enrichment programs		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	5,977						
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)					for EJPS homeless student expenses reimbursement through 6/30/2016		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	164						
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	4,000				For a HS theatre trip in 2016-2017		

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2016

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desir Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
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East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)							
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East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	2,000				for art supplies for ES students in 2016-2017		
<hr/>									
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for art supplies for MS & HS students in 2016-2017		
<hr/>									
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	2,000				for Camp EJ scholarships and field trips		
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East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for registration/fees to participate in Giris on the Run in 2016		
<hr/>									
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	850						
<hr/>									
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)					for year-round camperships for EJPS students		
<hr/>									
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C) (3)	1,975						
<hr/>									
Ellsworth Community School 9467 Park Street Ellsworth, MI 49729	38-6000402	501(C) (3)					to purchase band instruments in 2016 to loan students at EJPS		
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Ellsworth Community School 9467 Park Street Ellsworth, MI 49729	38-6000402	501(C) (3)	2,000				to support the Ellsworth Robotics Program		

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Name, address, and zip	EIN	TRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desir Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2016									
Region: All Regions									
Ellsworth Community School 9467 Park Street Ellsworth, MI 49729	38-60000402	501(C) (3)				2,083	to support the FFA Program at Ellsworth Community School		
Ellsworth Community School 9467 Park Street Ellsworth, MI 49729	38-60000402	501(C) (3)				5,000	for initial misc support for the Ellsworth robotics team		
Ellsworth Community School 9467 Park Street Ellsworth, MI 49729	38-60000402	501(C) (3)				3,000	for support for the 2016 Lancer Leap program		
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(C) (3)				350	for the Lisa Dixon Scholarship Fund		
First Congregational Church 101 State Street Charlevoix, MI 49720	23-7098809	501(C) (3)				6,900	for 2016 general operations		
First Presbyterian Church - East Jordan PO Box 341 East Jordan, MI 49727		501(C) (3)				3,360	for the Crossroads/Care & Share building expansion project		
First Presbyterian Church - East Jordan PO Box 341 East Jordan, MI 49727		501(C) (3)				4,740	for various mission projects in 2016		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016
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
Florida Keys Outreach Coalition PO Box 4767 Key West, FL 33041	65-0409898	501(C) (3)							
FLOW for Water 153 1/2 E Front Street, 203 C Traverse City, MI 49684	454370935	501(C) (3)							
Flyin' Heroes PO Box 715 Muskegon, MI 49443			5,000				for general operations		
Flyin' Heroes 45-4616785		501 (C) (3)		30,000			for general operations for three consecutive years beg. in 2016		
Frederik Meijer Gardens & Sculpture Park 1000 East Beltline Ave NE Grand Rapids, MI 49525				5,000			for general operations		
Friends' School 5465 Pennsylvania Avenue Boulder, CO 80303	84-1087693	501 (C) (3)		40,000			for the Middle School Launch Fund		
Gerald R. Ford Presidential Foundation 303 Pearl Street, NW Grand Rapids, MI 49504	38-2368003	501(C) (3)		10,000			for general operations		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C) (3)		5,016			For a building expansion for: Moms & Tots and His House		

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

Tax Year 2016

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
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C) (3)					for food pantry purposes		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C) (3)	7,500			for heat, rent & utility payment assistance in winter 2016-2017			
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C) (3)	1,000			to upgrade hardware and software			
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C) (3)	1,000						
Grand Traverse Regional Community Foundation 250 E. Front St., Suite 310 Traverse City, MI 49684-2552	38-3056434	501(C) (3)	10,000			for a contribution to the Serendipity Fund			
Grand Traverse Regional Land Conservancy 3860 N. Long Lk. Rd. #D Traverse City, MI 49684	38-2994229	501(C) (3)	5,000			for unrestricted purposes			

