

# Return of Organization Exempt From Income Tax

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

## 2020

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **2020**, and ending **20**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	Charlevoix County Community Foundation P.O Box 718 East Jordan, MI 49727	38-3033739
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		(231) 536-2440
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$ 16,042,333.
<input type="checkbox"/> Amended return		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: Robert A. Hansen, Jr. Same As C Above	<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
<b>I</b> Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ www.c3f.org		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1991	<b>M</b> State of legal domicile: MI

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>Awarding grants and scholarships.</u>			
Activities & Governance	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		15
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4		15
	5 Total number of individuals employed in calendar year 2020 (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, Part I, line 11 .....	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	2,182,875.	Prior Year	4,218,344.
	9 Program service revenue (Part VIII, line 2g) .....		Current Year	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	3,053,874.		3,168,617.
	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) .....	5,236,749.		7,386,961.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	2,210,040.		2,471,263.
	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) .....	437,138.		405,785.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 137,110.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	217,031.		288,315.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	2,864,209.		3,165,363.
19 Revenue less expenses. Subtract line 18 from line 12 .....	2,372,540.		4,221,598.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	43,258,184.	Beginning of Current Year	51,534,069.
	21 Total liabilities (Part X, line 26) .....	3,470,332.	End of Year	4,182,433.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	39,787,852.		47,351,636.

**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.

<b>Sign Here</b>	Signature of officer: <u>CLIENT'S COPY</u>	Date	
	Type or print name and title: <u>Robert A. Hansen, Jr.</u>		<u>President</u>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <u>Velda K. Kammermann</u>	Preparer's signature: <u>[Signature]</u>	Date: <u>7-20-2021</u>
	Firm's name: ▶ <u>KAMMERMANN &amp; BASCOM PC</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P01056809</u>
	Firm's address: ▶ <u>110 PARK AVENUE</u>	Firm's EIN ▶ <u>38-2763936</u>	
	<u>CHARLEVOIX, MI 49720</u>	Phone no. <u>(231) 547-4911</u>	

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Awarding grants and scholarships.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 2,861,479. including grants of \$ 2,471,263.) (Revenue \$ )

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

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

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

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

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

4e Total program service expenses 2,861,479.

**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 Schedule B, Schedule of Contributors 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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.....	10	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	11 a	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....	11 b		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....	11 c		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	11 d		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11 e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	11 f		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.....	12 a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	12 b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	13		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?.....	14 a		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.....	14 b		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
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....	20 a		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....	20 b		
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	

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

	Yes	No
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	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? <i>If 'Yes,' complete Schedule J.</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		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, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .		
	2a 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
	2b		
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
	3a		
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O . . . . .		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
	4a		
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
	5b		
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
	6a		
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
	7a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
	7c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
	9b		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders. . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . .	13b	
c	Enter the amount of reserves on hand . . . . .	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . .	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	15	X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	16	X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1 a</b> 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1 b</b> 15		
<b>2</b> 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? . . . . .	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		X
<b>7 a</b> 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? . . . . .	<b>7 a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8 b</b>	X	
<b>9</b> 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 on Schedule O . . . . .	<b>9</b>		X

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

		Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10 a</b>		X
<b>b</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? . . . . .	<b>10 b</b>		
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11 a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O . . . . .			
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	<b>12 a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12 b</b>	X	
<b>c</b> 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 . . . . .	<b>12 c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official. See Schedule O . . . . .	<b>15 a</b>	X	
<b>b</b> Other officers or key employees of the organization. See Schedule O . . . . .	<b>15 b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16 a</b>		X
<b>b</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? . . . . .	<b>16 b</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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 Robert A. Hansen, Jr. 301 Water Street East Jordan MI 49727 231-536-2440

