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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
Fremont Area Community Foundation

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
FREMONT, MI 494128721

F Name and address of principal officer:
CARLA A ROBERTS
4424 WEST 48TH STREET
FREMONT, MI 494128721

D Employer identification number

38-1443367

E Telephone number

(231) 924-5350

G Gross receipts \$ 45,431,389

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FACOMMUNITYFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1951

M State of legal domicile: MI

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 15

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 27

6 Total number of volunteers (estimate if necessary) 6 200

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 6,246,121 2,994,927

9 Program service revenue (Part VIII, line 2g) 172,336 177,065

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,058,265 7,478,826

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -5,883 -2,513

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,470,839 10,648,305

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 8,033,060 8,192,832

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,703,668 1,766,112

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶411,401

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,226,478 1,179,361

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 10,963,206 11,138,305

19 Revenue less expenses. Subtract line 18 from line 12 9,507,633 -490,000

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 214,005,010 245,106,378

21 Total liabilities (Part X, line 26) 6,172,238 6,442,701

22 Net assets or fund balances. Subtract line 21 from line 20 207,832,772 238,663,677

Part II Signature Block

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

Sign Here

Signature of officer
CARLA A ROBERTS, PRESIDENT AND CEO
Type or print name and title

2020-11-16
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ Rehmann Robson LLC
Firm's address ▶ 5800 Gratiot PO Box 2025
Saginaw, MI 486052025

Preparer's signature
Date 2019-09-17
Check ☐ if self-employed
PTIN P00066715
Firm's EIN ▶ 38-3567911
Phone no. (989) 799-9580

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 4,152,879 including grants of \$ 3,739,617) (Revenue \$ 178,554)
See Additional Data

4b (Code:) (Expenses \$ 2,372,501 including grants of \$ 2,136,410) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 1,991,370 including grants of \$ 1,793,205) (Revenue \$)
See Additional Data











(Code:) (Expenses \$ 581,461 including grants of \$ 523,600) (Revenue \$)

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 581,461 including grants of \$ 523,600) (Revenue \$)

4e Total program service expenses **▶** 9,098,211

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

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? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	26	No
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? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 23	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

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 27			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		No
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
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? If "Yes," see instructions and file Form 720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶KATHRYN J POPE 4424 W 48TH ST FREMONT, MI 494128721 (231) 924-5350

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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	Former			
(1) CATHY KISSINGER TREASURER	1.0	X		X				0	0	0
(2) JOSEPH ROBERSON CHAIR	1.0	X		X				0	0	0
(3) LINDSAY HAGER CHAIR-PART YEAR	1.0	X		X				0	0	0
(4) LOLA HARMON RAMSEY SECRETARY	1.0	X		X				0	0	0
(5) LORI TUBBERGEN CLARK VICE CHAIR	1.0	X		X				0	0	0
(6) CAROLYN HUMMEL TRUSTEE	1.0	X						0	0	0
(7) CHARLES CHANDLER TRUSTEE	1.0	X						0	0	0
(8) DALE TWING TRUSTEE-PART YEAR	1.0	X						0	0	0
(9) DENISE SUTTLES TRUSTEE	1.0	X						0	0	0
(10) DONNA TRICE TRUSTEE	1.0	X						0	0	0
(11) KENT KARNEMAAT TRUSTEE	1.0	X						0	0	0
(12) MARY RANGEL TRUSTEE	1.0	X						0	0	0
(13) MICHAEL ANDERSON TRUSTEE	1.0 1.0	X						0	0	0
(14) PEGGY ROSSLER TRUSTEE	1.0	X						0	0	0
(15) RANDY MCDONALD TRUSTEE	1.0	X						0	0	0
(16) TOM WILLIAMS TRUSTEE	1.0	X						0	0	0
(17) WILLIAM ALSOVER TRUSTEE	1.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM LEAVER TRUSTEE	1.0 X	X						0	0	0
(19) CARLA ROBERTS PRESIDENT & CEO	40.0			X				520,510	0	32,646
(20) KATHYRN POPE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER	40.0			X				112,855	0	34,172
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								633,365	0	66,818

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 ► **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP PO BOX 639176 CINCINNATI, OH 452639176	INVESTMENT CONSULTANT	207,825

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

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	41,153			
	d Related organizations	1d	227,600			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,726,174			
	g Noncash contributions included in lines 1a - 1f: \$	1g	178,301			
	h Total. Add lines 1a-1f ▶		2,994,927			
Program Service Revenue	Business Code					
	2a ADMINISTRATIVE SUPPORT	900099	160,268	160,268		
	b PROGRAM RELATED INVESTMENTS	900099	2,997	2,997		
	c NC3 MEMBERSHIP DUES	900099	13,800	13,800		
	d					
	e					
	f All other program service revenue		0	0	0	
g Total. Add lines 2a-2f. ▶		177,065				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		6,953,862		6,953,862	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		44		44	
	6a Gross rents	(i) Real	(ii) Personal			
		6a				
		b Less: rental expenses	6b			
	c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	35,264,032			
		b Less: cost or other basis and sales expenses	7b	34,739,068		
	c Gain or (loss)	7c	524,964	0		
	d Net gain or (loss) ▶		524,964		524,964	
	8a Gross income from fundraising events (not including \$ 41,153 of contributions reported on line 1c). See Part IV, line 18	8a	39,970			
		b Less: direct expenses	8b	44,016		
		c Net income or (loss) from fundraising events ▶		-4,046		-4,046
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b			
		c Net income or (loss) from gaming activities ▶				
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11a MICELLANEOUS		900099	1,489	1,489		
b						
c						
d All other revenue			0	0	0	
e Total. Add lines 11a-11d ▶		1,489				
12 Total revenue. See instructions ▶		10,648,305	178,554	0	7,474,824	

Form 990 (2019)