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Grantee 990 – Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2016
 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
Grand Traverse Regional Land Conservancy 3060 N. Long Lk. Rd., #D Traverse City, MI 49684	38-2994229	501(C) (3)							
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727			5,000				for general operations		
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727		501(C) (3)							
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727		501(C) (3)	8,500				for the Grandvue Terrace and Recreation Park Plan		
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727		501(C) (3)					for the Grandvue Terrace project		
Grandvue Medical Care Facility 1728 S. Peninsula Road East Jordan, MI 49727		501(C) (3)					for general operations		
Great Lakes Chamber Orchestra 438 E Lake St Petoskey, MI 49770	30-0084912	501(C) (3)				2,000	to support a 2016 classical music concert in Charlevoix		
Great Lakes Chamber Orchestra 438 E Lake St Petoskey, MI 49770	30-0084912	501(C) (3)				500	for an educational concert for children, with a costume contest.		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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
<hr/>									
Great Lakes Lighthouse Keepers Association 707 North Huron Avenue PO Box 219 Mackinaw City, MI 49701	382489836	501 (C) (3)					for the mortgage paydown fund		
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Groundwork Center for Resilient Communities 148 E Front Street, Suite 301 Traverse City, MI 49684-5725	38-2314954	501 (C) (3)					For the expansion of the Farm to School program		
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Heifer International PO Box 8058 Little Rock, AR 72203-8058	35-1019477	501 (C) (3)					for general operations		
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Heifer International PO Box 8058 Little Rock, AR 72203-8058	35-1019477	501 (C) (3)					for general operations		
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Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501 (C) (3)					for services & equipment for cancer patients		
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Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501 (C) (3)					for general operations		

Grantee 990 - Part 2 Organizations
Grantees Receiving \$5000 or more.
Tax Year 2016

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
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)							
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)	500				to publish a set of community resource materials		
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)	1,150				for general operations		
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)	500				for general operations		
Hospice of Northwest Michigan 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C) (3)					to expand the Outreach & Education Programs		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C) (3)				8,000	for general operations		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C) (3)				6,600	for a furnace and air conditioner		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C) (3)				3,000	for a strategic planning process		

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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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Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2016									
Region: All Regions									
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Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-28861979	501(C) (3)					for a strategic planning process		
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Jordan Valley EMS Authority PO Box 1056 East Jordan, MI 49727	501(C) (3)		7,074				to upgrade ambulance stretchers for Jordan Valley EMS		
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Jordan Valley EMS Authority PO Box 1056 East Jordan, MI 49727	501(C) (3)		1,000				for general operations		
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Jordan Valley EMS Authority PO Box 1056 East Jordan, MI 49727	501(C) (3)		3,400				to purchase 4 laptop computers for use in ambulances		
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Lake Louise Christian Community, Camp, & Retreat Center 11037 Thumb Lake Road Boyne Falls, MI 49713	38-1405269	501(C) (3)					To build, train and facilitate a free Climbing Adventure program		
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Leelanau School One Old Homestead Road Glen Arbor, MI 49636	38-6061392	501(C) (3)					for the Robert McNutt Scholarship Fund		
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Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C) (3)	500				for unrestricted purposes		

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descri 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)					for general operations		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501 (C) (3)					for plowing in winter 2015-2016 at the WS Preserve		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501 (C) (3)					to fund trail and bridge improvements at the Susan Creek Preserve		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501 (C) (3)					for general operations		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501 (C) (3)					toward the purchase of Christmas Mountain		
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)					for a BioBlitz event to celebrate/explore nature and biodiversity		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C) (3)					for general operations		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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
Manna Project 8791 McBride Park Drive Harbor Springs, MI 49740									
Manna Project	38-2764533	501 (C) (3)				6,125	to support the Food 4 Kids Backpack Program		
Manna Project 8791 McBride Park Drive Harbor Springs, MI 49740									
	38-2764533	501 (C) (3)				5,000	for the backpack program for Charlevoix students		
Manna Project	38-2764533	501 (C) (3)				250	to support the "Golf Fore Manna" fundraiser		
Manna Project	38-2764533	501 (C) (3)				2,500	for the Backpack for Kids program for Charlevoix students		
Manna Project	38-2764533	501 (C) (3)				6,000	for the Protein for People project		
Manna Project	38-2764533	501 (C) (3)				18,203	to support the "Backpack for Kids" program for Charlevoix students		
Manna Project	38-2764533	501 (C) (3)				2,500	to support the "Backpack for Kids" program for Charlevoix students		

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desir Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Mayo Clinic Siebens Building, Ninth Floor 200 First Street SW Rochester, MN 55905-0001	41-6011702	501(C) (3)					for unrestricted purpose		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)					for unrestricted purposes		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)					for subscriptions to the Telehealth Program		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)					for the Charlevoix County patient assistance fund		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)					for general operations at Boulder Park Terrace		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C) (3)					for general operations		

Name, 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
McLaren Northern Michigan Foundation 360 Cannable Street Petoskey, MI 49770	38-2445611	501(C) (3)					for the car simulator in Acute Rehab		
Michigan Dyslexia Institute, NM 681 E Lake Street Harbor Springs, MI 49740	38-2424612	501(C) (3)					towards scholarships for Charlevoix County Students		
Michigan Dyslexia Institute, NM 681 E Lake Street Harbor Springs, MI 49740	38-2424612	501(C) (3)					for general operations		
Michigan State University College of Music 345 West Circle Drive East Lansing, MI 48824	38-2424612	501(C) (3)					for the Chapel Organ Fund ABO /		
Michigan Technological University 345 West Circle Drive East Lansing, MI 48824	38-2424612	501(C) (3)					for general operations		
Mote Marine Laboratory 1600 Ken Thompson Parkway Sarasota, FL 34236	590756643	501(C) (3)					to support the Keys project		
Munson Healthcare Charlevoix Hospital 14700 Lake Shore Drive Charlevoix, MI 49720	501(C) (3)						for the surgical suite and		

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desir Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Munson Healthcare Charlevoix Hospital 14700 Lake Shore Drive Charlevoix, MI 49720	75-3078034	501(C) (3)					for general operations		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for surgical & laboratory renovations and an operating room addition		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for mammography assistance for low-income women & cancer support services for the Infusion Center patients		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for the Farm to Table Fundraiser		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for general operations		

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 2016									
Region: All Regions									
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for unrestricted purposes		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for landscaping of the front entrance to the hospital		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for the surgical/laboratory renovation/expansion		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for the surgical suite and laboratory addition		
Munson Healthcare Charlevoix Hospital Foundation 14700 Lake Shore Dr Charlevoix, MI 49720	75-3078034	501(C) (3)					for unrestricted purposes		
Munson Healthcare Foundation 1150 Medical Campus Drive Traverse City, MI 49684-9805	38-2642724	501(C) (3)					for unrestricted/best purposes		

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 2016									
Region: All Regions									
Northern Lakes Economic Alliance 1313 Boyne Avenue PO Box 8 Boyne City, MI 49712	38-2616982	501(C) (3)					for the 2016 Spartan Innovations Green Light EJ Program		
			1,000						
Northern Lakes Economic Alliance 1313 Boyne Avenue PO Box 8 Boyne City, MI 49712	38-2616982	501(C) (3)					for the 2016 Spartan Innovations Green Light EJ program		
			5,000						
Northern Michigan Equine Therapy 05025 Church Street Boyne City, MI 49712	30-0838013	501(C) (3)					for an accessible bathroom, classroom and office addition		
			2,866						
Northern Michigan Equine Therapy 05025 Church Street Boyne City, MI 49712	30-0838013	501(C) (3)					for scholarship support for low-income clients		
			5,000						
Northwest Michigan Habitat for Humanity 8460 M 119 Harbor Springs, MI 49740	38-2971056	501(C) (3)					to purchase an additional tool trailer & construction tools		
			3,425						
Northwest Michigan Habitat for Humanity 8460 M 119 Harbor Springs, MI 49740	38-2971056	501(C) (3)					for general operations		
			3,000						