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

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

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

1 a 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Robert Hansen, Jr. President	40 0			X			112,166.	0.	0.
(2) Josette Lory Chair	2 0	X		X			0.	0.	0.
(3) Don Jess Vice-Chair	2 0	X		X			0.	0.	0.
(4) Lori Meeder Treasurer	2 0	X		X			0.	0.	0.
(5) Fred Malpass Secretary	2 0	X		X			0.	0.	0.
(6) Scott Diller Trustee	1 0	X					0.	0.	0.
(7) Tim Manchester Trustee	1 0	X					0.	0.	0.
(8) Carol Burton Trustee	1 0	X					0.	0.	0.
(9) Evelyn Howell Trustee	1 0	X					0.	0.	0.
(10) Bob Hoffman Trustee	1 0	X					0.	0.	0.
(11) Perry Irish Hodgson Trustee	1 0	X					0.	0.	0.
(12) John Doskoch Trustee	1 0	X					0.	0.	0.
(13) Monica Peck Trustee	1 0	X					0.	0.	0.
(14) Bill Lorne Trustee	1 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Tami Vincent Trustee	1 0	X					0.	0.	0.
(16) Jennifer Boyer Trustee	1 0	X					0.	0.	0.
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1 b Subtotal</b>							112,166.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							112,166.	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 <b>1</b>									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes,' complete Schedule J for such person.</i>		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 Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns					
	<b>1 b</b> Membership dues					
	<b>1 c</b> Fundraising events					
	<b>1 d</b> Related organizations					
	<b>1 e</b> Government grants (contributions)	69,322.				
	<b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above	4,149,022.				
	<b>1 g</b> Noncash contributions included in lines 1a-1f	671,618.				
	<b>1 h Total.</b> Add lines 1a-1f	4,218,344.				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> -----					
	<b>2 b</b> -----					
	<b>2 c</b> -----					
	<b>2 d</b> -----					
	<b>2 e</b> -----					
	<b>2 f</b> All other program service revenue					
<b>2 g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		992,083.		992,083.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6 b</b> Less: rental expenses				
		<b>6 c</b> Rental income or (loss)				
	<b>6 d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7 b</b> Less: cost or other basis and sales expenses				
		<b>7 c</b> Gain or (loss)				
	<b>7 d</b> Net gain or (loss)		2,176,534.		2,176,534.	
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8 a</b>				
		<b>8 b</b> Less: direct expenses				
<b>8 c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9 a</b>					
	<b>9 b</b> Less: direct expenses					
	<b>9 c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10 a</b>					
	<b>10 b</b> Less: cost of goods sold					
	<b>10 c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
	<b>11 a</b> -----					
	<b>11 b</b> -----					
	<b>11 c</b> -----					
	<b>11 d</b> All other revenue					
<b>11 e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		7,386,961.	0.	0.	3,168,617.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	2,275,550.	2,275,550.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....	195,713.	195,713.		
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.....	112,166.	39,258.	50,475.	22,433.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	49,514.	27,233.	17,330.	4,951.
7 Other salaries and wages.....	164,708.	82,508.	23,351.	58,849.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	17,965.	8,201.	5,018.	4,746.
9 Other employee benefits.....	33,906.	15,478.	9,470.	8,958.
10 Payroll taxes.....	27,526.	12,566.	7,688.	7,272.
11 Fees for services (nonemployees):				
a Management.....				
b Legal.....	164.	90.	49.	25.
c Accounting.....	15,687.	8,628.	4,706.	2,353.
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.).....	5,082.	2,795.	1,525.	762.
12 Advertising and promotion.....	14,138.	7,775.	2,121.	4,242.
13 Office expenses.....	20,415.	11,228.	6,125.	3,062.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	26,975.	14,836.	8,093.	4,046.
17 Travel.....	10,613.	5,837.	3,184.	1,592.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings....	7,461.	4,104.	2,238.	1,119.
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization...	17,951.	9,873.	5,385.	2,693.
23 Insurance.....				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a <u>Life insurance premiums</u> .....	103,112.	103,112.		
b <u>Consulting Services</u> .....	51,935.	28,564.	15,581.	7,790.
c <u>Supplies</u> .....	7,926.	4,359.	2,378.	1,189.
d <u>Dues and subscriptions</u> .....	6,856.	3,771.	2,057.	1,028.
e All other expenses.....				
25 Total functional expenses. Add lines 1 through 24e....	3,165,363.	2,861,479.	166,774.	137,110.
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 Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash – non-interest-bearing.....	100,067.	1	100,388.
	2 Savings and temporary cash investments.....	2,804,908.	2	3,374,118.
	3 Pledges and grants receivable, net.....	27,192.	3	33,916.
	4 Accounts receivable, net.....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	3,005.	9	3,005.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 567,844.		
	b Less: accumulated depreciation.....	10b 154,078.	431,717.	10c 413,766.
	11 Investments – publicly traded securities.....	39,891,295.	11	47,608,876.
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....	43,258,184.	16	51,534,069.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses.....	17,449.	17	11,000.
	18 Grants payable.....	316,766.	18	295,388.
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....	56,069.	21	6,166.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		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.....	3,080,048.	25	3,869,879.
	26 <b>Total liabilities.</b> Add lines 17 through 25.....	3,470,332.	26	4,182,433.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions.....	821,535.	27	845,243.
	28 Net assets with donor restrictions.....	38,966,317.	28	46,506,393.
	<b>Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 <b>Total net assets or fund balances.</b> .....	39,787,852.	32	47,351,636.
33 <b>Total liabilities and net assets/fund balances.</b> .....	43,258,184.	33	51,534,069.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,386,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,165,363.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,221,598.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,787,852.
5	Net unrealized gains (losses) on investments	5	4,132,017.
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 on Schedule O). See Schedule O	9	-789,831.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,351,636.

**Part XII Financial Statements and Reporting**

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

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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <b>Charlevoix County Community Foundation</b>	Employer identification number <b>38-3033739</b>
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**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)						
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	6,429,029.	2,654,907.	1,751,296.	2,182,875.	4,218,344.	17,236,451.
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	6,429,029.	2,654,907.	1,751,296.	2,182,875.	4,218,344.	17,236,451.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,474,712.
6 Public support. Subtract line 5 from line 4						10,761,739.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,429,029.	2,654,907.	1,751,296.	2,182,875.	4,218,344.	17,236,451.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	616,789.	1,338,261.	1,446,866.	1,158,596.	992,083.	5,552,595.
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.)	-2,558.	307,947.	482,191.	1,895,278.	2,176,534.	4,859,392.
11 Total support. Add lines 7 through 10						27,648,438.
12 Gross receipts from related activities, etc. (see instructions)					12	4,800.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	38.92 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	40.24 %

- 16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
- b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17.	<b>18</b>	%

- 19a 33-1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- b 33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.		
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)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 governmental entity (see instructions).

**2** Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations. Answer lines 3a and 3b 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? *If 'Yes' or 'No,' provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 .....			
<b>b</b> From 2016 .....			
<b>c</b> From 2017 .....			
<b>d</b> From 2018 .....			
<b>e</b> From 2019 .....			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 .....			
<b>b</b> Excess from 2017 .....			
<b>c</b> Excess from 2018 .....			
<b>d</b> Excess from 2019 .....			
<b>e</b> Excess from 2020 .....			

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**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	2020	2019	2018	2017	2016
Gain (Loss) on the sale of securities					
	\$2,176,534.	\$1,895,278.	\$ 482,191.	\$ 307,947.	\$ -2,558.
Total	<u>\$2,176,534.</u>	<u>\$1,895,278.</u>	<u>\$ 482,191.</u>	<u>\$ 307,947.</u>	<u>\$ -2,558.</u>

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.

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

OMB No. 1545-0047

2020

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year. Also includes questions 5 and 6 regarding donor advised funds and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements, their purposes, and monitoring.

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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1 and 2 regarding reporting of art, historical treasures, and other similar assets.

**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 make 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 program
- 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
c Beginning balance	1 c 56,069.
d Additions during the year	1 d 5,549.
e Distributions during the year	1 e 55,452.
f Ending balance	1 f 6,166.

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	33,170,708.	27,461,678.	30,047,656.	25,676,480.	24,600,368.
b Contributions	2,299,476.	826,718.	1,330,267.	918,300.	954,629.
c Net investment earnings, gains, and losses	5,982,762.	6,255,838.	-2,470,586.	4,865,469.	1,646,445.
d Grants or scholarships	629,022.	552,460.	547,034.	818,344.	705,652.
e Other expenditures for facilities and programs	1,084,891.	821,066.	898,625.	594,249.	819,310.
f Administrative expenses					
g End of year balance	39,739,033.	33,170,708.	27,461,678.	30,047,656.	25,676,480.