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	7,527,902	7,527,902		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	664,930	664,930		
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	552,522	176,807	320,463	55,252
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	808,741	268,502	368,786	171,453
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	73,989	24,564	33,739	15,686
9 Other employee benefits	232,334	77,135	105,944	49,255
10 Payroll taxes	98,526	32,711	44,928	20,887
11 Fees for services (non-employees):				
a Management				
b Legal	6,371		6,371	
c Accounting	25,035		25,035	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	166,995		166,995	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	99,423	0	99,423	0
12 Advertising and promotion	8,158	785	7,023	350
13 Office expenses	102,906	181	78,252	24,473
14 Information technology	140,080	17,365	114,124	8,591
15 Royalties				
16 Occupancy	108,034	33,696	52,822	21,516
17 Travel	29,493	8,809	15,835	4,849
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,379	8,178	31,013	3,188
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,602		96,602	
23 Insurance	8,215	954	3,123	4,138
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INITIATIVES/COMMUNITY LEADERSHIP	238,638	238,638		
b FUNDRAISING	1,780			1,780
c DUES & MEMBERSHIPS	58,298	7,655	50,093	550
d PUBLIC RELATIONS	41,168	3,613	8,122	29,433
e All other expenses	5,786	5,786	0	0
25 Total functional expenses. Add lines 1 through 24e	11,138,305	9,098,211	1,628,693	411,401
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		44,237	1	129,553
	2	Savings and temporary cash investments		3,537,038	2	4,219,245
	3	Pledges and grants receivable, net		5,591,524	3	3,900,787
	4	Accounts receivable, net			4	
	5	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net		6,200	7	3,700
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		65,171	9	56,218
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,830,950		
	b	Less: accumulated depreciation	10b	1,624,384		
				1,271,045	10c	1,206,566
	11	Investments—publicly traded securities		35,988	11	46,004
	12	Investments—other securities. See Part IV, line 11		202,958,569	12	234,426,335
	13	Investments—program-related. See Part IV, line 11		300,845	13	948,254
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		194,393	15	169,716	
16	Total assets. Add lines 1 through 15 (must equal line 34)		214,005,010	16	245,106,378	
Liabilities	17	Accounts payable and accrued expenses		532,189	17	410,835
	18	Grants payable		5,263,201	18	5,625,666
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		376,848	25	406,200
	26	Total liabilities. Add lines 17 through 25		6,172,238	26	6,442,701
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		204,188,809	27	236,676,790
	28	Net assets with donor restrictions		3,643,963	28	1,986,887
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	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	Total net assets or fund balances		207,832,772	32	238,663,677
33	Total liabilities and net assets/fund balances		214,005,010	33	245,106,378	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,648,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,138,305
3	Revenue less expenses. Subtract line 2 from line 1	3	-490,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,832,772
5	Net unrealized gains (losses) on investments	5	31,357,179
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-36,274
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	238,663,677

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 38-1443367
Name: Fremont Area Community Foundation

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

POVERTY TO PROSPERITY: TO REDUCE POVERTY TO AT OR BELOW THE NATIONAL AVERAGE IN NEWAYGO COUNTY, MICHIGAN. INCLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE PROGRAMS IN SELF-SUFFICIENCY, ASSET DEVELOPMENT AND SOCIAL CAPITAL/EMPOWERMENT OF INDIVIDUALS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 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		
Total						

Part II

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,394,089	2,561,966	3,061,085	6,246,121	2,994,927	17,258,188
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	2,394,089	2,561,966	3,061,085	6,246,121	2,994,927	17,258,188
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) . . .						1,910,666
6 Public support. Subtract line 5 from line 4.						15,347,522

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	2,394,089	2,561,966	3,061,085	6,246,121	2,994,927	17,258,188
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	4,724,125	4,830,006	7,801,869	10,262,801	6,956,858	34,575,659
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	0	0				0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						51,833,847
12 Gross receipts from related activities, etc. (see instructions)					12	941,246

13 First five years.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	29.61 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	29.43 %

16a 33 1/3% support test—2019.

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—2018.

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—2019.

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—2018.

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 17a TEN PERCENT FACTS AND CIRCUMSTANCES EXPLANATION	FREMONT AREA COMMUNITY FOUNDATION RECEIVES MORE THAN 10% OF ITS SUPPORT FROM THE PUBLIC. THE SUPPORT RECEIVED IS NOT FROM ONE FAMILY OR GROUP OF RELATED ENTITIES. THE PUBLIC SUPPORT PERCENTAGE HAS BEEN SLIGHTLY UNDER 33 1/3% FOR THE PAST 10 YEARS RANGING FROM 28.82% TO 30.36%, IN ADDITION, THE BOARD AND MEMBERS OF THE COMMUNITY FOUNDATION ARE MADE UP OF INDIVIDUALS THAT REPRESENT THE BROAD INTERESTS OF THE PUBLIC.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

95

1,616,909

329,298

14,150,699

(b) Funds and other accounts

10

87,207

51,500

1,865,415

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a

Revenue included on Form 990, Part VIII, line 1 ► \$

b

Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	202,695,174	225,440,943	199,275,192	190,522,126	203,828,853
b Contributions	1,347,265	3,969,278	2,270,713	2,184,128	1,873,797
c Net investment earnings, gains, and losses	38,621,161	-17,122,175	34,002,080	16,649,222	-5,592,546
d Grants or scholarships	7,296,944	7,059,793	7,918,784	7,823,192	7,360,951
e Other expenditures for facilities and programs	25,301	9,400	15,178	17,811	43,778
f Administrative expenses	2,532,634	2,523,679	2,173,080	2,239,281	2,183,249
g End of year balance	232,808,721	202,695,174	225,440,943	199,275,192	190,522,126

2

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

a

Board designated or quasi-endowment ▶ 99 %

b

Permanent endowment ▶ 0 %

c

Temporarily restricted endowment ▶ 1 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		111,192		111,192
b Buildings		2,027,790	1,022,679	1,005,111
c Leasehold improvements		0		0
d Equipment		650,768	601,705	49,063
e Other		41,200		41,200
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,206,566