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2016

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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Northwest Michigan Habitat for Humanity 8460 M 119 Harbor Springs, MI 49740	38-2971056	501(C) (3)							
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Northwest Michigan Habitat for Humanity 8460 M 119 Harbor Springs, MI 49740	38-2971056	501(C) (3)							
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Petoskey Public Schools 1130 Howard Street Petoskey, MI 49770		501(C) (3)							
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Petoskey Public Schools 1130 Howard Street Petoskey, MI 49770		501(C) (3)							
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Petoskey-Harbor Springs Arca Community Foundation 616 Petoskey Street, Suite 203 Petoskey, MI 49770	36-3032185	501(C) (3)							
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Petoskey-Harbor Springs Arca Community Foundation 616 Petoskey Street, Suite 203 Petoskey, MI 49770	38-3032185	501(C) (3)							

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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
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2016									
Region: All Regions									
Planned Parenthood of Michigan 950 Victors Way, Unit 100 Ann Arbor, MI 48108									
Planned Parenthood of Michigan 950 Victors Way, Unit 100 Ann Arbor, MI 48108	34-1703337	501(C) (3)					for general operations		
Planned Parenthood of Michigan 950 Victors Way, Unit 100 Ann Arbor, MI 48108	38-1707521	501(C) (3)					for unrestricted purposes		
Planned Parenthood of Michigan 950 Victors Way, Unit 100 Ann Arbor, MI 48108	38-1707521	501(C) (3)					to expand Smart & Healthy Youth Programming		
Planned Parenthood of Michigan 950 Victors Way, Unit 100 Ann Arbor, MI 48108	38-1707521	501(C) (3)					to provide adult sexual health services with HIV testing		
Planned Parenthood of Michigan 950 Victors Way, Unit 100 Ann Arbor, MI 48108	38-1707521	501(C) (3)					for access to reproductive health care & educational services in 2016-2017		
Planned Parenthood of Michigan 950 Victors Way, Unit 100 Ann Arbor, MI 48108	38-1707521	501(C) (3)					for general operations		
Preservation Association of Beaver Island PO Box 494 Beaver Island, MI 49782	38-3192993	501(C) (3)					for technology to support		

hearing impaired at BI
Community Center

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Charlevoix County Community Foundation

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

Tax Year 2016

Region: All Regions

Name, address, and zip	EIN	TRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)		4,000			for upper elementary students to become inventors		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)	2,400				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)	2,500				to develop training manual(s) for Raven Hill programs		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)	350				annual distribution for programming at Raven Hill		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)	8,000				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C) (3)	500				for the NASA outreach event		
Ronald McDonald House of Western Michigan, Inc. 1323 Cedar St NE Grand Rapids, MI 49503	38-2781170	501(C) (3)	5,000				for children seeking medical treatment in Grand Rapids		

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 2016									
Region: All Regions									
Ruffed Grouse Society 451 McCormick Road Coraopolis, PA 15108									
	54-0846925	501(C) (3)							
			5,000				for general operations		
Salk Institute for Biological Studies 10010 N Torrey Pines Road La Jolla, CA 92037-1002									
	95-2160097	501(C) (3)							
			20,000				for the Autism Research project		
San Diego Social Venture Partners 6960 Flanders Dr San Diego, CA 92121-2974									
	26-4671099	501(C) (3)							
			5,500						
SCI Foundation 501 2nd Street, NE Washington, DC 20002									
	86-0292099	501(C) (3)							
			5,000				to support the Michigan Deer Winter Range		
Serenity House Alano Club Charlevoix, Inc. 106 Mason Street Charlevoix, MI 49720									
	38-2660208	501(C) (3)							
			5,000				for general operations		
St. Mary's Catholic Church 1003 Bridge Street Charlevoix, MI 49720									
	53-0196617	501(C) (3)							
			3,800				for general operations at St. Mary Parish & for school programs & services		
St. Mary's Catholic Church 1003 Bridge Street Charlevoix, MI 49720									
	53-0196617	501(C) (3)							
			500				for the CHS Senior Safety Net sponsorship		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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 1003 Bridge Street Charlevoix, MI 49720	53-0196617	501(C) (3)							
St. Mary's Catholic School 1005 Bridge Street Charlevoix, MI 49720	38-1411193	501(C) (3)	1,200				for scholarships for the 2016 Colorado Challenge & Year of Mercy program materials		
St. Paul's Episcopal Church 401 Duval Street Key West, FL 33040	38-1411193	501(C) (3)		9,300			to purchases ten Ipad2's for the students		
St. Paul's Episcopal Church 401 Duval Street Key West, FL 33040	03-0197728	501(C) (3)	1,500				for technology upgrades		
Sterling College Office of Advancement & Alumni Relations PO Box 72 Craftsbury Common, VT 05827	84-11171836	501(C) (3)		11,500			to restore the stained glass windows		
The Community Foundation Serving Boulder County 1123 Spruce Street Boulder, CO 80302	38-2361745	501(C) (3)		10,000			for general operations in honor of Grey Leech		
Trip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)		500			for a contribution to the Serendipity Fund		
							for general operations		

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year: 2016
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
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)					for unrestricted purposes		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)					for engineering plans for the Stover Creek dam removal project		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)	8,011				to purchase go-pros and laptops for the Watershed Academy		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)		3,065					
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)				7,000	for the partnerships for Protection and Restoration of Stover Creek		
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501(C) (3)					to support executive coaching for Raven Hill Discovery Center	462	

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2016

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
Tip of the Mitt Watershed Council The Freshwater Center 426 Bay Street Petoskey, MI 49770	38-2361745	501 (C) (3)					for general operations		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)					for the Todd Wright challenge match from Harbor House Publishers for the Avalanche Preserve project		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)					for the Avalanche Mountain Trail project		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)					to hire a consultant to provide instruction on advanced trail building & construction		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)					to build a new bike optimized, multi-use trail system at the Avalanche Preserve		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)					for the Avalanche Mountain Trail project		

10:04 AM

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 2016									
Region: All Regions									
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)							
			2,000				toward the purchase of a plate compactor for trailbuilding use		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)							
			500				for the Todd Wright challenge match from North Country Cycle Sport for the Avalanche Preserve project		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)							
			2,000				for the Avalanche Mountain Trail Project		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)							
			2,101				for the Avalanche Trail Phase 2 - Volunteer Hours Challenge Match		
Top of Michigan Mountain Bike Association 2502 W Old State Rd East Jordan, MI 49727	770204066	501 (C) (3)							
			17,000				for the Phase 2 of the Avalanche Destination Trails project		
Trout Unlimited - Schrems West Michigan Chapter PO Box 230094 Grand Rapids, MI 49523	52-1766265	501 (C) (3)							
			5,000				for general operations		

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desir Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2016 Region: All Regions									
University Musical Society Burton Memorial Tower 881 North University Avenue Ann Arbor, MI 48109-1011	38-1545881	501(C) (3)					for unrestricted purposes		
University of Hartford 200 Bloomfield Avenue CC103 West Hartford, CT 06117-1599	06-0731360	501(C) (3)					for general operations		
Walloon Lake Trust and Conservancy PO Box 621 Petoskey, MI 49770	38-3608004	501(C) (3)					for electric service work at the Postle Preserve		
West Michigan Center for Arts and Technology 98 East Fulton, Suite 202 Grand Rapids, MI 49503	743120354	501(C) (3)					for the capital campaign to relocate and expand		
Wilson Township - Supervisor BC-EJ Road Boyne City, MI 49712		501 (C) (3)					for the Fall Park Parking Lot Improvement Project		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)					for general operations		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)					for general operations		

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descri Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Grantee 990 - Part 2 Organizations									
Grantees receiving \$5000 or more.									
Tax Year 2016									
Region: All Regions									
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)					for general operations		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)					for general operations		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)					for educational scholarships for women in need in 2016-2017		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)					for a child abuse investigation & response program		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C) (3)					for unrestricted purposes		

Part II 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	84	182,200.			
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

BAA

Schedule I (Form 990) (2016)

Client C1005

Charlevoix County Community Foundation

38-3033739

6/14/17

12:14PM

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

2016

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

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?	
						To	From	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) 2016

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)		47,272.	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

2016

**Open to Public
Inspection**

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	17	1,129,989.	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.

Name of the organization

Charlevoix County Community Foundation

Employer identification number

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.

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

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 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.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection

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

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

► 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)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. East Jordan, MI 49727	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 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, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2016 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.