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

- a Board designated or quasi-endowment ▶ 16.03 %
- b Permanent endowment ▶ 83.97 %
- c Term 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:

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. 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		460,967.	82,722.	378,245.
c Leasehold improvements				
d Equipment		81,877.	71,356.	10,521.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 413,766.

**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) -----		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Funds Held on Behalf of Agencies	3,869,879.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	3,869,879.

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 FASB 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	10,729,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2a	4,132,017.	
	b Donated services and use of facilities.....	2b		
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.) See Part XIII.....	2d	-789,831.	
	e Add lines 2a through 2d.....			2e 3,342,186.
3	Subtract line 2e from line 1.....			3 7,386,961.
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 7,386,961.

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

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

1	Total expenses and losses per audited financial statements.....		1	3,165,363.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2a		
	b Prior year adjustments.....	2b		
	c Other losses.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....			2e
3	Subtract line 2e from line 1.....			3 3,165,363.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....			5 3,165,363.

**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



**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 D, Part XI, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

Funds held on behalf of other agencies.....	\$	-789,831.
Total	\$	<u>-789,831.</u>

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

## 2020

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

### Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

### 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 non-cash assistance	(h) Purpose of grant or assistance
(1) See Attached Schedule, MI 49727			2,275,550.	0.			See Attached Schedule
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Educational Scholarships	38	195,613.			
2 Public Protection	1	100.			
3					
4					
5					
6					
7					

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

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

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

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

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

Client C1005

Charlevoix County Community Foundation

38-3033739

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**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 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)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						▶ \$						

**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) 2020

**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 Pre	49,514.	Wages for Employment		X
(2)					
(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)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Charlevoix County Community Foundation

Employer identification number

38-3033739

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	10	671,618	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 V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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

Schedule M (Form 990) 2020

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

---

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

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Charlevoix County Community Foundation

Employer identification number

38-3033739

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

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

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

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

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

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

Name of the organization

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.

**Form 990, Part XI, Line 9  
Other Changes In Net Assets Or Fund Balances**

Transfer to funds held on behalf of other agencies.....	\$	-789,831.
	Total	<u>\$ -789,831.</u>

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

OMB No. 1545-0047

▶ **File a separate application for each return.**  
 ▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	Charlevoix County Community Foundation	38-3033739
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. Box 718	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 20 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 .....	<b>3a</b>	\$	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 .....	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3c</b>	\$	0.

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

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

Form **8868** (Rev. 1-2020)

07/12/2021

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Charlevoix County Community Foundation

Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
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
Akron Community Foundation 345 West Cedar Street Akron, OH 44307	34-1087615	501(C)(3)	10,000				in loving memory of Ted Karman		
B.A.S.E.S. Recovery Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C)(3)	800				to support remote recovery access		
B.A.S.E.S. Recovery Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C)(3)	4,518				support the programs and services of the Bay Area Substance Education Services (B.A.S.E.S.)		
B.A.S.E.S. Recovery Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C)(3)	2,000				to support remote recovery access		
B.A.S.E.S. Recovery Center 208 W. Lincoln Charlevoix, MI 49720	38-3159363	501(C)(3)	5,000				to support Chx EMS employees during COVID-19		
Basilica of Saint Mary Star of the Sea 1010 Windsor Lane Key West, FL 33040	59-6015970	501(C)(3)	5,000				for the Soup Kitchen		
Beaver Island Community Center PO Box 494 Beaver Island, MI 49782	38-3192993	501(C)(3)	9,909				for general operations		

Charlevoix County Community Foundation

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Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C)(3)	5,000				for general support and technology upgrades		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C)(3)	594				for general operations		
Beaver Island Cultural Arts Association PO Box 326 Beaver Island, MI 49782	30-0349542	501(C)(3)	4,000				for rebranding and website overhaul		
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782	38-6087750	501(C)(3)	7,000				to replace the flooring in the Print Shop Museum		
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782	38-6087750	501(C)(3)	3,961				for general operations		
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782	38-6087750	501(C)(3)	12,614				for roof on the BI Historical Society addition		
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782	38-6087750	501(C)(3)	5,000				for general support		

Charlevoix County Community Foundation

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Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.  
 Tax Year 2020  
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Beaver Island Historical Society of Michigan PO Box 263 Beaver Island, MI 49782	38-6087750	501(C)(3)		910			support programs, projects and operations of the Beaver Island Historical Society.		
Beaver Island Rural Health Center PO Box 146 Beaver Island, MI 49782	38-3299988	501(C)(3)	72,072				for general operations		
Beaver Island Rural Health Center PO Box 146 Beaver Island, MI 49782	38-3299988	501(C)(3)	175,000				to support operations		
Big Brothers/Big Sisters of NW Michigan, Inc. 900 E. Front St., Suite 125 Traverse City, MI 49684	23-7043163	501(C)(3)	2,100				to expand to middle school age group in Chx		
Big Brothers/Big sisters of NW Michigan, Inc. 900 E. Front St., Suite 125 Traverse City, MI 49684	23-7043163	501(C)(3)	4,000				for One-to-One Mentoring for Children in Charlevoix & Emmet		
Boulder Park Terrace 14676 West Upright Charlevoix, MI 49720	38-3038683	501(C)(3)	5,000				to purchase tablets and computers for residents		

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Charlevoix County Community Foundation

Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
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
Boulder Park Terrace 14676 West Upright Charlevoix, MI 49720	38-3038683	501(C)(3)	2,000				to purchase tablets and computers for residents		
Boyerne Area Gymnastics 611 Beardsley St. Boyerne City, MI 49712	38-2707101	501(C)(3)	5,000				for general support		
Boyerne Area Gymnastics 611 Beardsley St. Boyerne City, MI 49712	38-2707101	501(C)(3)	1,000				for general operations		
Boyerne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyerne City, MI 49712		501(C)(3)	2,300				for start up costs for MS robotics program		
Boyerne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyerne City, MI 49712		501(C)(3)	1,000				to purchase outdoor MS classrooms		
Boyerne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyerne City, MI 49712		501(C)(3)	2,500				for behavior support and mentorship for Middle School students		
Boyerne City Public Schools Early Childhood Bldg. 321 S. Park Street Boyerne City, MI 49712		501(C)(3)	1,000				to purchase chairs for senior citizen yoga		



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Charlevoix County Community Foundation

Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
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
Boyer County Community Center, Inc. PO Box 323 Boyer City, MI 49712	27-0546245	501(C)(3)	9,900				for general operations		
Boyer District Library 201 East Main Street Boyer City, MI 49712		501(C)(3)	12,942				for general operations		
Boyer District Library 201 East Main Street Boyer City, MI 49712		501(C)(3)	8,700				for general operations.		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C)(3)	5,000				for general support		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C)(3)	3,778				for general operations		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C)(3)	500				for the Girls Bath House Project		
Camp Daggett 03001 Church Road Petoskey, MI 49770	38-1617980	501(C)(3)	5,000				for general operations		

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Charlevoix County Community Foundation

Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
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
Char-Em United Way PO Box 1701 Petoskey, MI 49770-1701	23-7049778	501(C)(3)	250				for unrestricted purposes		
Char-Em United Way PO Box 1701 Petoskey, MI 49770-1701	23-7049778	501(C)(3)	5,000				to support COVID19 response efforts for citizens of Chx Co		
Char-Em United Way PO Box 1701 Petoskey, MI 49770-1701	23-7049778	501(C)(3)	500				to support Project Connect 2020		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	21,123				for general operations		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	1,000				for emergency operational support during COVID-19		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	10,000				for general operations		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	1,821				support the general operations of the Charlevoix Area Community Pool.		

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Grantees 990 - Part 2 Organizations  
 Grantees receiving 55000 or more.  
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	5,000				for general support		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	12,511				for general operations		
Charlevoix Area Community Pool 11905 US 31 North Charlevoix, MI 49720	38-3219489	501(C)(3)	10,000				for general operations		
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(C)(3)	500				for maintenance of the CAHS building		
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(C)(3)	1,282				for general operations		
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(C)(3)	8,700				for general operations.		
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(C)(3)	5,000				to support Rylie cases		

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Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
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Name, address, and zip	ETIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Area Humane Society 614 Beardsley Boyne City, MI 49712	38-2107163	501(C)(3)					for general operations		
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)	-5,000				to extend marketing for the Dorothy Gerber Strings Program		
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)	60				for unrestricted purposes		
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)	5,000				for general support		
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)	1,000				for general operations		
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)	5,000				for emergency exit door		
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)	750				to purchase ballet barres for dance classes		

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Grantees 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.  
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)	2,000				for general operations		
Charlevoix Circle of Arts PO Box 617 Charlevoix, MI 49720	26-2637019	501(C)(3)		250			for general support		
Charlevoix County 4-H Council MSU Extension 319 B North Lake Street Boyer City, MI 49712	20-0597157	501(C)(3)	10,000				for general support of kids programs		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)		500			for general operations		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	10,000				to properly store historic photos & documents		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)		200			for Ralph Hamilton membership donation		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	17,000				for renovations of front foyer & stairs at Harsha House and a		

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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
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2536672	501(C)(3)	13,000				for basement waterproofing at the Depot		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	200				in memory of Arthur Ranger		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	360				for unrestricted purposes		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	5,000				for general support		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	7,251				support the maintenance of Harsha House and advance the mission of the Charlevoix Historical Society through classes, exhibits, workshops and other related endeavors.		
Charlevoix Historical Society P.O. Box 525 Charlevoix, MI 49720	38-2636672	501(C)(3)	-25,000				for matching dollars raised to replace the roof of The Depot		

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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
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720		501(C)(3)	25,023				for general operations		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720		501(C)(3)	300				for the Jazz at the Library Program		
Charlevoix Public Library 220 W. Clinton Street Charlevoix, MI 49720		501(C)(3)	5,000				for the Capital Maintenance Fund		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	2,000				for the Kid's Closet in the Elementary School		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	941				to support music education in Charlevoix Public Schools		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	434				to support music education in Charlevoix Public Schools		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	2,300				for additional supplies for school nurses		

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Grantee 990 - Part 2 Organizations  
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	5,000				for the Robotics Team		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	4,353				for the new light control board in the Auditorium		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	340				to support music education in Charlevoix Public Schools		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	-1,000				for the 2018-2019 CES Learn to Serve program		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	7,500				for food cards for Charlevoix students and families		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	1,000				support for Charlevoix Robotics Team at Charlevoix High School		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	1,775				support the Charlevoix Public Schools music education 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
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	600				provide support for students enrolled in music programs at Charlevoix Public Schools.		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	775				support music education in Charlevoix Public Schools.		
Charlevoix Public Schools 104 E. St. Marys Drive Charlevoix, MI 49720	38-6027952	501(C)(3)	358				support educational opportunities for area students.		
Child & Family Services of NW Michigan, Inc. & Third Level Crisis Center 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C)(3)	1,197				2020 agency distribution		
Child & Family Services of NW Michigan, Inc. & Third Level Crisis Center 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C)(3)	2,500				for annual support to apply where needed most		
Child & Family Services of NW Michigan, Inc. & Third Level Crisis Center 3785 Veterans Drive Traverse City, MI 49684	38-2534222	501(C)(3)	5,000				for general support		

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Grantee 990 - Part 2 Organizations  
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Deser Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Christ Episcopal Church PO Box 385 Charlevoix, MI 49720		501(C)(3)	18,085				to support the program services of the Christ Episcopal Church of Charlevoix		
City of Boyne City 319 N. Lake Street Boyne City, MI 49712		501(C)(3)	5,000				for Farmers Market general support		
City of Boyne City 319 N. Lake Street Boyne City, MI 49712		501(C)(3)	912				for the purchase of bike helmets for the 4th grade Bike Safety Program		
City of Boyne City 319 N. Lake Street Boyne City, MI 49712		501(C)(3)	20,000				for the final stages of the Boyne Valley Trailway		
City of Boyne City 319 N. Lake Street Boyne City, MI 49712		501(C)(3)	3,655				for a new bike for BCPD bike patrol		
City of Boyne City 319 N. Lake Street Boyne City, MI 49712		501(C)(3)	1,000				to purchase and install pitching bull pen & batting cage		
City of Boyne City 319 N. Lake Street Boyne City, MI 49712		501(C)(3)	2,650				for wayfinding signage on the BC to BV trail		