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MUTUAL FUNDS	234,426,335	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	234,426,335	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	406,200

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	41,756,926
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	31,357,179
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-36,274
e	Add lines 2a through 2d	2e	31,320,905
3	Subtract line 2e from line 1	3	10,436,021
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	212,284
c	Add lines 4a and 4b	4c	212,284
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,648,305

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

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

1	Total expenses and losses per audited financial statements	1	11,143,821
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	15,316
e	Add lines 2a through 2d	2e	15,316
3	Subtract line 2e from line 1	3	11,128,505
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	9,800
c	Add lines 4a and 4b	4c	9,800
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,138,305

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 38-1443367
Name: Fremont Area Community Foundation

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	TO MAKE GRANTS FROM THE ENDOWMENT FUNDS TO CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES AND BENEFITS CONSISTENT WITH THE COMMUNITY FOUNDATION'S MISSION TO IMPROVE THE LIVES OF TH E CITIZENS OF NEWAYGO COUNTY, MICHIGAN AND THE NEARBY AREAS OF WESTERN MICHIGAN.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>THE INTERNAL REVENUE SERVICE ("IRS") HAS RULED THAT THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE PUBLIC CHARITIES AS DESCRIBED IN SECTIONS 509(A)(1), 509(A)(3), AND 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE. CONSEQUENTLY, THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ANALYZE ITS INCOME TAX FILING POSITIONS IN FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS, TO IDENTIFY POTENTIAL UNCERTAIN TAX POSITIONS. THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS MANAGEMENT AND GENERAL EXPENSES. THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR THE FISCAL YEARS 2016 THROUGH 2019, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF DECEMBER 31, 2019. THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS' COMBINED FINANCIAL STATEMENTS. THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS DO NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT DECEMBER 31, 2019 OR 2018, AND ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - -36274

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	GRANT FROM SUPPORTING ORGANZIATION - 227600 FUNDRAISING EXPENSES REPORTED ON PART VII, LIN E 8B - -44016 NONCASH GIFTS TO FUNDRAISING EVENTS - 28700

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	PORTION OF FUNDRAISING EXPENSES REPORTED ON PART VII, LINE IB - 15316

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	INTERFUND GRANT REPORTED ON PART IX, LINE 1 NOT REPORTED IN AUDITED FINANCIAL STATEMENTS (INTERFUND TRANSACTION) - 9800

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>OCCF Auction</u> (event type)	<u>LCCF Auction</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	48,214	23,745	9,164	81,123
	2 Less: Contributions	24,900	13,282	2,971	41,153
	3 Gross income (line 1 minus line 2)	23,314	10,463	6,193	39,970
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	20,690	9,033	0	29,723
	6 Rent/facility costs	240	825	699	1,764
	7 Food and beverages	8,279	125	1,479	9,883
	8 Entertainment	0	0	1,000	1,000
	9 Other direct expenses	377	915	354	1,646
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				44,016
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				-4,046

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ►				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 114

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	423	662,930			
(2) FORGIVENESS OF STUDENT LOAN	2	2,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 38-1443367
Name: Fremont Area Community Foundation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross 1050 Fuller Avenue NE Grand Rapids, MI 49503	53-0196605	501(C)(3)	25,000				Disaster Cycle Services; Disaster Cycle Services (\$1 match)
Arts Center for Newaygo County 4734 S Campus Court Fremont, MI 49412	38-3205000	501(C)(3)	388,727				General Operating and Program Support; Dogwood Center Operating/Program Support(\$1 match); An Opportunity for Accessibility Project;

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Artworks Big Rapids Area Arts and Humanities 106 N Michigan Avenue Big Rapids, MI 49307	38-2207297	501(c)(3)	8,900				HVAC Replacement; Winner of Client Appreciation Fund Vote Donation; Computer Purchases; Hope Network Arts Collaboration; ArtBox: Community Engagement Through Creativity
Ashland-Grant Fire District Board 11256 McClelland Grant, MI 49327	38-2930689	Govt. Unit	19,000				SAMRC Farmworker Appreciation Day; Farmworker Appreciation Day (\$.50/\$1 match); General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Association for the Blind Visually Impaired 456 Cherry Street SE Grand Rapids, MI 49503	38-1387122	501(c)(3)	8,000				Low Vision Rehabilitation Services
Back to God Ministries International 1700 28th Street SE Grand Rapids, MI 495081414	36-2284261	501(C)(3)	5,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baldwin Family Health Care 1615 Michigan Avenue Baldwin, MI 49304	38-2053619	501(C)(3)	39,000				In Home Respite Program
Baldwin Promise Authority 525 Fourth Street Baldwin, MI 49304	38-6002152	Govt. Unit	64,025				Operating and Program Support; 2020 Michigan College Tour; General Operating Support; MSU 4H Exploration Days

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bellwether Foundation 7645 W 48th Street PO Box 475 Fremont, MI 49412	38-3182232	501(c)(3)	20,550				The Human-Animal Bond is a Great Match; The Human-Animal Bond is a Great Match (\$.50/\$1 match); Operating and Program Support; Flooring Replacement; Run Forrest Run Gold Sponsorship
Bethany Christian Services 6995 W 48th Street Fremont, MI 49412	38-1405282	501(c)(3)	10,940				Support Local Ministry; Operating and Program Support; Program for Disadvantaged Youth in NC; Trauma Informed Parenting in Newaygo County

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Rapids Public Schools 21034 15 Mile Road Big Rapids, MI 49307	38-6002645	Govt. Unit	11,000				Scholarship for Graduating High School Senior; Gus Macker Tournament
Cadillac Area Community Foundation 201 N Mitchell Street Suite 101 Cadillac, MI 49601	38-2848513	501(C)(3)	6,500				Imagination Library

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Calvin University Financial Services 3201 Burton Street SE Grand Rapids, MI 49546	38-3071514	501(C)(3)	1,000				Support Newaygo County Higher Education Scholarship
Camp Henry 5575 Gordon Avenue Newaygo, MI 49337	38-1415419	501(C)(3)	24,000				Camp Out With A Good Book; Scholarship Program 2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities West Michigan 360 Division Avenue S Suite 3A Grand Rapids, MI 49503	38-3012473	501(C)(3)	80,000				Foster Grandparent Program; Senior Corps-Foster Grandparents
Center for Nonprofit Housing a TrueNorth Community Service 6308 S Warner Avenue PO Box 149 Fremont, MI 49412	38-3164047	501(c)(3)	320,514				Flood Disaster Relief; Housing Assistance Programs 2020; General Operating and Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Central Michigan District Health Department 2012 E Preston Avenue Mt Pleasant, MI 48858	38-1865466	Govt. Unit	7,500				Scanning to Preserve Septic and Well Permits
CFLeads PO Box 509 Accord, MA 02018	43-1645180	501(C)(3)	5,000				Support CFLeads in 2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City Life Church Grand Rapids 574 S Division Avenue PO Box 1413 Grand Rapids, MI 495011413	72-1581194	501(C)(3)	17,150				Immigrant Connection Services to Newaygo County; Immigrant Connection Services to Newaygo County (\$.50/\$1 match)
City of Fremont 101 E Main Street Fremont, MI 49412	38-6004684	Govt. Unit	43,250				Park Maintenance; AED Defibrillator for First Responders; Students in Need of Eye Care (SINE)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of White Cloud 12 N Charles PO Box 607 White Cloud, MI 49349	38-6007264	Govt. Unit	12,860				Purple Heart Pow Wow; Street Sweeper
Colorado State University Foundation PO Box 1870 Fort Collins, CO 80522	23-7098397	501(C)(3)	5,000				George A. Purvis Graduate Scholarship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Mental Health for Central Michigan 500 S Third Avenue Big Rapids, MI 49307	38-3599944	Govt. Unit	10,500				Wraparound Community Flex Funds
County of Lake 800 Tenth Street Suite 100 Baldwin, MI 49304	38-6004864	Govt. Unit	6,320				Sheriff Department Dive Team Enclosed Trailer; Sheriff Department Ballistic Vests

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
County of Newaygo Office of Administration PO Box 885 White Cloud, MI 49349	38-6006112	Govt. Unit	115,600				Disaster Assistance Flood Spring 2019; Camping Cabins - Stage IV
Croton Sportsmen for Youth and Disabled Veterans 8519 E 80th Howard City, MI 49329	30-0872797	501(C)(3)	6,000				Wheelchair Accessible Pontoon

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Croton Township Library 8260 S Croton-Hardy Drive Newaygo, MI 49337	26-4047781	Govt. Unit	20,000				Circulation Materials 2020
Disability Network West Michigan 27 E Clay Avenue Muskegon, MI 49442	38-3476797	501(c)(3)	74,300				Be Counted Michigan 2020 Initiative; Advocacy, Empowerment, Accessibility, Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
District Health Department #10 521 Cobbs Street Cadillac, MI 49601	38-3372828	Govt. Unit	25,200				Be Counted Michigan 2020 Initiative; Children's Special Health Care Program
Eagle Village Inc 5044 175th Avenue Hersey, MI 49639	38-1868217	501(C)(3)	11,700				Scholarship Program 2019; General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Evart Area Fire Department 109 E Sixth Street Evart, MI 49631	38-2470209	Govt. Unit	5,000				Improved Educational Equipment (\$1/\$1 match)
Evart Band Boosters 901 N Main Street Evart, MI 49631	38-3297315	501(C)(3)	5,000				Instrument Purchases (\$1/\$1 match)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Evart Public Library 104 N Main Street PO Box 576 Evart, MI 49631	38-1490183	Govt. Unit	7,500				Lighted Digital Library/Community Sign Board
Evart Public Schools 321 N Hemlock PO Box 917 Evart, MI 49631	38-6003211	Govt. Unit	34,730				Evart Reads Imagination Library; Education Mini-Grants; High School & Middle School Gym Sound System; Enhancing the Elementary Community Playground (\$1/\$1 match); Be-a-Santa Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feeding America West Michigan Food Bank 864 West River Center Drive Comstock Park, MI 493218955	38-2439659	501(C)(3)	128,455				Mobile and Fixed Food Pantries in Newaygo and Osceola Counties
Ferris State University 1201 S State Street CSS 301 Big Rapids, MI 49307	38-6005159	501(C)(3)	8,500				Support Horticulture Related Scholarship; Be Counted Michigan 2020 Initiative

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First Christian Reformed Church 721 Hillcrest Drive Fremont, MI 49412	38-2539663	501(c)(3)	38,050				Evangelism Fund; General Operating and Program Support
First Congregational Church 714 Hillcrest Drive Fremont, MI 49412	38-1912998	501(c)(3)	18,170				Operating and Program Support

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Fremont Area Chamber of Commerce 7 E Main Street Fremont, MI 49412	47-0733366	501(c)(6)	10,000				2019 Community Engagement Events
Fremont Area District Library 104 E Main Street Fremont, MI 49412	38-3316295	Govt. Unit	189,008				Supplementing Spanish Language Materials for Youth; Operating and Program Support; Circulation Materials 2020-2021

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Fremont Christian School 208 Hillcrest Drive Fremont, MI 49412	38-1459379	501(c)(3)	47,308				Tuition Assistance; General Operating and Program Support; Middle School Basketball Team Jerseys
Fremont Public Schools 450 E Pine Street Fremont, MI 49412	38-6003027	Govt. Unit	315,153				Beaver Island Group 2019; Literacy for Success; After School Care Program SY 2019-2020; Science Olympiad Team Supplies; Close Up 2020; Basketball Clinics and/or Camps; General Operating and Program Support; Nonfiction Books; Running Camps; Athletics; Germany Trip 2020