Charlevoix County Community Foundation

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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
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)		900			to put signage up for hammock project		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	4,000				for signs designating historic district		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	5,000				for COVID relief funds for Chx small businesses		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	1,000				for Little League Girls Softball Field Resurfacing		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	4,000				for repairs to Carpenter softball field in Charlevoix		
City of Charlevoix 210 State Street Charlevoix, MI 49720	38-6004543	501(C)(3)	621				help make any needed improvements to the cemetery.		
City of Charlevoix DDA 210 State Street Charlevoix, MI 49720	386004543	501(C)(3)	7,500				to support Downtown Charlevoix businesses through the COVID 19 crisis		

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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
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	1,500				for UV cleaning lights for police and fire vehicles		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	3,800				annual distribution from the fund		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	23,500				for repairs to Loveday softball field in East Jordan		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	5,000				for water rescue equipment		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	4,564				supplemental revenue for the up-keep and/or replacement of recreational equipment and facility maintenance in the City of East Jordan owned parks.		
City of East Jordan PO Box 499 East Jordan, MI 49727	38-6033590	501(C)(3)	16,248				for waste/recycling containers in city parks		
Communities in Schools of NW Michigan 205 Grove Street Mancelona, MI 49659		501(C)(3)	5,000				for general support		

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Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
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Fiscal Sponsor Sponsor's EIN

Purpose of Grant or Assistance

Descr Assistance

Valuation Method

Non-Cash Grant

Cash Grant

IRC Code

EIN

Name, address, and zip

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Community Foundation Serving Boulder County 1123 Spruce Street Boulder, CO 80302	84-1171836	501(C)(3)		10,000			for the Serendipity Fund		
Conservation Resource Alliance 10850 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C)(3)		15,000			for conservation projects		
Conservation Resource Alliance 10850 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C)(3)		20,000			for the bridge projects on the Jordan River		
Conservation Resource Alliance 10850 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C)(3)		5,000			for Great Lakes preservation and restoration		
Conservation Resource Alliance 10850 Traverse Hwy., Suite 1111 Traverse City, MI 49684	38-2181915	501(C)(3)		10,000			for engineering river crossing solutions on the Jordan River		
Creativity Foundation 315 Post Street Midland, MI 48640	38-2852321	501(C)(3)		30,000			for general operations		

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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
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	750				2020 agency distribution		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	5,000				for general operations		
Crooked Tree Arts Council 461 E. Mitchell Street Petoskey, MI 49770	23-7187264	501(C)(3)	5,000				for general support		
Crossroads Ecumenical Resale Shop PO Box 937 East Jordan, MI 49727	20-2482132	501(C)(3)	5,000				for basic needs relief funds		
Dental Clinics North 220 W. Garfield Charlevoix, MI 49720		501(C)(3)	5,000				for PPE for emergency dental workers		
East Jordan Ambulance Association P.O. Box 223 East Jordan, MI 49727	35-2163216	501(C)(3)	5,000				for Advanced Burn Life Support training		
East Jordan Ambulance Association P.O. Box 223 East Jordan, MI 49727	35-2163216	501(C)(3)	3,100				to purchase PPE & cleaning supplies		

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Ambulance Association P.O. Box 223 East Jordan, MI 49727	35-2163216	501 (C) (3)		2,500			for increased safety measures and software		
East Jordan Ambulance Association P.O. Box 223 East Jordan, MI 49727	35-2163216	501 (C) (3)		564			support the operations of the East Jordan EMS.		
East Jordan Ambulance Association P.O. Box 223 East Jordan, MI 49727	35-2163216	501 (C) (3)	14,000				for equipment to help treat and transport COVID patients		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	22,000				to support start-up costs for a new daycare center		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	2,000				for art supplies for the MS & HS in 2020-2021		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	2,721				to support the needs of disadvantaged EJPS students		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501 (C) (3)	2,500				to purchase emergency radio for EJPS		

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Name, address, and zip	ETN	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)	29,300				for the Community Pool Manager position		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,000				to purchase rest cots for EJPS preschool		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,000				to support the cross country and track teams with entry fees, running gear for students, and meals/lodging for meets		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,925				to purchase vape sensors at EUPS		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,000				to purchase lifting platforms for fitness facility		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	9,880				for outdoor learning equipment/supplies		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	8,647				for systems to support student learning loss/intervention		



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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,000				for art supplies for the ES in 2020-2021		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	7,500				for food cards for families in need		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,000				for the Cross Country team's fall 2020 season		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	18,500				to clean up topsoil and plant grass on former junkyard		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	12,539				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	3,760				student participation in the Young Americans Workshop		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	200				for basketballs for the Middle School girls team		

Grantee 990 - Part 2 Organizations  
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	8,934				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	5,456				to support the needs of disadvantaged EJFS students		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	8,314				to purchase new stage sections for use at graduation and other events		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	1,700				to purchase a reel to roll up lane line equipment at the Pool		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	3,000				to purchase a new pool vacuum		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	-37				to support the David and Joan Burch Scholarship		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	2,263				for general operations		

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	4,144				for special COVID cleaning equipment		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	250				for the Extravaganza Fundraiser		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	3,500				for the cost of bringing a certified therapy dog to the District.		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	11,176				for general operations		
East Jordan Public Schools PO Box 399 East Jordan, MI 49727	38-2137029	501(C)(3)	3,960				for school lunch distribution support		
East Jordan Rotary Club Charities PO Box 195 East Jordan, MI 49727	47-4513667	501(C)(3)	4,238				provide students with the opportunity for exposure to new cultural experiences and freindships in other parts of the world.		
East Jordan Rotary Club Charities PO Box 195 East Jordan, MI 49727	47-4513667	501(C)(3)	1,051				support the operation of the Strive program.		