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Friends of the Big Rapids Community Library 426 S Michigan Avenue Big Rapids, MI 49307	38-3240371	501(c)(3)	5,000				Support Library Programs and; Material
Friendship City Program 101 E Main Street Fremont, MI 49412	30-0221482	501(c)(3)	30,250				Fremont/Yahaba Exchange Program

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Goodwill Industries of West Michigan Inc 271 E Apple Avenue Muskegon, MI 49442	38-1357148	501(C)(3)	12,500				Volunteer Income Tax Assistance (VITA) 2020
Grand Valley State University Student Accounts Office One Campus Drive 1049 JHZ Allendale, MI 49401	38-1684280	501(C)(3)	500				General Operating Support for Grand Valley Public Radio

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Grant Area District Library 122 Elder Street Grant, MI 49327	38-3571760	Govt. Unit	41,500				Circulating Materials 2020-2021; Summer Reading Program 2020
Grant Public Schools 148 S Elder Avenue Grant, MI 49327	38-6003017	Govt. Unit	112,357				After School Program

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GVR Foundation PO Box 1553 Green Valley, AZ 85622	47-1457323	501(C)(3)	20,000				GVR Pickleball Center
Hesperia Community Library 80 S Division Hesperia, MI 49421	38-1720440	Govt. Unit	54,000				General Operating and Program Support; Circulating Materials 2020-2021

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Hesperia Community Schools 96 S Division PO Box 338 Hesperia, MI 49421	38-6003002	Govt. Unit	132,104				Band/Choir Toronto Trip; General Operating Support; Recognition Banners; After School Program 2019-2020
Hope 101 Ministry Inc PO Box 517 Newaygo, MI 49337	82-1095189	501(C)(3)	14,548				General Operating Support; Assistance to the Poor

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Hope Network Housing Development Corporation 3075 Orchard Vista Drive S Grand Rapids, MI 49546	38-3194361	501(C)(3)	163,000				White Cloud Apartments Plus
Hospice of Michigan 989 Spaulding SE Ada, MI 49301	38-2255529	501(c)(3)	37,300				General Operating and Program Support; Grief Support Services

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Indiana State University Foundation 30 North Fifth Street Terre Haute, IN 47809	35-6045550	501(C)(3)	25,000				Support Norma Henerberg Purvis Education Scholarship
Insight Pregnancy Services 1007 W Main Street PO Box 282 Fremont, MI 49412	20-5937038	501(C)(3)	6,348				General Operating Support; Assistance to the Poor; Ultrasound Services

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Junior Achievement of the Michigan Great Lakes 741 Kenmoor Avenue Suite C Grand Rapids, MI 49546	84-1267604	501(C)(3)	31,500				Inspiring and Preparing Newaygo County Youth for Economic Success; A Relevant Work-Readiness Education for Newaygo County Youth
Lake County Area Churches Charities 740 E Ninth Street PO Box 729 Baldwin, MI 49304	47-3155665	501(C)(3)	6,000				Support Bread of Life Food Pantry

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Lake County Community Food Council Inc 16263 S Star Lake Drive Baldwin, MI 49304	81-5445935	501(C)(3)	5,000				Lake County on the Grow
Love In the Name of Christ - Newaygo County 11 W 96th Street Grant, MI 49327	38-2871534	501(C)(3)	299,093				Operating and Program Support; 2020 Poverty to Prosperity Family Assistance support and (\$.50/\$1 match); Assistance to the Poor

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Mecosta Conservation District 18260 Northland Drive Big Rapids, MI 49307	38-1855631	Govt. Unit	12,000				2019 Household Hazardous Waste Collection
Mecosta-Osceola Intermediate School District 15760 190th Avenue Big Rapids, MI 49307	38-1720900	Govt. Unit	5,500				Project Outreach 2019; Resources to Early Childhood Childcare Providers

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Mental Health Foundation of West Michigan 349 S Division Avenue Grand Rapids, MI 49503	38-2822359	501(C)(3)	8,125				Expanding Mental Health Awareness/Education
Michigan Beekeepers Association 5495 Wisner Road Breckenridge, MI 48615	38-2176155	501(c)(3)	6,000				Michigan State University Bee Lab

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Michigan State University Office of Financial Aid 556 E Circle Drive Room 252 East Lansing, MI 488241113	38-6005984	501(C)(3)	5,000				Fruit and Vegetable Laboratory Processing Equipment
Michigan United Conservation Clubs 2101 Wood Street Lansing, MI 48912	38-0831862	501(C)(3)	5,000				On the Water-Muskegon River

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Mid Michigan Community Action Agency Inc 1574 E Washington Road PO Box 768 Farwell, MI 48622	38-2056236	501(c)(3)	9,200				Be Counted Michigan 2020 Initiative
Muskegon Area Intermediate School District 630 Harvey Street Muskegon, MI 49442	38-1717461	501(C)(3)	19,600				Power of Place: Connecting Students to MRW; West Michigan Student Showcase

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Muskegon Lakeshore Chamber of Commerce Foundation 380 W Western Avenue Suite 202 Muskegon, MI 49440	38-3634571	501(C)(3)	60,000				West Michigan Shoreline Food Processing Initiative
Muskegon River Watershed Assembly Ferris State University 1009 Campus Drive JOH 200 Big Rapids, MI 493072280	38-3523819	501(c)(3)	50,427				Dam Removal in MRW; Educating/Activating Newaygo County Protecting and Restoring Natural Resources

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Muskegon YMCA 1115 Third Street Muskegon, MI 49441	38-2000172	501(C)(3)	16,065				Scholarship Program 2020
Native Circle of Newaygo County PO Box 214 Newaygo, MI 49337	83-1470733	501(C)(3)	5,000				Sharing Our Indigenous Histories, Cultures, Stories and Traditions program support and (\$.50/\$1 match)

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Newaygo Area District Library 44 N State Road Newaygo, MI 49337	37-1514015	Govt. Unit	49,380				General Operating Support; Equipment and Furniture Purchases; Summer Reading Program 2020; Circulating Materials 2020
Newaygo Congregational United Church of Christ 432 Quarterline Road SE Newaygo, MI 49337	38-2509454	501(C)(3)	10,800				Multi-Family Housing Development

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Newaygo County Area Promise Zone Authority 4747 W 48th Street Fremont, MI 49412	81-5391612	Govt. Unit	235,902				General Operating Support; Tuition Costs
Newaygo County Commission on Aging 93 S Gibbs PO Box 885 White Cloud, MI 49349	38-6006112	Govt. Unit	114,270				Bus Access Transportation (FY 2020); Homemaker Program (FY 2020) support and (\$.50/\$1 match); Meals on Wheels; Be Counted Michigan 2020 Initiative; Assisance to the Poor; White Pine Adult Day Group

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Newaygo County Compassion Home for the Terminally Ill 4012 Sherman Avenue Fremont, MI 49412	46-3838415	501(C)(3)	86,700				Growing and Sustaining program and (\$.50/\$1 match); Operating and Program Support; Capital Campaign
Newaygo County Council for the Arts 13 E Main Street Fremont, MI 49412	38-3000675	501(C)(3)	348,750				General Operating and Program Support and (\$.50/\$1 match); Roof Repair; Inspire - Art Experiences for Newaygo County Teens; Grand Rapids Symphony 2020 and 2021; Positive Impact Through the Arts 2019-2020

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Newaygo County Council for the Prevention of Child Abuse & Neglect 1268 E Newell PO Box 415 White Cloud, MI 49349	38-2577323	501(C)(3)	116,739				General Operating Support and (\$.50/\$1 match); Safe Sleep Pack and Plays; Summer Program 2020; Paint Newaygo County BLUE with Pinwheels
Newaygo County Mental Health Center 1049 Newell PO Box 867 White Cloud, MI 49349	38-3072246	Govt. Unit	12,500				Empowerment Network Drop-On Center

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Newaygo County Museum and Heritage Center 12 E Quarterline Road PO Box 361 Newaygo, MI 493370361	38-2599704	501(c)(3)	475,120				Museum - Community Inspired 2020 program and (\$.50/\$1 match); Operating and Program Support; Your History, Our Legacy Capital Campaign; Your History, Our Legacy Capital Campaign (\$.50/\$1 match); Capital Campaign Fund; Board Staff Match
Newaygo County Regional Educational Service Agency 4747 W 48th Street Suite 106 Fremont, MI 49412	38-1717623	Govt. Unit	552,772				2020 Summer Internship Programs; 2019 Parents as Teachers; 2019 Filling the Early Childhood Gap; 2020 Summer Enrichment; College for Kids 2020; Be Counted Michigan 2020 Initiative; Early Literacy Initiative Year 4; FIRST More Than Robotics; Promise Zone; Student Organization Competitions; Education and Activity Center Projects

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Newaygo County Tourism Council PO Box 492 Newaygo, MI 49337	81-5222988	501(C)(3)	75,000				Newaygo County Tourism Council Initiatives; General Operating Support
Newaygo Nationals Association PO Box 316 Newaygo, MI 49337	27-4529272	501(C)(3)	60,000				2019 Program Support and Expansion Project; 2020 Expansion Project

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Newaygo Public Schools 360 S Mill Street PO Box 820 Newaygo, MI 49337	38-6002990	Govt. Unit	153,100				The Literacy Triangle; Project 180; After School Program 2019-2020; Learn Like a Lion; 2019 Teacher Micro Grants
Open Arms Child Advocacy Center PO Box 1151 Big Rapids, MI 49307	82-4723834	501(C)(3)	26,138				Volunteer Transportation Coordination; Interviewing Room Sound-Proofing; Education Mini-Grants; General Operating Support

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Pathfinder Community Library 812 Michigan Avenue PO Box 880 Baldwin, MI 49304	38-2118119	501(c)(3)	5,142				DVD Storage; General Operating Support; Book Purchases
Project Starburst 120 S State Street PO Box 313 Big Rapids, MI 49307	38-1988807	501(c)(3)	15,924				Flooring Update; General Operating Support; Be Counted Michigan 2020 Initiative; Gas Card for Transportation and Food; Project Connect Table at Community Expo

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Randy's House Inc 407 S Nelson Street Greenville, MI 48838	81-1611212	501(C)(3)	45,000				General Operating Support; Newaygo Recovery Housing Initiative
Reed City Area District Library 829 S Chestnut Reed City, MI 49677	46-5024174	501(c)(3)	5,874				2019 Summer Reading Program; Education Mini-Grants

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Reeman Christian Reformed Church 6121 S Fitzgerald Avenue Fremont, MI 49412	38-2051351	501(C)(3)	6,500				General Operating Support; Wellspring Adult Day Services
River Country Chamber of Commerce of Newaygo County 28 State Road Newaygo, MI 49337	37-1449234	501(C)(6)	10,000				2019 Community Engagement Events

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Ronald McDonald House of Western Michigan 1323 Cedar Street NE Grand Rapids, MI 49503	38-2781170	501(C)(3)	23,375				Family Support Program 2019-2020
Rose Lake Youth Camp 17750 Youth Drive PO Box 95 LeRoy, MI 49655	38-1681340	501(C)(3)	12,425				Scholarship Program 2019 & Electrical Line Repair; General Operating and Program Support; Day and Resident Camp Support

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Schrems West Michigan Trout Unlimited 7483 Lime Hollow Drive SE Grand Rapids, MI 49546	52-1766265	501(C)(3)	5,000				Muskegon River Water Temperature Study
Second Christian Reformed Church 600 Apache Drive Fremont, MI 49412	38-1795681	501(c)(3)	138,138				General Operating and Program Support; Fremont Service Committee Used Car Ministry and (\$.50/\$1 match); Faith Promise Fund