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Ellsworth Community School 9467 Park Street Ellsworth, MI 49729	38-6000402	501(C)(3)		12,511			for general operations		
Evangeline Township PO Box 396 Boyne City, MI 49712	38-3016050	501(C)(3)	14,175				to develop a trail master plan		
Florida Keys Outreach Coalition PO Box 4767 Key West, FL 33041	65-0409898	501(C)(3)	5,000				for HUD training (\$2,040) and transitional emergency shelters (\$2,960)		
FLOW 153 1/2 E Front Street, 203 C Traverse City, MI 49684	454370935	501(C)(3)	30,000				for 3 years of support for establishing a legal director position		
Friends of the Jordan River Watershed, Inc. PO Box 412 East Jordan, MI 49727-0412	38-3025586	501(C)(3)	16,000				to study and restore fish habitat		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	2,000				to serve Charlevoix County families in need		

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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
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	900				for personal care items		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	5,000				to provide add assistance to Chx Co citizens due to Covid19		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	2,500				for general operations		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	5,000				to serve Chx County families in need		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	1,000				for His House		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	3,000				to restock shoes and boots at Sammy's Shoes		
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)	1,000				for the Moms & Tots Center		

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Grantee 990 - Part 2 Organizations  
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Good Samaritan Family Services PO Box 206 Ellsworth, MI 49729	38-3469219	501(C)(3)		5,000			for general operations		
Grand Traverse Regional Community Foundation 223 Lake Avenue, Suite B Traverse City, MI 49684-2552	38-3056434	501(C)(3)		10,000			for the Serendipity Fund		
Great Lakes Center for the Arts 800 Bay Harbor Drive Bay Harbor, MI 49770	46-4121514	501(C)(3)		5,000			for travel costs associated with the DGSP		
Great Lakes Center for the Arts 800 Bay Harbor Drive Bay Harbor, MI 49770	46-4121514	501(C)(3)		5,000			for general operations		
Great Lakes Center for the Arts 800 Bay Harbor Drive Bay Harbor, MI 49770	46-4121514	501(C)(3)		5,000			for general operations		
Great Lakes Center for the Arts 800 Bay Harbor Drive Bay Harbor, MI 49770	46-4121514	501(C)(3)		5,000			for Dorothy Gerber Strings 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
Great Lakes Chamber Orchestra 219 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	20,000				for general operations		
Great Lakes Chamber Orchestra 219 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	300				for general operations		
Great Lakes Chamber Orchestra 219 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	1,000				in lieu of Crescendo for general operations		
Great Lakes Chamber Orchestra 219 E Lake St Petoskey, MI 49770	30-0084912	501(C)(3)	5,000				for general support		
Harbor Springs Public Schools 800 State Road Harbor Springs, MI 49740		501(C)(3)	5,000				for the Blackbird Child Care Center Scholarship Fund		
Health Department of Northwest Michigan 220 W. Garfield Street Charlevoix, MI 49720		501(C)(3)	3,000				for dental care kits & education		
Health Department of Northwest Michigan 220 W. Garfield Street Charlevoix, MI 49720		501(C)(3)	130,000				to support the School Nurse		

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Housing North PO Box 506 Traverse City, MI 49685-0506	83-3499967	501(C)(3)		1,000			for the Housing Conservancy Program		
Housing North PO Box 506 Traverse City, MI 49685-0506	83-3499967	501(C)(3)	84,000				to support the Housing Ready position		
Housing North PO Box 506 Traverse City, MI 49685-0506	83-3499967	501(C)(3)	20,000				to purchase a deed restriction in support of affordable housing		
Inland Seas Education Association 100 Dame Street PO Box 218 Suttons Bay, MI 49682	38-2866234	501(C)(3)		10,000			for the challenge grant		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C)(3)		4,500			for general support and website upgrade		
Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C)(3)		10,000			for general operations		



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Jordan River Arts Council PO Box 1178 East Jordan, MI 49727	38-2861979	501(C)(3)		861			for general operations		
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C)(3)	1,000				for non-membership support		
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C)(3)		50			for unrestricted purposes		
Lake Charlevoix Association PO Box 294 Charlevoix, MI 49720	38-2768079	501(C)(3)	10,000				to assess the impact of septic systems on Lake Charlevoix		
Leadership Charlevoix County EJ Chamber of Commerce PO Box 137 East Jordan, MI 49727	46-5138953			817			for general operations		
Leadership Charlevoix County EJ Chamber of Commerce PO Box 137 East Jordan, MI 49727	46-5138953						for general support		
Leelanau School One Old Homestead Road Glen Arbor, MI 49636	38-6061392	501(C)(3)					for general operations		

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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
Leelanau School One Old Homestead Road Glen Arbor, MI 49636	38-6061392	501(C)(3)	10,000				for general operations		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	7,000				for parking area, trail, and signage at Hoffmann preserve		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	200				for annual membership		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	130				for unrestricted purposes		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	424				provide support for educational programs developed and implemented by the Little Traverse Conservancy.		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	5,000				for general support		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	10,000				for general operations		

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Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	1,000				for non-membership support		
Little Traverse Conservancy 3264 Powell Road Harbor Springs, MI 49740	23-7267810	501(C)(3)	500				for the Offield Family Viewlands		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	3,000				for general operations		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	2,500				for general support		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	7,500				to support pantries that serve Charlevoix County		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	250				for general operations		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	5,000				for replacement phone system		

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Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)		250			for unrestricted purposes		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	2,000				for Fresh Fruit for Charlevoix and Beaver Island Schools		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	10,000				to increase food availability to Charlevoix County pantries		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	5,000				to increase food availability to Charlevoix County pantries		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	4,000				to serve Charlevoix County families in need		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	5,000				to serve Charlevoix County families in need		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	1,000				for general operations		

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Name, address, and zip	EN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	5,000				for general operations		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	6,000				to feed Charlevoix County residents in need		
Manna Food Project 8791 McBride Park Drive Harbor Springs, MI 49740	38-2764533	501(C)(3)	1,000				for Charlevoix County food pantries		
Mayo Clinic Siebens Building, Ninth Floor 200 First Street SW Rochester, MN 55905-0001	41-6011702	501(C)(3)	10,000				for general operations		
Mayo Clinic PO Box 450 Albert Lea, MN 56007-9849		501(C)(3)	10,000				for general operations		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-24445611	501(C)(3)	5,000				for Smart Room Technology		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-24445611	501(C)(3)	5,000				for the Burns Infusion Center		

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McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	5,000				for general operations		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	5,000				for Children's Bereavement Program in Boyne City		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	6,000				for Stroke and Brain Injury Support		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	3,000				to honor all nurses through the Emergency Room Response Fund		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	1,000				to purchase Powered Air Purifying Respirators		
McLaren Northern Michigan Foundation 360 Connable Street Petoskey, MI 49770	38-2445611	501(C)(3)	5,000				to purchase Powered Air Purifying Respirators		

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McLaren Northern Michigan Foundation 360 Connable Street Potoskey, MI 49770	38-2445611	501(C)(3)		1,000			for the Emergency Response Fund		
McLaren Northern Michigan Foundation 360 Connable Street Potoskey, MI 49770	38-2445611	501(C)(3)	5,000				for PPE to protect healthcare workers		
Michigan Dept of Natural Resources, Fisheries Division Cashier's Office - Attn MDNR Fisheries P.O. Box 30451 Iansing, MI 48909-7951		501(C)(3)	15,000				for the Oden Fish Hatchery solar energy project		
Michigan Floral Foundation 1152 Haslett Rd. Haslett, MI 48840	20-8272247	501(C)(3)	5,000				support scholarships for students, as directed by the Michigan Floral Association, who show an interest in floral arranging.		
Mc Pleasant Community Foundation PO Box 1283 Mt. Pleasant, MI 48858	38-2951873	501(C)(3)	5,000				for the William Brehm Memorial Fund		
Munson Healthcare Charlevoix Hospital 14700 Lake Shore Drive Charlevoix, MI 49720		501(C)(3)	8,265				for general operations		

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Munson Healthcare Charlevoix Hospital 14700 Lake Shore Drive Charlevoix, MI 49720		501(C)(3)		120			for unrestricted purposes		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)		3,000			for patient assistance needs		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)		1,000			for general operations		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)		500			for general operations of Munson Healthcare Charlevoix Hospital		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)		500			for greatest needs in response to the Coronavirus		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)		5,000			for the local COVID-19 response		



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Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)	5,000				for unrestricted purposes, to apply where most needed		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)	5,000				for general operations		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)	1,500				for the Charlevoix Cancer Patient Needs Fund		
Munson Healthcare Foundations 1150 Medical Campus Drive Traverse City, MI 49684	38-2642724	501(C)(3)	5,000				for Gifts of Love - Charlevoix Home for the Holly Daze fundraiser		
North Central Michigan College Foundation 1515 Howard Street Petoskey, MI 49770	38-2910328		2,500				for general operations		
North Central Michigan College Foundation 1515 Howard Street Petoskey, MI 49770	38-2910328		1,000				for the Building Tomorrow Together campaign		

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North Central Michigan College Foundation 1515 Howard Street Petoskey, MI 49770	38-2910328		5,000				to support the Student Emergency Fund		
North Central Michigan College Foundation 1515 Howard Street Petoskey, MI 49770	38-2910328		352				to support tuition for Chx County students attending NCMC		
Northern Community Mediation 415 State Street Petoskey, MI 49770	38-3161108	501(C)(3)	3,000				for general support		
Northern Community Mediation 415 State Street Petoskey, MI 49770	38-3161108	501(C)(3)	50				reimbursement for Charlevoix County Veterans Services		
Northern Community Mediation 415 State Street Petoskey, MI 49770	38-3161108	501(C)(3)	100				reimbursement for Charlevoix County Veterans Services		
Northern Community Mediation 415 State Street Petoskey, MI 49770	38-3161108	501(C)(3)	1,000				for general operations		
Northern Community Mediation 415 State Street Petoskey, MI 49770	38-3161108	501(C)(3)	1,000				for general support		

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Northern Homes CDC PO Box 86 Boyne City, MI 49712	38-3395829	501(C)(3)	5,000				for general support and foreclosure education		
Northern Michigan Equine Therapy 05025 Church Street Boyne City, MI 49712	30-0838013	501(C)(3)	10,000				for mental health professional support		
Northern Michigan Equine Therapy 05025 Church Street Boyne City, MI 49712	30-0838013	501(C)(3)	10,000				for general support		
Northern Michigan Equine Therapy 05025 Church Street Boyne City, MI 49712	30-0838013	501(C)(3)	1,000				to install sensory stations at NMEET		
Northwest MI Hospice Assis 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C)(3)	8,700				for general operations.		
Northwest MI Hospice Assis 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C)(3)	-4,459				for rebranding and marketing efforts		
Northwest MI Hospice Assis 220 W Garfield Charlevoix, MI 49720	38-2391256	501(C)(3)	1,341				for general operations		

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Northwest Michigan Habitat for Humanity 1840 M 119 Unit 1 Petoskey, MI 49770	38-2971056	501(C)(3)	5,000				for general support		
Northwest Michigan Habitat for Humanity 1840 M 119 Unit 1 Petoskey, MI 49770	38-2971056	501(C)(3)	5,000				for general operations		
Northwest Michigan Habitat for Humanity 1840 M 119 Unit 1 Petoskey, MI 49770	38-2971056	501(C)(3)	400				for general operations		
Northwest Michigan Habitat for Humanity 1840 M 119 Unit 1 Petoskey, MI 49770	38-2971056	501(C)(3)	10,000				for Critical Home Repair Program.		
Northwest Michigan Habitat for Humanity 1840 M 119 Unit 1 Petoskey, MI 49770	38-2971056	501(C)(3)	3,000				for a Future Foundation		
Northwest Michigan Habitat for Humanity 1840 M 119 Unit 1 Petoskey, MI 49770	38-2971056	501(C)(3)	1,000				for holiday food assistance		
Northwest Michigan Habitat for Humanity 1840 M 119 Unit 1 Petoskey, MI 49770	38-2971056	501(C)(3)	15,750				for Critical Home Repair		

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Patrons of the Arts in Rural Communities 28599 Hideaway Trail PO Box 158 Beaver Island, MI 49782	46-2678233	501(C)(3)		5,000			for general support for Beaver Island Music Festival		
Petoskey-Harbor Springs Area Community Foundation 616 Petoskey Street, Suite 203 Petoskey, MI 49770	38-3032185	501(C)(3)		5,000			for the Jerolene Lewis Brown Charitable Youth Fund		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C)(3)		5,000			for general operations		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C)(3)		5,838			for Smart & Healthy Youth Programming		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C)(3)		4,500			for low-income women's healthcare		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C)(3)		1,000			for the Detroit Choice virtual event		

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Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C)(3)	4,030				2020 agency distribution		
Planned Parenthood of Michigan PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(C)(3)	21,000				for Reproductive Equity and Education for Women and Girls		
Planned Parenthood of the Pacific Southwest 1075 Camino del Rio South San Diego, CA 92108	956111785	501(C)(3)	5,000				for general operations		
Planned Parenthood of the Pacific Southwest 1075 Camino del Rio South San Diego, CA 92108	956111785	501(C)(3)	7,500				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	500				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	500				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	10,000				for general operations		

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Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	5,000				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	5,000				for general support		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	366				to support youth programming offered at Raven Hill Discovery Center or on location in the local schools.		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	1,661				for general operations		
Raven Hill Discovery Center 04737 Fuller Road East Jordan, MI 49727	38-3032707	501(C)(3)	1,000				to repair leaks at Raven Hill		
Rayder Den Food Pantry 203 May Street Charlevoix, MI 49720	83-4134288	501(C)(3)	5,000				for feeding families in Charlevoix		
Salvation Army 712 Pleasant Street Petoskey, MI 49770	38-1370971	501(C)(3)	5,000				to assist disadvantaged/displaced Chx Co citizens/families		

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Salvation Army 712 Pleasant Street Potoskey, MI 49770	38-1370971	501(C)(3)	500				for general operations		
Salvation Army 712 Pleasant Street Potoskey, MI 49770	38-1370971	501(C)(3)	12,000				for emergency financial assistance		
Salvation Army 712 Pleasant Street Potoskey, MI 49770	38-1370971	501(C)(3)	2,500				for general operations		
San Diego Social Venture Partners 6960 Flanders Dr San Diego, CA 92121-2974	26-4671099	501(C)(3)	5,000				for general operations		
Scripps Health Foundation PO Box 2669 La Jolla, CA 92038-2669		501(C)(3)	5,000				for Scripps Clinic / Scripps Green Hospital Chapter		
Serenity House Alano Club Charlevoix, Inc. 106 Mason Street Charlevoix, MI 49720	38-2660208	501(C)(3)	3,400				for general operations		
Serenity House Alano Club Charlevoix, Inc. 106 Mason Street Charlevoix, MI 49720	38-2660208	501(C)(3)	10,000				for general support		



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Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Serenity House Alamo Club Charlevoix, Inc. 106 Mason Street Charlevoix, MI 49720	38-2660208	501(C)(3)		3,400			for general operations		
St. James Township PO Box 85 Beaver Island, MI 49782		501(C)(3)	7,500				for short term solution to bring broadband internet to BI		
St. James Township PO Box 85 Beaver Island, MI 49782		501(C)(3)	909				for the Mt. Pisgah property donation		
St. Mary's Catholic Church 1003 Bridge Street Charlevoix, MI 49720	53-0196617	501(C)(3)	7,500				for Parish parking lot resurface and general operations		
St. Mary's Catholic School 1005 Bridge Street Charlevoix, MI 49720	38-1411193	501(C)(3)	10,000				for school security door system installation and General Operations		
St. Mary's Catholic School 1005 Bridge Street Charlevoix, MI 49720	38-1411193	501(C)(3)	850				to purchase a Swivl Robot for teaching remotely		
St. Mary's Catholic School 1005 Bridge Street Charlevoix, MI 49720	38-1411193	501(C)(3)	750				to support the annual staff donation		

Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.  
 Tax Year 2020  
 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
The Nature Conservancy 101 East Grand River Lansing, MI 48906-4348	53-0242652	501(C)(3)		10,000			for general operations		
Tip of the Mitt Watershed Council 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)		1,000			for non-membership support		
Tip of the Mitt Watershed Council 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	16,540				to help shoreline residents deal with high water levels		
Tip of the Mitt Watershed Council 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)		500			for general operations		
Tip of the Mitt Watershed Council 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)		200			for membership renewal		
Tip of the Mitt Watershed Council 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)	16,750				for general operations		
Tip of the Mitt Watershed Council 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)		140			for unrestricted purposes		

Charlevoix County Community Foundation

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Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5000 or more.  
 Tax Year 2020  
 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 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)		5,000			for general support		
Tip of the Mitt Watershed Council 426 Bay Street Petoskey, MI 49770	38-2361745	501(C)(3)					for general operations		
Top of Michigan Trails Council 1667 M-119 Petoskey, MI 49770	38-3263521	501(C)(3)	6,200				for engineering study to connector trail to downtown Charlevoix		
University Musical Society Burton Memorial Tower 881 North University Avenue Ann Arbor, MI 48109-1011	38-1545881	501(C)(3)	5,000				for general operations		
Walloon Lake Association and Conservancy PO Box 579 Walloon Lake, MI 49796	38-3608004	501(C)(3)	16,389				to support the well installation project at the Postle Farm Preserve		
Walloon Lake Association and Conservancy PO Box 579 Walloon Lake, MI 49796	38-3608004	501(C)(3)	8,400				for shoreline survey		

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Charlevoix County Community Foundation

Grantees 980 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
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
Women's Resource Center 423 Porter Street Potoskey, MI 49770	38-2302164	501(C)(3)	5,000				to assist Chx Co women/families impacted by COVID19		
Women's Resource Center 423 Porter Street Potoskey, MI 49770	38-2302164	501(C)(3)	1,000				in lieu of WCWD Charlevoix (Hubner table)		
Women's Resource Center 423 Porter Street Potoskey, MI 49770	38-2302164	501(C)(3)	12,000				for educational scholarships		
Women's Resource Center 423 Porter Street Potoskey, MI 49770	38-2302164	501(C)(3)	5,000				for general support		
Women's Resource Center 423 Porter Street Potoskey, MI 49770	38-2302164	501(C)(3)	3,374				for general operations		
Women's Resource Center 423 Porter Street Potoskey, MI 49770	38-2302164	501(C)(3)	1,216				support the programs and services of the Women's Resource Center of Northern Michigan.		
Women's Resource Center 423 Porter Street Potoskey, MI 49770	38-2302164	501(C)(3)	2,000				to serve Charlevoix County families in need		

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Charlevoix County Community Foundation

Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
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
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	5,000				for general operations		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	3,500				for general operations		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)		250			in lieu of WCWD Charlevoix		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)		125			for unrestricted purposes		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)		100			for the 100 Men Campaign		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	1,000				for general operations		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)	7,500				for general operations		

Grantee 990 - Part 2 Organizations  
Grantees receiving \$5000 or more.  
Tax Year 2020  
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
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)		1,000			for the 100 Men Campaign		
Women's Resource Center 423 Porter Street Petoskey, MI 49770	38-2302164	501(C)(3)		4,700			for Chx Co protocol for Child Advocacy Center		
YMCA of West Central Michigan 25 Sheldon Blvd SE Grand Rapids, MI 49503-4295	38-1359578	501(C)(3)	10,000				for general support in memory of Carolyn Wilson		