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Shrine of the Pines Inc PO Box 548 Baldwin, MI 49304	38-2917480	501(C)(3)	5,000				Pavilion Construction
Solid Ice Inc co Robert Boyce 218 Maple Street PO Box 1240 Big Rapids, MI 49307	38-3246150	501(c)(3)	14,700				FSU Intern & Pledge

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Spectrum Health Foundation 300 N Patterson Road Reed City, MI 49677	38-2752328	501(C)(3)	10,500				Susan P. Wheatlake Regional Cancer Center Wellness Path
Spectrum Health Foundation Big Rapids & Reed City Hospitals 605 Oak Street MC350 Big Rapids, MI 49307	38-3358675	501(c)(3)	8,463				Susan P. Wheatlake Regional Cancer Center Wellness Path

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Spectrum Health Gerber Memorial 212 S Sullivan Fremont, MI 49412	38-1359517	501(c)(3)	145,500				Operating and Program Support
St Bartholomew Church 599 W Brooks Street Newaygo, MI 49337	38-6064727	501(C)(3)	42,904				General Operating and Program Support

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St Mark's Episcopal Church 30 Justice Street PO Box 211 Newaygo, MI 49337	38-3008949	501(C)(3)	15,471				Vera's House; General Operating Support
St Mary's Elementary School 927 Marion Avenue Big Rapids, MI 49307	38-1367334	501(c)(3)	13,632				STEM/Robotics Program; General Operating and Program Support; Tuition Assistance

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St Michael Church 6382 S Maple Island Road Fremont, MI 494129116	38-1598964	501(c)(3)	6,395				Religious Education of Youth; General Operating Support
The ArcNewaygo County PO Box 147 Fremont, MI 49412	52-1035883	501(c)(3)	13,514				Camp Ability 2020; Inclusive Communities

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The Right Place Foundation 125 Ottawa Avenue NW Suite 450 Grand Rapids, MI 49503	27-4012914	501(C)(3)	50,000				Newaygo County Economic Development
Trinity Lutheran Church and School 19778 US Highway 10 Reed City, MI 49677	38-1849234	501(c)(3)	5,820				General Operating and Program Support; Upward Basketball advancement

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TrueNorth Community Services 6308 S Warner Avenue PO Box 149 Fremont, MI 49412	38-6158533	501(C)(3)	1,069,671				General Operating and Program Support; Matching Grant (\$.50/\$1 match); Food Distribution in Newaygo County; Circles 2.0; 2018-19 Volunteer Management; Be Counted Michigan 2020 Initiative; Scholarship Program 2020; STEAMing Up Summer 2020 (Day Camp); Support Nina Fox Camp Scholarship at Camp Newaygo; Parks in Focus; Housing and Family Services; Speak UP! 2.0; Volunteer Resource Center; Children's Services
United Way of the Lakeshore 31 E Clay Avenue PO Box 207 Muskegon, MI 494430207	38-1426895	501(C)(3)	65,600				Operating and Program Support for Newaygo County; Newaygo County Flood Relief

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Village of Baldwin PO Box 339 Baldwin, MI 49304	38-1848425	Govt. Unit	9,000				Downtown Holiday Seasonal Light Project; Baldwin Summer Concert Series; Tennis Court Resurface
Village of Marion 118 E Main Street PO Box N Marion, MI 49665	38-1816630	501(C)(3)	30,914				Mill Pond Overflow Modification Project (Year 2 of 2); Operating and Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
White Cloud Community Library 1038 Wilcox Avenue PO Box 995 White Cloud, MI 493490995	38-3405298	Govt. Unit	42,050				Make Libraries Cool Again!; 2019 - 2020 Summer Reading Program; Circulating Materials 2020
White Cloud Public Schools 555 Wilcox Avenue PO Box 1000 White Cloud, MI 49349	38-6003034	Govt. Unit	162,500				Quiet Time Program 2019-2020; After School Program 2019-2020; Camper Scholarships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women's Information Service Inc 110 Elm Street PO Box 1249 Big Rapids, MI 49307	38-2536680	501(c)(3)	112,500				NC Domestic Violence and Sexual Assault Services; Specific Assistance, Children, and Transportation
World Renew 1700 28th Street SE Grand Rapids, MI 49508	38-1708140	501(C)(3)	7,500				General Operating Support; Disaster Repsonse for Newaygo Michigan

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Fremont Area Community Foundation		Employer identification number 38-1443367

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II, Column (D) \$2017	Nontaxable life & disability insurance
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	In 2014 the Fremont Area Community Foundation (Community Foundation) Board of Trustees established a section 457(f) deferred compensation plan (the plan). The primary purpose of the plan is to provide deferred compensation for a select group of management. These types of plans are used as a retention strategy to retain management talent. Carla Roberts is currently the only participant in the deferred compensation plan. The participation agreement executed with Roberts required Roberts to remain employed with the Community Foundation through April 30, 2019 to be entitled to the benefits of the plan. The Community Foundation contributed \$250,000 to the plan (\$50,000 annually from 2014 through 2018). The funds contributed by the Community Foundation to the plan were invested in the Community Foundation's endowment investment pool. The plan requires benefits to be paid Roberts over 3 years starting in the year of vesting. The total of the Community Foundation contributions and investment earnings at time of vesting in 2019 was \$293,574.50. The total plan benefits of \$293,574.50 were taxable to Roberts in 2019. The total plan benefits of \$293,574.50 plus taxable wages of \$226,935.50 for a total of \$520,510 were reported on the 2019 form W-2 wage and tax statement issued by the Community Foundation.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	13	1,745	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,398	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	17	149,601	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	7	405	Market value
19 Food inventory				
20 Drugs and medical supplies	X	2	134	Market value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	2	180	Market value
24 Archeological artifacts				
Food or food gift	X	9	635	Market value
25 Other ► (<u>certificates</u>) ENTERTAINMENT	X	37	11,521	Market value
26 Other ► (<u>PACKAGES</u>) GIFT	X	26	7,682	Market value
27 Other ► (<u>CERTIFICATES</u>)				
28 Other ► (<u> </u>)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

Yes

No

30a

No

31

Yes

32a

No

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - number of contributions Art - Works of art - number of items Clothing and household goods - number of items Other - Food or food gift certificates NUMBER OF ITEMS Other - ENTERTAINMENT PACKAGES NUMBER OF ITEMS Other - GIFT CERTIFICATES NUMBER OF ITEMS Scientific specimens - number of items Collectibles - number of items Drugs and medical supplies - number of items

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Fremont Area Community Foundation

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 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

38-1443367

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 581,461 including grants of \$ 523,600) COMMUNITY & ECONOMIC DEVELOPMENT: TO RE DUCE AND MAINTAIN THE UNEMPLOYMENT RATE BELOW THE NATIONAL AVERAGE WHILE PRESERVING OUR RU RAL CHARACTER IN NEWAYGO COUNTY, MICHIGAN AND THE SURROUNDING AREA OF WESTERN MICHIGAN. IN CLUDES THE ADMINISTRATION AND DISTRIBUTION OF FUNDS FOR CHARITABLE PURPOSES THROUGH GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE WORKFORCE, SMALL BUSINESS AND ENTREPRENEURSHIP DE VELOPMENT DESIGNED TO HIRE UNEMPLOYED AND UNDEREMPLOYED RESIDENTS OF NEWAYGO COUNTY, MICH IGAN; INCREASE CAPACTIY OF LOCAL COMMUNITY AND ECONOMIC DEVELOPMENT PARTNERS; NATURAL RESOU RCES PRMOTION AND UTILIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE COMMUNITY FOUNDATION IS ORGANIZED IN CORPORATE FORM COMPRISED OF MEMBERS. MEMBERS SERVE IN THEIR CAPACITY BECAUSE OF THE SPECIFIC POSITIONS THAT THEY HOLD WITHIN THE COMMUNITY SUCH AS ELECTED OFFICIAL, CPA. SCHOOL SUPERINTENDENT, JUDGE, MAYOR, LAWYER, ETC. THE MEMBERS MEET ANNUALLY AND ELECT THE BOARD OF TRUSTEES TO THEIR POSITIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	MEMBERS SERVE IN THEIR CAPACITY BECAUSE OF THE SPECIFIC POSITIONS THAT THEY HOLD WITHIN THE COMMUNITY SUCH AS ELECTED OFFICIAL, CPA SCHOOL SUPERINTENDENT, JUDGE, MAYOR, LAWYER, ETC . THERE IS ONLY ONE CLASS OF MEMBERS. THE MEMBERS ELECT THE BOARD OF TRUSTEES AND APPROVE AMENDMENTS TO THE BYLAWS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE WRITTEN POLICY REGARDING CONFLICT OF INTEREST AND DUALITY OF INTEREST IS SHARED WITH EACH BOARD AND COMMITTEE MEMBER ANNUALLY. EACH BOARD/COMMITTEE MEMBER IS REQUESTED TO DISCLOSE POTENTIAL CONFLICT/DUALITY OF INTEREST ON THE CONFLICT/DUALITY OF INTEREST DISCLOSURE FORM WHICH IS UPDATED ON AN ANNUAL BASIS. BOARD/COMMITTEE MEMBERS ARE REQUESTED TO DISCLOSE CONFLICT/DUALITY OF INTEREST DURING ANY BOARD OR COMMITTEE MEETING. AFTER SUCH DISCLOSURE THE INTERESTED PARTY MAY BE REQUESTED TO LEAVE THE BOARD/COMMITTEE MEETING WHILE THE DISINTERESTED PARTIES DELIBERATE AND TAKE ACTION ON THE PROPOSAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	STAFF COLLECTS DATA FROM LOCAL, REGIONAL AND NATIONAL SURVEYS OF SIMILAR ORGANIZATIONS FOR POSITIONS COMPARABLE TO THE KEY POSITIONS AS WELL AS ECONOMIC DATA RELEVANT TO THE AREA AND PRESENTS THE INFORMATION TO THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE DELIBERATES WITHIN ITSELF TO ESTABLISH THE COMPENSATION FOR THE PRESIDENT AND CEO. THE COMMITTEE DOCUMENTS THE PROCESS IN THEIR MEETING MINUTES. COMPENSATION FOR THE CEO IS REVIEWED ANNUALLY ON THE CEO'S ANNIVERSARY DATE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VAULE OF SPLIT INTEREST AGREEMENTS - -36274;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS ONLY. THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Fremont Area Community Foundation

Employer identification number
38-1443367

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE AMAZING X CHARITABLE TRUST 4424 W 48TH STREET FREMONT, MI 494128721 38-2234075	SUPPORT FACF THROUGH GRANTS OF INCOME TO CARRY OUT CHARITABLE ACTIVITIES	MI	501(c)(3)	Type I	FREMONT AREA COMMUNITY FOUNDATION	Yes	
(2)THE FREMONT AREA ELDERLY NEEDS FUND 4424 W 48TH STREET FREMONT, MI 494128721 38-3072183	SUPPORT FACF THROUGH GRANTS OF INCOME TO CARRY OUT CHARITABLE ACTIVITIES	MI	501(c)(3)	Type I	FREMONT AREA COMMUNITY FOUNDATION	Yes	

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE AMAZING X CHARITABLE TRUST	C	227,600	CASH PAYMENT
(2) THE AMAZING X CHARITABLE TRUST	L	55,492	CASH PAYMENT
(3) The Fremont Area Elderly Needs Fund	L	104,776	Cash payment

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation