DLN: 93493243009068 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 

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

Interna	l Reven	the Treasur nue Service	N Information about	Form 990 and its instructions is at <u>wwi</u>	w IRS gov/1			pen to Public Inspection
A F	or the	2017 ca		ning 01-01-2017 , and ending 12-3	1-2017			
☐ Ad	ck if ap dress c me cha	-	C Name of organization CHIPPEWA NATURE CENTER			<b>D Employ</b> e		ication number
☐ Ini	tıal retı	-	Doing business as					
☐ Amended return ☐ Application pending			Number and street (or P O box if ma 400 S BADOUR RD	Il is not delivered to street address) Room/su	ııte	E Telephon (989) 63	e number 31-0830	
			City or town, state or province, count MIDLAND, MI 48640	<b>G</b> Gross red		3 544 054		
			<b>F</b> Name and address of principal	officer	<b> </b>  (a) ⊺a		•	5,544,654
			ADAM BRUSKI 24801 E MEADOWBROOK DR	onice:	su	this a group ret		□Yes ☑No
I Ta:	x-exem	ıpt status	MIDLAND, MI 48642  ✓ 501(c)(3) □ 501(c)( ) ◀(i	nsert no )	ind	e all subordinat cluded? "No," attach a l		Yes No
J W	ebsite	e:► WW	W CHIPPEWANATURECENTER ORG		1	oup exemption	•	•
V Form	n of or		✓ Corporation ☐ Trust ☐ Assoc	intion Other N	<b>L</b> Year of fo	ormation 1966	<b>M</b> State	of legal domicile MI
		_		lation 🗀 Other 🕨				
Pa	rt I	Sumr	<b>mary</b> cribe the organization's mission or					
Governance	υ	NDERSTA	ANDING OF OUR NATURAL, HISTOF	ROFIT ORGANIZATION WHOSE MISSIO RICAL AND ARCHAEOLOGICAL RESOURG D TO FOSTER RESPONSIBLE STEWARD:	CES AS REL			
905 C0V	2 (	Check this	s box $\blacktriangleright \Box$ if the organization disc	ontinued its operations or disposed of r	more than 2	.5% of its net a	sseţs	
	3	Number o	of voting members of the governing	body (Part VI, line 1a)			3	17
Activities &	l		,	the governing body (Part VI, line 1b) .endar year 2017 (Part V, line 2a)			5	17 85
Ş			, ,	endar year 2017 (Part V, line 2a) essary)			6	891
⋖			•	VIII, column (C), line 12			7a	0
	l			Form 990-T, line 34			7b	
				·		Prior Year		Current Year
Qı	8	Contributi	ions and grants (Part VIII, line 1h)			539,6	544	755,708
- Savenue	9	Program s	service revenue (Part VIII, line 2g)			568,6	542	593,058
Rộ	10	Investmei	nt income (Part VIII, column (A), l	nes 3, 4, and 7d )		880,5	581	1,868,576
	l		enue (Part VIII, column (A), lines			13,3		22,463
				t equal Part VIII, column (A), line 12)		2,002,1	1/3	3,239,805
	l		nd similar amounts paid (Part IX, co paid to or for members (Part IX, co		30,000			
46	l	•	other compensation, employee ber	1,819,7	722	1,795,865		
Expenses		•		nn (A), line 11e)		1,019,7	722	1,793,863
<u> </u>			aising expenses (Part IX, column (D), lin	·				
Щ	l		penses (Part IX, column (A), lines 1			1,207,1	121	986,245
	18	Total expe	enses Add lines 13–17 (must equa	al Part IX, column (A), line 25)		3,026,8	343	2,812,110
	19	Revenue I	less expenses Subtract line 18 fro	m line 12		-1,024,6	570	427,695
Net Assets or Fund Balances					Beginn	ing of Current Y	ear	End of Year
Bala	20	Total asse	ets (Part X, line 16)			33,276,9	69	36,365,604
₹ 2	21	Total lıabı	lities (Part X, line 26)			143,4	117	132,412
Z ı̈́	22	Net assets	s or fund balances Subtract line 2	1 from line 20		33,133,5	552	36,233,192
	t II		ature Block	ned this return, including accompanying	a a b a d ul a a			the best of my
knowl	ledge	and belief		Declaration of preparer (other than offi			•	•
ally K	nowle	uge Li						
		****** Signatu	re of officer			2018-08-15 Date		
Sign Here		(						
	•		BRUSKI PRESIDENT print name and title					
		Pr	rınt/Type preparer's name		Date		PTIN	
Paid	t	K	ELLIE M BOS	KELLIE M BOS		Check L If F self-employed	0044816	<u> </u>
	pare	ı ⊢	rm's name ANDREWS HOOPER PAV			Fırm's EIN ► 38-		
	Onl	1 5	rm's address ► 5915 EASTMAN AVE STE			Phone no (989) 8	335-7721	
			MIDLAND, MI 4864068	24				
			this return with the preparer show	•			<b>✓</b> Y	es 🗆 No
For P	aperv	work Red	duction Act Notice, see the sepa	rate instructions.	Cat N	o 11282Y		Form <b>990</b> (2017)

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Par	t IIII Statem	ent of Program Service	e Accomplis	hments		
	Check ıf	Schedule O contains a respo	onse or note to a	any line in this Part III		🗹
1	Briefly describe	the organization's mission		•		
OUR	NATURAL, HISTO		AL RESOURCES		S TO FACILITATE THE ENJOYMENT SAGINAW VALLEY, TO PROMOTE	
2	-	ation undertake any significa 990 or 990-EZ?		- ,		☐ Yes ☑ No
3	Did the organiza	e these new services on Schation cease conducting, or m		changes in how it cond	ucts, any program	☐ Yes 🗹 No
	If "Yes," describ	e these changes on Schedul	e O			
4	Section 501(c)		ons are required	to report the amount	largest program services, as mea of grants and allocations to others,	
4a	(Code	) (Expenses \$	1,435,144	including grants of \$	30,000 ) (Revenue \$	593,058 )
	See Additional Dat					
4b	(Code See Additional Dat	) (Expenses \$	776,504	including grants of \$	) (Revenue \$	)
4c	(Code See Additional Dat	) (Expenses \$	69,781	ıncludıng grants of \$	) (Revenue \$	)
4d	Other program					
	(Expenses \$	ıncl	uding grants of	\$	) (Revenue \$	)
4e	Total program	service expenses >	2,281,4	29		
	<u> </u>					Form <b>990</b> (2017)

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Nο

Nο

Nο

Nο

No

Nο

No

Nο

Nο

Nο

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No

Nο

Nο

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Nο

No

Nο

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Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**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 . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11b

11c

11d

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11f

12a

12b

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14a

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Yes

Yes

Yes

Yes

29

Page 4

Part IV	Checklist of Required Schedules (continued)

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a

No 20b Yes

Yes

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

> 22 23

> > 24a

24b

24c

24d

25a

25b

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28b

28c

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35a

35h

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Yes

Form 990 (2017)

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government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . 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 . . . . . . . . . . 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," 

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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 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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Nο

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
Č	If res, to fine 3a of 3b, did the organization meronii 0000-1.	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).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	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 <sup>2</sup>	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
	Section 501(c)(12) organizations. Enter	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them )	]		
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L <b>3</b>	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
14a	, , ,			_

Par	Governance, Management, and DisclosureFor 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			<b>✓</b>						
Se	ection A. Governing Body and Management									
			Yes	No						
1a	a Enter the number of voting members of the governing body at the end of the tax year	17								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent  1b	17								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	er <b>2</b>		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors or trustees, or key employees to a management company or other person? .	rision 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							
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or m		103							
	members of the governing body?	7a	Yes							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o persons other than the governing body?	r <b>7</b> b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by								
а	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		No						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	es, <b>10b</b>								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to form?	he <b>11a</b>		No						
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 conflicts?	12b	Yes							
С	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		13		No						
14	Did the organization have a written document retention and destruction policy?	14	Yes	110						
15	Did the process for determining compensation of the following persons include a review and approval by independe									
2	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	Yes							
	Other officers or key employees of the organization	15a	, 03	No						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		110						
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?			No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exenstatus with respect to such arrangements?									
Se	ection C. Disclosure			i						
17	List the States with which a copy of this Form 990 is required to be filed▶ MI									
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of available for public inspection. Indicate how you made these available. Check all that apply	nly)								
	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 interes policy, and financial statements available to the public during the tax year	C.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ROB DESCHAINE 400 S BADOUR ROAD MIDLAND, MI 48640 (989) 631-0830									

(15) BARBARA ALLEN DIRECTOR

(17) MELISSA HASWELL PHD

(16) JENNI BUSH

DIRECTOR

DIRECTOR

# 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	•	-									
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable co</li> </ul>	mpensation fro	m the o	organ	ızatı	ion a	and ar	ny re	elated organization	s		
List persons in the following order  individual trust compensated employees, and former such perso	stees or directo ns	rs, ınstı	tutio	nal t	rust	ees,	offic	ers, key employees	s, highest		
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(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	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	MISC) MISC)  Former  Former  Highest compensated employee  key employee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) ADAM BRUSKI PRESIDENT	2 00	х		x				0	0	0	
(2) ROB MAXWELL VICE PRESIDE	2 00	х		x				0	0	0	
(3) MARK ROBERTSON SECRETARY	2 00	х		х				0	0	0	
(4) KIRK FISHER TREASURER	2 00	x		х				0	0	0	
(5) MICHELLE WILKINS DIRECTOR	1 00	х						0	0	0	
(6) CHRIS GAUMER DIRECTOR	1 00	х						0	0	0	
(7) DR MARIANNE MCKELVY DIRECTOR	1 00	х						0	0	0	
(8) JOHN DAVIS DIRECTOR	1 00	х						0	0	0	
(9) COLETTE ST LOUIS DIRECTOR	1 00	x						0	0	0	
(10) NANCY CARNEY DIRECTOR	1 00	х						0	0	0	
(11) KIMBERLY REINHARDT DIRECTOR	1 00	х						0	0	0	
(12) DR MICHAEL WITT DIRECTOR	1 00	Х						0	0	0	
(13) JAMIE ROSS MD DIRECTOR	1 00	x						0	0	0	
(14) BRIAN HOLMES	1 00	×						0	0	0	

1 00

1 00

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(F)

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι n of	t ch unle: ficer	and a	son	(D) Reportable compensation from the organization (W	Reportable Reportable compensation from the from relate			) ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊭⊬	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/109 MISC)	79-	organizat relat organiz	ed
(18)	DENNIS PILASKE	40 00			x				100,2	21	0		6,056
EXEC	CUTIVE DI				^				100,2				
c	Total from continuation sheets to Part	VII, Section A		•		) )	•		100,221				6,056
2	Total number of individuals (including bu of reportable compensation from the org		those lı	sted	abov	/e) v	vho re	ceıv	ed more than \$1	00,000			
3	Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for the line 1a? If "Yes," complete Schedule J for the It was the line 1a? If "Yes," complete Schedule J for the It was the It wa</i>			key (	emp •	loye •	e, or h	nighe	est compensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations giandividual									the	4		No
5	Did any person listed on line 1a receive of services rendered to the organization? If										5		No
S	ection B. Independent Contractors	5											
1	Complete this table for your five highest from the organization Report compensation										mper	sation	
	Name and	(A) business address							Descr	(B) ription of services		(C Comper	

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 >

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

(B)

Part	VI	III Statement of	Revenue								
		Check if Schedul	e O contains :	a respo	onse or note t		n this Part VII (A) al revenue	Rela ex fui	(B) ated or cempt nction	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
	1	La Federated campaign	ns	1a				re	venue		512-514
nts ints		<b>b</b> Membership dues		1b	47	,355					
Gra		c Fundraising events		1c							
\$ . Q		<b>d</b> Related organizatio	ns	1d							
is is		e Government grants (co	ontributions)	1e		<del></del>					
ns, Sim		f All other contributions,	, gıfts, grants,			_					
atio er (		and similar amounts nabove	ot included	1f	708	,353					
년 된 등		g Noncash contribution	ons included								
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a-1f \$ h Total.Add lines 1a-1	f	7,89							
	╀	ii iotai.Aud iiies 1a-1		• •		 siness Code	755,708				
Program Service Revenue	٦.	3 VOLITH EDUCATIONAL D	DOCDAMO		Bus	61160	_	36,845	536	,845	
₹ ₹	١	a YOUTH EDUCATIONAL P b ADULT INTERPRETIVE P				81290		56,213		,213	
3		-									
έc	`	c ————————————————————————————————————									
S	١,	е ———		_							
ogra	1	<b>f</b> All other program se	rvice revenue			500.05					
ďΣ	ç	<b>9 Total.</b> Add lines 2a-2f			<b>&gt;</b>	593,05	·8				
		Investment income (ii			nterest, and o	other	471,87	4			471,874
		similar amounts) . Income from investme			ond proceeds	<b> </b>	,				
		Royalties				▶					
			(ı) Rea	l	(II) Persor	nal					
	6	a Gross rents		13,070							
		<b>b</b> Less rental expenses		15,070							
		c Rental income or		13,070							
		(loss)		13,070							
		d Net rental income o	r (loss)	•		<b>•</b>	13,07	0			13,070
	_	a Gross amount	(ı) Securit	ies	(II) Othe	ır					
	<b>,</b>	from sales of assets other	8,2	73,188	4	13,429					
		than inventory									
		<b>b</b> Less cost or other basis and	7.3	82,826		7,089					
		sales expenses		·							
		<b>c</b> Gain or (loss) <b>d</b> Net gain or (loss)		90,362	4	06,340	1,396,70	2			1,396,702
		a Gross income from fi				<b>&gt;</b>					
ne		(not including \$		of							
듄		contributions reporte See Part IV, line 18	ed on line 1c)	а	}						
Other Revenue		<b>b</b> Less direct expense	s	b							
her		c Net income or (loss)			ents	<u> </u>					
5	9	a Gross income from g See Part IV, line 19		es							
				а							
	ı	<b>b</b> Less direct expense. <b>c</b> Net income or (loss)		b	105						
		DaGross sales of invent		activit	les	<u>•</u>					
		returns and allowand			]						
		b		a		.4,334					
		<ul><li>b Less cost of goods s</li><li>c Net income or (loss)</li></ul>		b		<u> </u>	9,09	2			9,092
		Miscellaneous		invent	Business C	ode					
	1	1aMISCELLANEOUS IN	ICOME		!	900099	30	1			301
		b									
		с									
	l	d All other revenue .									
		e Total. Add lines 11a				<b>^</b>	30	1			
	1	2 Total revenue. See	Instructions	• •	· · ·	<b>&gt;</b>	3,239,80	5	593,058		1,891,039
	_										Form <b>990</b> (2017)

Part IX	Statement of	<b>Functional</b>	Expenses
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Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

orn	1 990 (2017)				Page <b>10</b>
_	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	30,000	30,000	J ,	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	100,221	10,022	60,133	30,066
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,332,407	1,085,736	183,233	63,438
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	95,326	66,728	22,878	5,720
9	Other employee benefits	142,208	102,043	31,418	8,747
10	Payroll taxes	125,703	87,992	30,169	7,542
11	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting	12,361		12,361	
	Lobbying	/		,	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	32,891	24,808	1,409	6,674
13	Office expenses	24,521	18,869	5,469	183
14	Information technology	52,248	39,186	10,450	2,612
15	Royalties				
16	Occupancy	75,489	69,869	5,620	
	Travel	12,077	11,473	604	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,657	4,808	849	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	554,510	543,420	11,090	
	Insurance	21,081	18,973	2,108	
	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 )		,	·	
	YOUTH EDUCATIONAL	69,904	69,904		
	b OFFICE AND OPERATIONS	46,057	18,265	27,792	
•	c ADULT INTERPRETIVE	44,839	44,839		
•	d LAND & FACILITIES	22,106	22,106		
	e All other expenses	12,504	12,388	116	
	Total functional expenses. Add lines 1 through 24e	2,812,110	2,281,429	405,699	124,982
	Joint costs. Complete this line only if the organization			·	· ·
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2017)

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11** 

92,952

5,400,623

28,778,614

36.365.604

131,042

1,370

132,412

7.924.417

24,529,264

3.779.511

36,233,192

36.365.604

Form **990** (2017)

11 12

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31

32

33

34

33,276,969

142.027

1,390

143,417

4.831.390

24.532.151

3,770,011

33,133,552

33,276,969

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

	Beginning of year		End of year
Cash-non-interest-bearing	143,864	1	
Savings and temporary cash investments	608,005	2	1,

2	Savings and temporary cash investments	608,005	2	1,715,282
3	Pledges and grants receivable, net	58,374	3	271,600
4	Accounts receivable, net	72,525	4	65,813
5	Loans and other receivables from current and former officers, directors,			

trustees, key employees, and highest compensated employees Complete Part 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net .

Assets Inventories for sale or use . 18.491 8 18.491 17.357 22,229 9 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 12,041,629 10a basis Complete Part VI of Schedule D 6,641,006 5.755.286 10c b Less accumulated depreciation 10b 26.603.067 11 Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Yes No

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Consolidated basis

Consolidated basis

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

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Schedule O

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Nο

No

Form 990 (2017)

#### **Additional Data**

Software ID:

Software Version:

EIN: 38-1859315

Name: CHIPPEWA NATURE CENTER

Form 990 (2017)

#### Form 990, Part III, Line 4a:

DEPARTMENT OF PROGRAMS SINCE 1966, CHIPPEWA NATURE CENTER'S PROGRAM STAFF HAS OFFERED EXCITING AND RELEVANT PROGRAMS THAT ENABLE PEOPLE OF ALL AGES TO CONNECT TO THE NATURAL WORLD. THE 2017 YEAR WAS CNC'S FIRST FULL YEAR AS A SINGLE DEPARTMENT OF PROGRAMS, AND THE COLLABORATION AND SUPPORT THAT HAS STEMMED FROM THAT HAS BEEN AMAZING CNC PROGRAMS ARE DESIGNED TO CONNECT ALL PEOPLE, IN ALL STAGES OF LIFE, WITH NATURE IN MEANINGFUL WAYS WE DO THIS THROUGH A WIDE VARIETY OF PROGRAM FORMATS, LOCATIONS AND TOPICS, AND 2017 WAS ANOTHER YEAR OF GROWTH AND CONNECTION DROP-IN EXPERIENCES BUILD CONNECTIONS CNC TRAILS ARE OPEN DAWN-TO-DARK EVERY DAY, AND THE VISITOR CENTER IS OPEN SEVEN DAYS A WEEK, WITH THE EXCEPTION OF FOUR HOLIDAYS WHILE QUANTIFYING TRAIL USERS IS DIFFICULT, WE WELCOMED A RECORD NUMBER OF 22,102 GUESTS TO THE VISITOR CENTER FREE DROP-IN PROGRAMS CONTINUE TO BE THE FOUNDATION OF CNC'S INTERPRETIVE PROGRAM OFFERINGS, AND ARE ATTENDED BY A MIX OF RETURNING GUESTS AND FIRST-TIME VISITORS WE WELCOMED 152 VISITORS TO WEE STROLL, A PROGRAM DESIGNED FOR OUR YOUNGEST VISITORS (6 MONTHS-2 YEARS OLD) AND THEIR CAREGIVERS TO CONNECT WITH NATURE STORY HOURS ARE GEARED FOR THE NEXT OLDER AGE GROUP RANGING FROM 2-5 YEARS OLD, AND HAD 995 PARTICIPANTS IN 2017 BEYOND THE DROP-IN PRESCHOOL PROGRAMS, OVER 250 ADULT AND FAMILY PROGRAMS WERE OFFERED IN 2017, SERVING NEARLY 5,100 PEOPLE THOSE PROGRAMS COVERED TOPICS INCLUDING BIRD WALKS, WILDFLOWER HIKES, MAPLE SYRUP PROGRAMS, LIFE ON AN 1870S FARM, BIRD BANDING NATIVE AMERICAN LIFE, FULL MOON WALKS, ARCHAEOLOGY, ANIMALS TRACKS, SALAMANDER SEARCHES, GOLF CART TOURS, SNAKE PROGRAMS AND MUCH, MUCH MORE HOMESTEAD SUNDAYS, A UNIQUE SUNDAY AFTERNOON DROP-IN PROGRAM AT THE HOMESTEAD FARM, CONTINUES TO BE POPULAR WITH 1,399 VISITORS IN 2017 THIS WAS OUR FIRST FULL SEASON WITH THE TIMBER FRAME BARN AND LIVESTOCK PEN IMPROVEMENTS, BOTH OF WHICH ENHANCED THE VISITOR EXPERIENCE THIS YEAR, UNDER THE LEADERSHIP OF SEASONAL STAFF, 12 DEDICATED VOLUNTEERS DONATED MORE THAN 328 HOURS OF THEIR TIME LEADING TOURS AND HANDS-ON ACTIVITIES, CONDUCTING DEMONSTRATIONS AND WORKING IN THE GARDEN. THE HOMESTEAD GARDEN HAS CONTINUED TO THRIVE AND PROVIDE FRESH PRODUCE TO THE MIDLAND COUNTY EMERGENCY FOOD PANTRY NETWORK IMMERSIVE PROGRAMS DEVELOP A CONNECTION TO NATURE FOR ALL AGES MANY VISITORS CHOOSE TO SPEND MORE TIME LEARNING, GROWING AND EXPERIENCING THE NATURAL WORLD THROUGH REGISTERED PROGRAMS THAT ENHANCE AND SUPPORT THEIR CONNECTION TO NATURE FIELD TRIPS ARE IMMERSIVE EXPERIENCES THAT GIVE VISITORS THE OPPORTUNITY TO PADDLE LOCAL RIVERS, BIRD THE SAGINAW BAY, TRY VOYAGEUR CANOEING, ENJOY HISTORY TOURS BY GOLF CART, KAYAK THE MOOSE COUNTRY OF THE UPPER PENINSULA AND SNOWSHOE ÁLONG THE AU SABLE RIVÉR OVER 200 PEOPLE PARTICIPATED IN 28 FIELD TRIPS WORKSHOPS PROVIDE HANDS-ON OPPORTUNITIES TO BUILD CONNECTIONS BY HELPING PARTICIPANTS LEARN A NEW SKILL AND ALSO APPRECIATE THE RESOURCES OF NATURE WORKSHOPS WERE OFFERED ON A WIDE RANGE OF TOPICS INCLUDING NATURE PHOTOGRAPHY, HAND-SPINNING, AQUATIC BIOLOGY, BASKET MAKING, MAKING MAPLE SYRUP, SOAP MAKING AND DECORATIVE GOURD MAKING THE 6TH ANNUAL NATURE PRESCHOOL INSTITUTE IN JUNE GAVE 16 EARLY CHILDHOOD EDUCATION PROFESSIONALS A CHANCE TO EXPLORE CNC'S NATURE-BASED PROGRAM BIRTHDAY PARTIES PROVIDE A FUN WAY FOR CHILDREN TO CELEBRATE THEIR SPECIAL DAY IN THE MOST FUN ENVIRONMENT AROUND - THE NATURAL WORLD IN 2017, 175 CHILDREN ATTENDED BIRTHDAY PARTIES HOSTED BY A CNC EDUCATOR SCHOOL AND SCOUT PROGRAMS PROVIDE A VALUABLE OPPORTUNITY FOR STUDENTS TO LEARN IN A HANDS-ON INQUIRY-BASED ATMOSPHERE WE PROVIDE PROGRAMS BOTH AT CNC AND IN CLASSROOMS IN 2017, 13,277 STUDENTS WERE GUIDED THROUGH MORE THAN 20 ON-SITE PROGRAMS AND NINE OFF-SITE OPTIONS THROUGH FOUR AT HOME WITH NATURE 3-CLASS SERIES, 236 HOMESCHOOL STUDENTS HAD THE OPPORTUNITY TO CONNECT WITH NATURE IN A VARIETY OF FUN. EDUCATIONAL PROGRAMS WE WELCOMED 509 CUB SCOUTS AND GIRL SCOUTS FOR A VARIETY OF PROGRAMS THAT SUPPORT THEIR CONNECTION TO NATURE THROUGH THE SCOUTING ADVANCEMENT PROGRAMS NATURE KINDERGARTEN AND NATURE FIRST GRADE CONTINUE TO BE A SUCCESS STORY THE 2017-18 SCHOOL YEAR MARKED THE 6TH YEAR OF THIS PARTNERSHIP WITH BULLOCK CREEK SCHOOLS. WITH FOUR SECTIONS OF KINDERGARTEN AT FLOYD ELEMENTARY AND ONE SECTION AT PINE RIVER ELEMENTARY, IN ADDITION TO THREE SECTIONS OF NATURE FIRST GRADE AT FLOYD ELEMENTARY ALL OF THESE CLASSES ARE NOW NATURE-BASED WITH A CNC EDUCATOR WORKING CLOSELY WITH THE TEACHERS TO DEVELOP CURRICULUM IN ADDITION TO WEEKLY VISITS TO FIRST GRADE. A CNC EDUCATOR VISITS EVERY CLASSROOM AT FLOYD ELEMENTARY ON A MONTHLY BASIS NATURE PRESCHOOL HAS SEEN A LOT OF GROWTH IN RECENT YEARS DURING THE 2016 -17 SCHOOL YEAR, NATURE PRESCHOOL ENROLLED 136 CHILDREN CLASSES ARE HELD AT THE MARGARET (RANNY) RIECKER NATURE PRESCHOOL BUILDING AND NATURE STUDY BUILDING WE CONTINUE TO OPERATE WITH FUNDING FROM THE GREAT START READINESS GRANT FROM THE MICHIGAN DEPARTMENT OF EDUCATION FOR 21 AT-RISK 4 -YEAR OLDS TO ATTEND NATURE PRESCHOOL AT NO COST TO THE FAMILY IN ADDITION, WE HAVE FUNDING FROM THE GREAT START COLLABORATIVE FOR AT-RISK 3 -YEAR OLDS, AND CNC OFFERS SCHOLARSHIPS TO FAMILIES THAT MAY NOT QUALIFY FOR THESE FUNDING SOURCES, BUT HAVE A FINANCIAL NEED FOR TUITION ASSISTANCE. WE ARE GRATEFUL TO THE CHARLES J. STROSACKER FOUNDATION AND THE DOW CHEMICAL COMPANY FOR THEIR FINANCIAL SUPPORT TO KEEP THIS SCHOLARSHIP PROGRAM RUNNING THIS ALLOWS US TO CONTINUE OUR MISSION TO MAKE NATURE PRESCHOOL ACCESSIBLE TO A GREAT DIVERSITY OF ECONOMIC BACKGROUNDS NATURE DAY CAMP HAD A RECORD YEAR IN 2017 - WE SERVED 1027 CAMPERS, THE MOST EVER, OVER 8 WEEKS OF CAMP FIFTY-EIGHT CHILDREN PARTICIPATED IN CAMP AS PART OF A GRANT THROUGH BULLOCK CREEK SCHOOLS, AND ANOTHER 71 STUDENTS RECEIVED SCHOLARSHIPS FOR A SESSION OF CAMP FOR THE FIRST TIME, CAMP PROVIDED A BEFORE AND AFTER CARE PROGRAM AT THE HOMESTEAD FARM SERVING 66 CHILDREN AND THEIR FAMILIES FOR THE SECOND CONSECUTIVE SUMMER, WE OFFERED TWO SESSIONS OF LEADERS-IN-TRAINING, WHICH CONTINUES TO SUPPORT AND ENCOURAGE CAMPERS TO TRANSITION INTO HIGH-QUALITY CNC TEEN VOLUNTEERS AND FUTURE STAFF MEMBERS. ONCE AGAIN, WE OFFERED EXPLORING NATURE TOGETHER FOR TYPICALLY DEVELOPING CHILDREN AND THEIR PEERS ON THE AUTISM SPECTRUM. THIS YEAR'S SESSION HAS 8 CAMPERS. WITH A CAPACITY OF 1,150 SPOTS, NDC WAS 90 5% FULL WE HAD 195 KIDS ON WAITLISTS FOR VARIOUS SESSIONS, INCLUDING PRESCHOOL CAMPS (NATURE TOTS AND TINY TRAILBLAZERS ESPECIALLY), CAMPS FOR OLDER ON-SITE CAMPERS (ESPECIALLY ADVENTURE CAMP AND SURVIVAL VILLAGE) AND ADVENTURE TRIPS (EACH SESSION HAD A WAITLIST, BUT THE SOUTH MANITOU AND NORTH MANITOU TRIPS HAD THE LONGEST WAITLISTS) EIGHTY- FOUR TEENS PARTICIPATED IN THE COUNSELOR-IN-TRAINING (CIT) PROGRAM, LOGGING 5,806 SERVICE HOURS CITS ASSIST COUNSELORS WITH SET-UP AND CLEAN-UP, PLAY GAMES AND DO CRAFTS WITH THE KIDS, LEAD LUNCHTIME ACTIVATES AND ACT AS ROLE MODELS THROUGHOUT THE DAY NEW EXHIBITS KEEP THINGS FRESH A NEW LOOK TO THE ENTRY-WAY OF THE HOMESTEAD FARM AND ARBORETUM WAS ESTABLISHED IN 2017 THROUGH THE DILIGENT WORK OF THE LAND & FACILITIES, MARKETING AND PROGRAMS DEPARTMENTS, VISITORS TO THAT AREA ARE NOW WELCOMED BY A CNC-BRANDED KIOSK WITH INFORMATION AND MAPS OF THESE TWO UNIOUE AREAS A TRIP TO THE RESOURCE BUILDING WILL NOW GIVE VISITORS THE OPPORTUNITY TO LEARN MORE ABOUT LAND MANAGEMENT AT CNC WHILE STOPPING FOR A DRINK, VISITORS CAN LEARN ABOUT THE INVASIVE SPECIES WE BATTLE AND THE AMAZING RESULTS WE SEE WHEN THEY ARE CONTROLLED ONCE AGAIN. THIS EXHIBIT WAS DEVELOPED THROUGH THE COORPERATIVE EFFORT OF LAND & FACILITIES, MARKETING AND PROGRAMS LOOKING FORWARD AS WE LOOK TOWARD THE FUTURE, WE ARE EXCITED TO CONTINUE TO OFFER HIGH QUALITY, MEANINGFUL NATURE EXPERIENCES FOR ALL OF OUR VISITORS. THROUGH NEW AND EXPANDING PARTNERSHIPS WITH LOCAL SCHOOLS, CONNECTIONS WITH LOCAL BUSINESSES AND THE SUPPORT OF OUR COMMUNITY, CHIPPEWA NATURE CENTER'S MISSION IS BEING FULFILLED ON A DAILY BASIS

#### Form 990, Part III, Line 4b:

REGION IMPROVING VISITOR EXPERIENCE AT THE WETLANDS AREA THIS SUMMER, A TWO-STORY OBSERVATION TOWER WAS INSTALLED AT THE WETLANDS AREA THE TOWER WAS GIFTED TO CNC FROM THE HERBERT H. AND GRACE A. DOW FOUNDATION IN PREPARATION FOR THE DOW GARDENS WHITING FOREST CANOPY WALK AND CONNECTIVITY PROJECT ADDITIONAL FUNDING TO INSTALL THE TOWER AT CNC WAS PROVIDED BY THE HERBERT H AND GRACE A DOW FOUNDATION. THE HARRY A AND MARGARET D. TOWSLEY FOUNDATION, AND MIDLAND AREA COMMUNITY FOUNDATION AND CONSUMERS ENERGY FOUNDATION. THE 33-FOOT TALL OBSERVATION TOWER WILL HAVE A SIGNIFICANT IMPACT ON CNC'S DIVERSE EDUCATIONAL PROGRAMMING. AS WELL AS FOR EVERYDAY VISITORS. THE LOWER LEVEL OF THE TOWER HAS UNIVERSAL ACCESS TO THOSE WITH LIMITED MOBILITY, WITH A RAMP LEADING TO A 21-FOOT BY 24-FOOT VIEWING PLATFORM VISITORS CAN ACCESS THE UPPER LEVER OF THE TOWER BY STAIRS ACCESS TO MUSKRAT MARSH IMPROVED WITH A NEW FLOATING CLASSROOM DOCK, MADE POSSIBLE THROUGH A GRANT FROM THE MICHIGAN BASEBALL FOUNDATION 100-YEAR FLOOD IN JUNE THE GREAT LAKES BAY REGION WAS AFFECTED BY HISTORIC FLOODING IN JUNE WHEN 5 1/2" OF RAIN FELL IN ONE NIGHT FOLLOWING A WEEK OF STEADY RAINS. MAJOR IMPACTS AT CNC INCLUDED THE FLOODING OF THE NATURE STUDY BUILDING, BENT STILL-ARMS AT

BUSH TRAIL AT THE EAST END OF THE SIX-ISLAND POND AND A TRAIL PARALLELING HOMESTEAD ROAD IN THE BEECH/MAPLE FOREST WERE RE-ROUTED DUE TO HIGH NUMBERS OF ASH TREES AFFECTED BY EMERAL ASH BORER IN ORDER TO IMPROVE TRAIL ACCESS DURING WET SEASONS. ADDITIONAL REPOUTES WERE ADDED IN MAY ONE WAS CREATED IN THE OXBOW TO BYPASS A LOW MUDDY SPOT THAT OFTEN STAYS WET WELL INTO JUNE. THIS TRAIL WORK INCLUDED THE ADDITION OF A 20' BOARDWALK PASSING BETWEEN THE OXBOW AND A SEASONALLY FLOODED MAPLE FORESTED AREA. A SECOND REPOUTE WAS COMPLETED IN THE BEECH/MAPLE FOREST TO BYPASS A WET AREA THAT IS OFTEN WET LINTIL JUNE. OTHER AREAS OF CNC'S TRAILS HAVE ALSO BEEN IMPROVED BY ADDING CULVERTS AND GRAVEL. THE RIVER TRAIL SHOULD NOW BE ACCESSIBLE YEAR-ROUND, WITH THE EXCEPTION OF DURING MAJOR FLOODING DALE JOHNSON, AN EAGLE SCOUT, ENHANCED THE SPUR TRAIL BETWEEN THE CHIPPEWA TRAIL AND THE WETLANDS AREA PARKING LOT BY RECONSTRUCTING THE BOARDWALK AND ADDING GRAVEL ORIENTATION SIGNS WERE UPDATED AT MAJOR INTERSECTIONS OF THE RIVER TRAIL AND NEW WAYFINDING SIGNS WERE ADDED TO THE CHIPPEWA TRAIL IN CONJUNCTION WITH A CITY OF MIDLAND PROJECT TO ENHANCE SIGNAGE FOR WALKING AND BIKING PATHS THROUGHOUT THE CITY PADDLERS NOW HAVE IMPROVED ACCEDD TO THE CHIPPEWA

EXOTIC PLANTS TO BE A MAJOR FOCUS IN 2017 IN TOTAL, 407 ACRES WERE TREATED TO CONTROL THE SPREAD OF THESE INVADERS CNC WAS ABLE TO TREAT ALL PHRAGMITES AND MOST OF THE JAPANESE KNOTWEEK FOUND ON THE PROPERTY THROUGH SUPPORT FROM THE SAGINAW BAY COOPERATIVE INVASIVE SPECIES

RIVER ON HOMESTEAD ROAD THANKS TO THE ADDITION OF A DOCK AND LANDING AREA, MADE POSSIBLE THROUGH THE SUPPORT OF MIKE AND LAURIE WITT A 32' GANGWAY HELPS REDUCE EROSION, AND PROVIDE SAFER ACCESS TO THE DOCK AND RIVER. LAND MANAGEMENT IMPROVES THE ECOSYSTEMS CONTROL OF INVASIVE

THE UNIVERSAL ACCESS DOCK, A PORTION OF HOMESTEAD ROAD WASHED OUT, ARBORETUM TREES THAT DIED AND DEBRIS THAT NEEDED TO BE CLEANED OFF CNC TRAILS TRAILS WERE BACK IN ORDER AND THE UNIVERSAL DOCK WAS REPAIRED WITH A WEEK AND WHILE WE LOST ACCESS TO THE NATURE STUDY BUILDING FOR NATURE DAY CAMP. THE BUILDING WAS READY FOR THE FIRST DAY OF PRESCHOOL ON SEPTEMBER 11. IMPROVING ACCESS TO NATURE. TWO NEW RAMPS WERE BUILT ON EACH SIDE OF THE EAST CHIPPEWA TRAIL BRIDGE TO CORRECT SIGNIFICANT FROST HEAVING THAT HAS OCCURRED OVER THE LAST SEVERAL YEARS. THE SUGAR

LAND AND FACILITIES IN 2017, CHIPPEWA NATURE CENTER'S LAND & FACILITIES DEPARTMENT CONTINUED TO SUPPORT AND PROVIDE OPPORTUNITIES FOR ENGAGEMENT WITHT HE NATURAL WORLD. THE TEAM WORKED TO IMPROVE ACCESS TO THE NATURE CENTER'S RICH NATURAL AREAS AND RESTORE ECOSYSTEMS. THROUGH A VARIETY OF LAND MANAGEMENT PRACTICES. WHILE ALSO MAINTAINING STATE OF THE ART FACILITIES FOR THE BENEFIT OF GUESTS FROM AROUND THE

MANAGEMENT AREA ADDITIONAL BRUSH HOGGING IN THE WINTER HELPED CONTROL SHRUBBY INVASIVE EXOTIC PLANTS IN CNC'S OPEN AREAS AND ALLOWED THE SUMMER CREW TO FOCUS ON THE WOODED AND SHRUBBY AREAS THAT ARE HIGH PRIORITY IN ADDITION. A TOTAL OF 46 DEER WERE HARVESTED ON CNC PROPERTY BY FIVE CNC-SELECTED VOLUNTEERS DURING THE SEASON. ITC TRANSMISSION FARNED THE GRASSLANDS PROJECT AWARD FOR ITS NATIVE PLANT RESTORATION

WORK ON THE TRANSMISSIO CORRIDOR CROSSING CHIPPEWA NATURE CENTER. FOUR APPLICATIONS OF NATIVE SEED MIXES ENHANCED THE EXISTING NATIVE PLANT

DIVERSITY IN THE ITC ELECTRICITY TRANSMISSION CORRIDOR AT THE NATURE CENTER FROM 2012-2016. THESE NATIVE SPECIES PROVIDE LARVAL HOST PLANTS.

NECTAR AND POLLEN SOURCES THROUGHOUT THE GROWING SEASON AND NESTING AND COVER MATERIALS FOR NATIVE POLLINATORS ITC HAS CONDUCTED ANNUAL

INVASIVE SPECIES TREATMENTS WITHIN THE CHIPPEWA NATURE CENTER TRANSMISSION CORRIDOR SINCE 2010 THROUGH MOWING, HAND-PULLING, SEED HEAD COLLING. FOLIAR AND CUT-STUMP HERBICIDE APPLICATIONS, AND BIOLOGICAL CONTROL TO ENCOURAGE THE ESTABLISHMENT OF NATIVE FORBS, GRAMINOIDS AND

SHRUBS MOST BENEFICIAL TO NATIVE POLLINATORS CNC WAS EXCITED TO BE AWARDED A MICHIGAN DNR WILDLIFE GRANT FOR 2018-19 THIS GRANT WILL ENABLE

CNC TO CONTINUE TO ENHANCE ITS OPEN AREAS USING PRESCRIBED BURNS AND PLANTING WILDFLOWERS WORK WILL START IN 2018 TO CREATE OPENINGS IN

SHRUBBY AREAS WHERE INVASIVE PLANTS HAVE TAKEN HOLD, AND ALLOW FOR THE PLANNING OF NATIE TREES AND SHRUBS TO HELP RESTORE THE AREAS MAPLE SYRUP SEASON - DUE TO WARM WEATHER EARLY. SAP COLLECTING STARTED ON FEBRUARY 17 AND ENDED ON APRIL 3 IN TOTAL, 36 GALLONS OF MAPLE SYRUP WAS

MADE ARBORETUM - ALTHOUGH 73 TREES DIED (MOSTLY AS A RESULT OF THE JUNE FLOOD). IT WAS A GOOD YEAR IN THE ARBORETUM NEW TREES AND SHRUS WERE PLANTED, THE WILDFLOWER PLANTINGS FROM 2016 INCREASED DIVERSITY IN THE AREA (EVEN THOUGH THEY ALSO WERE HIT HARD BY THE FLOOD). THERE ARE NOW

79 SPECIES OF TREES AND 26 SPECIES OF SHRUBS REPRESENTED IN THE ARBORETUM ALSO, 149 NEW SPECIMEN TREE TAGS WERE ORDERED AND THEY WILL BE

PLACED ON TREES BY NEXT SPRING. A NEW ENTRANCE SIGN BUILT AT THE HOMESTEAD TRAIL HIGHLIGHTS THE HOMESTEAD AREA AND ARBORETUM

VOLUNTEERS AND OUTREACH OUTREACH THE DEPARTMENT OF VOLUNTEERS AND OUTREACH CONTINUES TO SHARE CNC'S MISSION TO INDIVIDUALS AND FAMILIES IN THE GREAT LAKES BAY REGION (GLBR) THROUGH OUR INVOLVEMENT IN VARIOUS COMMUNITY EVENTS, CAREER FAIRS AND COLLABORATIVE EVENTS WITH OTHER ORGANIZATIONS IN 2017. THIS DEPARTMENT PARTICIPATED IN 39 EVENTS, SOME OF WHICH INCLUDE THE MT PLEASANT DISCOVERY MUSEUM'S DAY OF PLAY, DOW BAY AREA FAMILY YMCA'S HEALTHY KIDS' DAY EVENT. RIVERDAYS, PARKAPALOOZA, KIDS' DAY AT THE MALL. CLARE FAMILY FUN DAY, GREAT LAKES BAY STEM FESTIVAL AND SEVERAL CAREER FAIRS EVENTS PROVIDE US WITH THE OPPORTUNITY TO PROMOTE THE NATURE CENTER THROUGHOUT THE GLBR WHILE PROVIDING SIMPLE. HANDS-ON EXPERIENCES TO THOSE VISITING OUR BOOTH VOLUNTEERS FOR OVER 50 YEARS, VOLUNTEERS HAVE PLAYED A SIGNIFICANT ROLE AT CNC, FROM OUR

Form 990, Part III, Line 4c:

WITHOUT YOU

FOUNDING BOARD OF DIRECTORS TO THOSE INDIVIDUALS WHO SPENT ENDLESS HOURS REMOVING BARBWIRE AND BUILDING THE HOMESTEAD BUILDINGS TO THE CITS HELPING WITH NATURE DAY CAMP AND MANY INDIVIDUALS THAT HELP MAKE ALL OF OUR SPECIAL EVENTS A SUCCESS VOLUNTEERS OF ALL AGES ASSIST CNC STAFF WITH A WIDE RANGE OF PROJECTS, FESTIVALS AND ACTIVITIES CHIPPEWA NATURE CENTER WOULD LIKE TO EXPRESS OUR SINCERE GRATITUDE AND A HEARTFELT "THANK YOU" TO THE 891 VOLUNTEERS THAT SHARED THEIR TIME (A TOTAL OF 13,709 25 HOURS), TALENTS AND EXPERTISE AT CNC DURING 2017 THE

NAMES OF THE INDIVIDUALS THAT PROVIDED VOLUNTEER SUPPORT THROUGHOUT THE CENTER DURING 2017 ARE LISTED IN THIS REPORT AGAIN. A SINCERE THANK

YOU TO ALL OUR VOLUNTEERS THROUGHOUT THE YEARS FOR YOUR HARD WORK AND DEDICATION TO OUR PROGRAMS, MISSION AND VISION WE COULDN'T DO IT

efile	e GRA	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493243009068
SCI	1FD	ULE A	Public	Charity Statu	c and Dul	olic Supp	ort	OMB No 1545-0047
	m 990			Charity Statu			1	2017
90E	<b>(Z</b> )		<b>-</b>	4947(a)(1) nonexe	mpt charitable	trust.		<b>401</b> /
Denart	nent of	the Treasury	► Information abo	► Attach to Form tut Schedule A (Form			ıctions is at	Open to Public
nterna	Reven	ue Service ne organiza	tion	<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection
		TURE CENTER						acion number
Pai	+ T	Reason	for Public Charity Stat	us (All organization	s must comple	te this part ) 9	38-1859315 See instructions	
			a private foundation because				occ matractions.	
1		A church, c	onvention of churches, or a	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in section 170(b)	( <b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3	$\Box$	A hospital o	or a cooperative hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch organization operat	ted in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organiza	ation operated for the benef (iv). (Complete Part II )	it of a college or unive	rsity owned or op	perated by a gov	rernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government o	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7	<b>✓</b>		ation that normally receives 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in <b>sectio</b>	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization d rant college of agriculture S					ege or university or a
LO		from activit	ation that normally receives ties related to its exempt fui income and unrelated busin See <b>section 509(a)(2)</b> . (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross
11			ation organized and operate		r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operate ly supported organizations	described in section 5	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A so	i through 12d that describes supporting organization opei n(s) the power to regularly Part IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A programme on the companies of t	supporting organizatio				ited with, its
d		functionally	on-functionally integrated integrated The organization You must complete Pa	on generally must satis	fy a distribution	requirement and		
e		Check this	, box if the organization recei or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations					_
g			ing information about the s	T	T '		T	T
	(i) Name of supported organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			· · · · · · · · · · · · · · · · · · ·					
		· ·						
Total			tion Act Notice, see the I		Cat No 11285	<u> </u>	 Schedule A (Form 9	

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 or Part 1 or if the organization falled to quality under Part								
III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Section A. Public Support								
Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		

	III. If the organization fai	ils to qualify und	er the tests list	ed below, pleas	e complete Part	111.)	
:	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	433,478	805,824	368,759	534,644	755,708	2,898,413
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	433,478	805,824	368,759	534,644	755,708	2,898,413
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)						437,613
6	Public support. Subtract line 5 from line 4						2,460,800
	Section B. Total Support						
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total

	the organization without charge									
4	Total. Add lines 1 through 3	433,478	805,824	368,759	534,644	755,708	2,898,413			
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)						437,613			
6	Public support. Subtract line 5 from line 4						2,460,800			
	Section B. Total Support									
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2017	(f)Total			
7	Amounts from line 4	433,478	805,824	368,759	534,644	755,708	2,898,413			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	408,752	449,789	448,159	447,927	471,874	2,226,501			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									

	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						2,460,800
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	433,478	805,824	368,759	534,644	755,708	2,898,413
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	408,752	449,789	448,159	447,927	471,874	2,226,501
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	6,828	11,084	8,385	-1,990	301	24,608
11	<b>Total support.</b> Add lines 7 through 10						5,149,522
12	Gross receipts from related activities, e	etc (see instructio	ns)			12	2,667,464

	line 4						2,400,000	
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f)Total	
7	Amounts from line 4	433,478	805,824	368,759	534,644	755,708	2,898,413	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	408,752	449,789	448,159	447,927	471,874	2,226,501	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	6,828	11,084	8,385	-1,990	301	24,608	
11	<b>Total support.</b> Add lines 7 through 10						5,149,522	
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	2,667,464	
13	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,	
	check this box and <b>stop here</b>					▶ □		
S	ection C. Computation of Public							
	Public support percentage for 2017 (lin			olumn (f))		14	47 790 %	
15	Public support percentage for 2016 Sch	edule A, Part II, l	ıne 14			15	44 710 %	
16a	33 1/3% support test-2017. If the	organization did r	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b		
	6a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							

box and stop here. The organization qualifies as a publicly supported organization is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·		
	determination 3			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

C	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</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.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ) 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 <b>Part VI</b> ) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions	ıch the organization is respons	sive (provide	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in <b>Part VI</b> ) See instructions					
Distributable amount for 2017 from Section C, line 6					
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
	(i)	(i) (ii) Underdistributions			

9 Distributable amount for 2017 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount	Line 8 amount divided by Line 9 amount  Section E. Distribution Allocations (see				
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017				
Distributable amount for 2017 from Section C, line     6					
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions					
3 Excess distributions carryover, if any, to 2017					
a					
<b>b</b> From 2013					
c From 2014			_		
d From 2015					

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Fo	rm 990 or 990-EZ) 2	2017 Page <b>8</b>
S Pi S	ection A, lines 1, 2, 3 art IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
_		
		Facts And Circumstances Test
990 Schedu	le A, Supplemen	tal Information
Return	n Reference	Explanation
PART II, LINE	10	OTHER INCOME 24,608

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

### **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. OMB No 1545-0047

DLN: 93493243009068

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** CHIPPEWA NATURE CENTER 38-1859315 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2017

57,422

Cat No 52283D

Par	t 1111	Organizations Ma	aintaining Col	ections of Art, I	Histor	ical T	reas	ures, oi	Other	Similar A	ssets (	continued	)
3		the organization's acq (check all that apply)	uisition, accessior	, and other records	, check	any of	the f	ollowing t	hat are a	sıgnıfıcant	use of its	collection	ו
а	$\checkmark$	Public exhibition			d		Loar	n or excha	ange prog	grams			
b	✓	Scholarly research			е		Othe	er					
c		Preservation for future	e generations										
4	Provi Part )	de a description of the o	organızatıon's coll	ections and explain	how the	ey furtl	ner th	ne organiz	ation's e	xempt purp	ose in		
5		ig the year, did the orga is to be sold to raise fur								nılar	□ Ye	es 🗸	No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			rm 990	), Part	IV,	line 9, oi	r reporte	ed an amo	unt on I	orm 990	), Part
1a		e organization an agent ded on Form 990, Part )		an or other intermed	diary for	contri	butio	ns or othe	er assets	not	☐ <b>Y</b> €	es 🗌	No
ь	If "Y€	es," explain the arrange	ement in Part XIII	and complete the fo	ollowing	table				-	Amount		
c	Begir	nning balance							1c				
d	Addıt	ions during the year							1d				
е	Dıstrı	butions during the year	r						1e				
f	Endır	ng balance							1f				
2a		he organization include	an amount on Fo	rm 990. Part X. line	21, for	escrov	or c	ı ustodıal a	ccount li	ability?		·s $\Box$	
_		-								·	∐ Ye	_	No 1
b		es," explain the arrange						•					]
Pa	rt V	Endowment Fund	<b>ds.</b> Complete if										
4.	D			(a)Current year 27,071,177	(b)₽	26,29	$\overline{}$		ears back 28,878,022	(d)Three ye	ars back ,048,688	(e)Four ye	5,262,089
	-	ing of year balance .				•	-						
		outions		80,739 4,565,048			5,400		-933,710		9,500 718,343		61,444 5,072,311
		estment earnings, gair	•	4,303,048		2,000	3,043		-933,710		710,343		3,072,311
		•	•										
е		expenditures for facilitie ograms	es	1,193,716		1,310	,205		1,632,154		870,234		1,318,713
f	Admını	strative expenses .		29,352		28	3,788		28,287		28,275		28,443
g	End of	year balance		30,493,896		27,07	L,177	2	26,297,721	28	,878,022	2	9,048,688
2	Provi	de the estimated percei	ntage of the curre	nt year end balance	(line 1	g, colu	mn (a	a)) held a	s				
а	Board	d designated or quasi-e	ndowment 🟲	12 800 %									
ь	Perm	anent endowment 🕨	12 400 %										
С	Temp	orarily restricted endov	wment ▶ 74.8	00 %									
·		ercentages on lines 2a,											
За		here endowment funds		•	tion tha	t are h	eld ar	nd admini	stered fo	r the			
	orgar	nization by									_	Yes	No
	(i) uı	nrelated organizations										a(i)	No
_		elated organizations .										a(ii)	No
b		es" on 3a(II), are the rel	-	·			· •				· [_	3b	
4	_	ribe in Part XIII the inte			wment	runas							
Pa	rt VI	Land, Buildings, Complete if the ord			-m 000	) Dart	T\/	lino 11a	Soo Eo	rm 000 Br	art V lu	20.10	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Cost	or other	•				depreciation		( <b>d)</b> Book va	llue
							20.67						1 500 555
	Land	ŀ					39,672						1,539,672
b	Buildin	gs				7,5	41,555	5		4,333,209			3,208,346
c	Leaseh	old improvements											
d	Equipn	nent				5	19,959	9		445,226			104,733
е	Other					2,4	10,443	3		1,862,571			547,872
Tota	ıl. Add	lines 1a through 1e (Co	olumn (d) must ed	ual Form 990, Part	X, colui	mn (B)	, line	10(c))		<b>&gt;</b>			5,400,623

Part VII	Saa Form GGII Darf Y lina 17				
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests				
A)					
(B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on  (a) Description of investment		art IV, line		990, Part X, line 13. Method of valuation
	(a) bescription of investment	(0) 50	ok value		end-of-year market value
(1)					
(2)					
(3)					
4)					
5)					
6)					
(7)					
(8)					
(9) 「otal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete If the organization answere	ed 'Yes' on Forr	n 990, Part	IV, line 11d See	Form 990, Part X, line 15
9)  Total. (Column  Part IX			n 990, Part	IV, line 11d See	Form 990, Part X, line 15  (b) Book value
9)  Total. (Column  Part IX  1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Part IX  1) 2)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d See	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9)  Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answere  (a) Description		m 990, Part	IV, line 11d See	(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization	on .			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answere  (a) Description  (b) must equal Form 990, Part X, col (B) line 15	on .			(b) Book value
(9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	on .	es' on Form		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Fotal. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X  1.	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c c d 2d

2a

2a 2b

2c

2d

4a

4b

Explanation

2,671,945

-4,825

2e

3

4c

5

Page 4

5,906,925

2,671,945

3,234,980

4,825

3,239,805

2,807,285

-4,825

2,812,110

2.812.110

Schedule D (Form 990) 2017

2e e 3

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

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b 4.825

Add lines **4a** and **4b** . . . . . . . . 4c

b c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

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

5 Part XII

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2017

Part XI

а

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

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

Amounts included on line 1 but not on Form 990, Part IX, line 25

Add lines 2a through 2d . . . . Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . . .

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

### Additional Data

Software ID: Software Version:

**EIN:** 38-1859315

Name: CHIPPEWA NATURE CENTER

#### Supplemental Information Return Reference

### Explanation

# SCHEDULE D, PAGE 2, PART V, LINE 4

ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE CENTER MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD AND BOARD- DESIGNATED FUNDS. ENDOWMENT ASSET S ARE COMBINED WITH ALL INVESTMENTS OF THE CENTER AS APPROVED BY THE CENTERS INVESTMENT C OMMITTEE, THE INVESTMENTS ARE INVESTED IN A MANNER THAT IS INTENDED TO INCREASE THE PURCHA

SING POWER OF THE CENTERS ASSETS AFTER INFLATION. WHILE ALSO GENERATING RETURNS TO SUPPORT OPERATIONS AND CAPITAL SPENDING TO MAINTAIN THE FACILITY THE CENTERS SPENDING POLICY REG ARDING INVESTMENTS IS TO LIMIT THE SPENDABLE AMOUNT EACH YEAR TO AN AMOUNT NO GREATER THAN 5 PERCENT OF THE SEVEN YEAR AVERAGE MARKET VALUE AS OF DECEMBER 31ST OF THE PREVIOUS YEAR HOWEVER, THE AMOUNT ACTUALLY SPENT MAY NOT REDUCE THE PORTFOLIOS MARKET VALUE BELOW THE PRIOR YEARS INFLATION-ADJUSTED ORIGINAL GIFT VALUE

upplemental Information		
Return Reference	Explanation	
SCHEDULE D, PAGE 4, PART XI, LINE 4B	GAIN ON SALE OF FIXED ASSETS 4,825	

S

pplemental Information		
Return Reference	Explanation	
CHEDULE D, PAGE 4, PART XII, INE 2D	GAIN ON SALE OF FIXED ASSETS -4,825	

Su

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DL	N: 93493243009068
Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments and Individuals in the United States  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.			С	2017 Open to Public Inspection			
Name of the organization CHIPPEWA NATURE CENTER	<u> </u>						•	ation number
Part I General Inf	ormation on Grants					38-18	359315	
the selection criteria is  Describe in Part IV th  Part II Grants and Of	used to award the grants e organization's procedur	or assistance? res for monitoring the use nestic Organizations ar	e of grant funds in the Un  nd Domestic Governme	ited States	for the grants or assistance	,	Part IV, line	Yes V No
(a) Name and address organization or government	<u> </u>	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Descri noncash as		(h) Purpose of grant or assistance
(1) MIDLAND AREA COMMUNI FOUNDATION 76 ASHMAS CIR MIDLAND, MI 48640	38-2023395 ITY	C3	30,000					EDUCATION
	other organizations lister	d in the line 1 table	listed in the line 1 table .					edule I (Form 990) 2017

Page **2** 

Schedule I (Form 990) 2017

(1) (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.

SCHEDULE I, PAGE 1, PART I, LINE THE GRANT DOES NOT REQUIRE MONITORING AS IT WAS A ONE TIME PAYMENT TO ESTABLISH AN ENDOWMENT FUND FOR THE BENEFIT OF THE ORGANIZATION AT

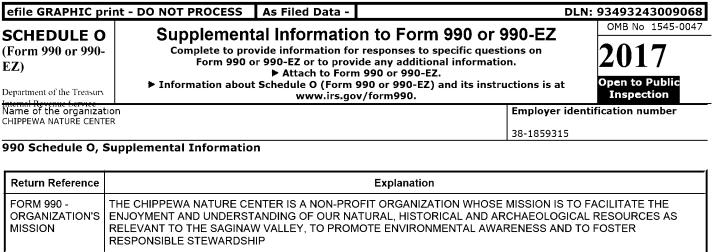
MIDLAND AREA COMMUNITY FOUNDATION ESTABLISHMENT OF THIS ENDOWMENT ALLOWS OTHERS WITHIN THE COMMUNITY TO MAKE CONTRIBUTIONS TO THE

Return Reference

Explanation

FUND

Schedule I (Form 990) 2017



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	EXCEPTION OF FOUR HOLIDAYS WHILE QUANTIFYING TRAIL USERS IS DIFFICULT, WE WELCOMED A RECO RD NUMBER OF 22,102 GUESTS TO THE VISITOR CENTER FREE DROP-IN PROGRAMS CONTINUE TO BE THE FOUNDATION OF CNC'S INTERPRETIVE PROGRAM OF FERINGS, AND ARE ATTENDED BY A MIX OF RETURNIN G GUESTS AND FIRST-TIME VISITORS WE WELCOMED 152 VISITORS TO WEE STROLL, A PROGRAM DESIGN ED FOR OUR YOUNGEST VISITORS (6 MONTHS-2 YEARS OLD) AND THEIR CAREGIVERS TO CONNECT WITH N ATURE STORY HOURS ARE GEARED FOR THE NEXT OLDER AGE GROUP RANGING FROM 2-5 YEARS OLD, AND HAD 995 PARTICIPANTS IN 2017 BEYOND THE DROP-IN PRESCHOOL PROGRAMS, OVER 250 ADULT AND F AMILY PROGRAMS WERE OFFERED IN 2017, SERVING NEARLY 5, 100 PEOPLE THOSE PROGRAMS COVERED T OPICS INCLUDING BIRD WALKS, WILDFLOWER HIKES, MAPLE SYRUP PROGRAMS, LIFE ON AN 1870S FARM, BIRD BANDING, NATIVE AMERICAN LIFE, FULL MOON WALKS, ARCHAEOLOGY, ANIMALS TRACKS, SALAMA NDER SEARCHES, GOLF CART TOURS, SNAKE PROGRAMS AND MUCH, MUCH MORE HOMESTEAD SUNDAYS, A UN IQUE SUNDAY AFTERNOON DROP-IN PROGRAM AT THE HOMESTEAD FARM, CONTINUES TO BE POPULAR WITH 1,399 VISITORS IN 2017 THIS WAS OUR FIRST FULL SEASON WITH THE TIMBER FRAME BARN AND LIVE STOCK PEN IMPROVEMENTS, BOTH OF WHICH ENHANCED THE VISITOR EXPERIENCE THIS YEAR, UNDER THE LEADERSHIP OF SEASONAL STAFF, 12 DEDICATED VOLUNTEERS DONATED MORE THAN 328 HOURS OF THE IR TIME LEADING TOURS AND HANDS-ON ACTIVITIES, CONDUCTING DEMONSTRATIONS AND WORKING IN THE GARDEN THE HOMESTEAD GARDEN HAS CONTINUED TO THIVE AND PROVIDE FRESH PRODUCE TO THE WILD LAND COUNTY EMERGENCY FOOD PANTRY NETWORK IMMERSIVE PROGRAMS DEVELOP A CONNECTION TO NAT URE FOR ALL AGES MANY VISITORS CHOOSE TO SPEND MORE TIME LEARNING, GROWING AND EXPERIENCING THE MATURAL WORLD THROUGH REGISTERED PROGRAMS THAT ENHANCE AND SUPPORT THEIR CONNECTION TO NATURE FIELD TRIPS ARE IMMERSIVE EXPERIENCES THAT GIVE VISITORS THE OPPORTUNITY TO PAD DLE LOCAL RIVERS, BIRD THE SAGINAW BAY, TRY VOYAGEUR CANDEING, ENJOY HISTORY TOURS BY GOLF CART, KAYAK THE MOOSE COUNTRY OF THE UPPER PENINSULA AND SNOWS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	UDENTS WERE GUIDED THROUGH MORE THAN 20 ON-SITE PROGRAMS AND NINE OFF-SITE OPTIONS THROUGH FOUR AT HOME WITH NATURE 3-CLASS SERIES, 236 HOMESCHOOL STUDENTS HAD THE OPPORTUNITY TO CONNECT WITH NATURE IN A VARIETY OF FUN, EDUCATIONAL PROGRAMS WE WELCOMED 509 CUB SCOUTS AND GIRL SCOUTS FOR A VARIETY OF PROGRAMS THAT SUPPORT THEIR CONNECTION TO NATURE THROUGH THE SCOUTING ADVANCEMENT PROGRAMS NATURE KINDERGARTEN AND NATURE FIRST GRADE CONTINUE TO BE A SUCCESS STORY THE 2017-18 SCHOOL YEAR MARKED THE 6TH YEAR OF THIS PARTNERSHIP WITH B ULLOCK CREEK SCHOOLS, WITH FOUR SECTIONS OF KINDERGARTEN AT FLOYD ELEMENTARY AND ONE SECTI ON AT PINE RIVER ELEMENTARY, IN ADDITION TO THREE SECTIONS OF NATURE FIRST GRADE AT FLOYD ELEMENTARY ALL OF THESE CLASSES ARE NOW NATURE-BASED WITH A CNC EDUCATOR WORKING CLOSELY WITH THE TEACHERS TO DEVELOP CURRICULUM IN ADDITION TO WEEKLY VISITS TO FIRST GRADE, A CN C EDUCATOR VISITS EVERY CLASSROOM AT FLOYD ELEMENTARY ON A MONTHLY BASIS NATURE PRESCHOOL HAS SEEN ALOT OF GROWTH IN RECENT YEARS DURING THE 2016-17 SCHOOL YEAR, NATURE PRESCHOOL BUILDING AND NATURE STUDY BUILDING WE CONTINUE TO OPERATE WITH FUNDING FROM THE GREAT S TART READINESS GRANT FROM THE MICHIGAN DEPARTMENT OF EDUCATION FOR 21 AT-RISK 4-YEAR OLDS TO ATTEND NATURE PRESCHOOL AT NO COST TO THE FAMILY IN ADDITION, WE HAVE FUNDING FROM THE GREAT START READINESS GRANT FROM THE SILDLY BUILDING WE CONTINUE TO OFFERS SCHOLARSHIPS TO FAMIL IES THAT MAY NOT QUALIFY FOR THESE FUNDING SOURCES, BUT HAVE A FINANCIAL NEED FOR TUITION ASSISTANCE WE ARE GRATEFUL TO THE CHARLES J STROSACKER FOUNDATION AND THE DOW CHEMICAL C OMPANY FOR THEIR FINANCIAL SUPPORT TO KEEP THIS SCHOLARSHIP PROGRAM RUNNING THIS ALLOWS U S TO CONTINUE OUT MISSION TO MAKE NATURE PRESCHOOL ACCESSIBLE TO A GREAT DIVERSITY OF ECON OMIC BACKGROUNDS NATURE DAY CAMP HAD A RECORD YEAR IN 2017- WE SERVED 1027 CAMPERS, THE MOST EVER, OVER 8 WEEKS OF CAMP FIFTY-EIGHT CHILDREN PARTICIPATED IN CAMP AS PART OF A GR ANT THROUGH BULLOCK CREEK SCHOOLS, AND ANOTHER 71 STUDENTS RECEIVED

Return

Reference	
FORM 990,	AND NORTH MANITOU TRIPS HAD THE LONGEST WAITLISTS) EIGHTY- FOUR TEENS PARTICIPATED IN THE
PAGE 2,	COUNSELOR-IN-TRAINING (CIT) PROGRAM, LOGGING 5,806 SERVICE HOURS CITS ASSIST COUNSELORS WITH SET-
PART III,	UP AND CLEAN-UP, PLAY GAMES AND DO CRAFTS WITH THE KIDS, LEAD LUNCHTIME ACTIVATES AND ACT AS ROLE
LINE 4A	MODELS THROUGHOUT THE DAY NEW EXHIBITS KEEP THINGS FRESH A NEW LOOK TO THE ENTRY-WAY OF THE
	HOMESTEAD FARM AND ARBORETUM WAS ESTABLISHED IN 2017 THROUGH THE DILI GENT WORK OF THE LAND &
	FACILITIES, MARKETING AND PROGRAMS DEPARTMENTS, VISITORS TO THAT A REA ARE NOW WELCOMED BY A CNC-
	BRANDED KIOSK WITH INFORMATION AND MAPS OF THESE TWO UNIQUE AREAS A TRIP TO THE RESOURCE
	BUILDING WILL NOW GIVE VISITORS THE OPPORTUNITY TO LEARN MOR E ABOUT LAND MANAGEMENT AT CNC
	$\mid$ WHILE STOPPING FOR A DRINK, VISITORS CAN LEARN ABOUT THE I NVASIVE SPECIES WE BATTLE AND THE AMAZING $\mid$
	RESULTS WE SEE WHEN THEY ARE CONTROLLED ONCE AG AIN, THIS EXHIBIT WAS DEVELOPED THROUGH THE
	COORPERATIVE EFFORT OF LAND & FACILITIES, MARK ETING AND PROGRAMS LOOKING FORWARD AS WE LOOK
	TOWARD THE FUTURE, WE ARE EXCITED TO CONTIN UE TO OFFER HIGH QUALITY, MEANINGFUL NATURE
	EXPERIENCES FOR ALL OF OUR VISITORS THROUGH NEW AND EXPANDING PARTNERSHIPS WITH LOCAL SCHOOLS,
	CONNECTIONS WITH LOCAL BUSINESSES AND THE SUPPORT OF OUR COMMUNITY, CHIPPEWA NATURE CENTER'S
	MISSION IS BEING FULFILLED ON A DAILY BASIS

Explanation

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	ADDITIONAL FUNDING TO INSTALL THE TOWER AT CNC WAS PROVIDED BY THE HERBERT H. AND GRACE A DOW FOUNDATION, THE HARRY A. AND MARGARET D. TOWSLEY FOUNDATION, AND MIDLAND AREA COMMUNI TY FOUNDATION, THE HARRY A. AND MARGARET D. TOWSLEY FOUNDATION, AND MIDLAND AREA COMMUNI TY FOUNDATION. AND CONSUMERS ENERGY FOUNDATION THE 33-FOOT TALL OBSERVATION TOWER WILL HAV E. A. SIGNIFICANT IMPACT ON CNC'S DIVERSE EDUCATIONAL PROGRAMMING, AS WELL AS FOR EVERYDAY V. ISITORS THE LOWER LEVEL OF THE TOWER HAS UNIVERSAL ACCESS TO HOSE WITH A ROWPLEADING TO A 21-FOOT BY 24-FOOT VIEWING PLATFORM VISITORS CAN ACCESS THE UPP ER LEVER OF THE TOWER BY STAIRS ACCESS TO MUSKRAT MARSH IMPROVED WITH A NEW FLOATING CLAS SROOM DOCK, MADE POSSIBLE THROUGH A GRANT FROM THE MICHIGAN BASEBALL FOUNDATION 100-YEAR FLOOD IN JUNE THE GREAT LAKES BAY REGION WAS AFFECTED BY HISTORIC FLOODING IN JUNE WHEN 5 1/2" OF RAIN FELL IN ONE NIGHT FOLLOWING A WEEK OF STEADY RAINS MAJOR IMPACTS AT CNC INCL UDED THE FLOODING OF THE NATURE STUDY BUILDING, BENT STILL-ARMS AT THE UNIVERSAL ACCESS DO CK, A PORTION OF HOMESTEAD ROAD WASHED OUT, ARBORETUM TREES THAT DIED AND DEBRIS THAT NEED ED TO BE CLEANED OFF CNC TRAILS TRAILS WERE BACK IN ORDER AND THE UNIVERSAL DOCK WAS REPA IRED WITH A WEEK AND WHILE WE LOST ACCESS TO THE NATURE STUDY BUILDING FOR NATURE DAY CAMP, THE BUILDING WAS READY FOR THE FIRST DAY OF PRESCHOOL ON SEPTEMBER 11 IMPROVING ACCESS TO NATURE TWO NEW RAMPS WERE BUILT ON EACH SIDE OF THE EAST CHIPPEWA TRAIL BRIDGE TO CORR ECT SIGNIFICANT FROST HEAVING THAT HAS OCCURRED OVER THE LAST SEVERAL YEARS THE SUGAR BUSH TRAIL AT THE EAST END OF THE BIX-ISLAND POND AND A TRAIL PARALLELING HOMESTEAD ROAD IN THE BEECH/MAPLE FOREST WERE RE-ROUTED DUE TO HIGH NUMBERS OF ASH TREES AFFECTED BY EMERAL A SH BORRE IN ORDER TO IMPROVE TRAIL ACCESS DURING WET SEASONS, ADDITIONAL REROUTES WERE AD DED IN MAY ONE WAS CREATED IN THE OXBOW AND A SEASONALLY FLOODED MAPLE FORESTED AREA. A SECOND REROUTE WAS COMPLETED IN THE EBECH/MAPLE FOREST TO BYPASS A WET AREA THAT IS OFTEN

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	R LAND MANAGEMENT IMPROVES THE ECOSYSTEMS CONTROL OF INVASIVE EXOTIC PLANTS TO BE A MAJOR FOCUS IN 2017 IN TOTAL, 407 ACRES WERE TREATED TO CONTROL THE SPREAD OF THESE INVADERS CNC WAS ABLE TO TREAT ALL PHRAGMITES AND MOST OF THE JAPANESE KNOTWEEK FOUND ON THE PROPER TY THROUGH SUPPORT FROM THE SAGINAW BAY COOPERATIVE INVASIVE SPECIES MANAGEMENT AREA ADDI TIONAL BRUSH HOGGING IN THE WINTER HELPED CONTROL SHRUBBY INVASIVE EXOTIC PLANTS IN CNC'S OPEN AREAS AND ALLOWED THE SUMMER CREW TO FOCUS ON THE WOODED AND SHRUBBY AREAS THAT ARE H 16H PRIORITY IN ADDITION, A TOTAL OF 46 DEER WERE HARVESTED ON CNC PROPERTY BY FIVE CNC-S ELECTED VOLUNTEERS DURING THE SEASON ITC TRANSMISSION EARNED THE GRASSLANDS PROJECT AWARD FOR ITS NATIVE PLANT RESTORATION WORK ON THE TRANSMISSION CORRIDOR CROSSING CHIPPEWA NATUR E CENTER FOUR APPLICATIONS OF NATIVE SEED MIXES ENHANCED THE EXISTING NATIVE PLANT DIVERS ITY IN THE ITC ELECTRICITY TRANSMISSION CORRIDOR AT THE NATURE CENTER FROM 2012-2016 THES E NATIVE SPECIES PROVIDE LARVAL HOST PLANTS, NECTAR AND POLLEN SOURCES THROUGHOUT THE GROW ING SEASON AND NESTING AND COVER MATERIALS FOR NATIVE POLLINATORS ITC HAS CONDUCTED ANNUA LINVASIVE SPECIES TREATMENTS WITHIN THE CHIPPEWA NATURE CENTER TRANSMISSION CORRIDOR SINC E 2010 THROUGH MOWING, HAND-PULLING, SEED HEAD COLLING, FOLIAR AND CUT-STUMP HERBICIDE APP LICATIONS, AND BIOLOGICAL CONTROL TO ENCOURAGE THE ESTABLISHMENT OF NATIVE FORBS, GRAMINOI DS AND SHRUBS MOST BENEFICIAL TO NATIVE POLLINATORS CNC WAS EXCITED TO BE AWARDED A MICH IGAN DNR WILDLIFE GRANT FOR 2018-19 THIS GRANT WILL ENABLE CNC TO CONTINUE TO ENHANCE ITS OPEN AREAS USING PRESCRIBED BURNS AND PLANTING WILDFLOWERS WORK WILL START IN 2018 TO CRE ATE OPENINGS IN SHRUBS TO HELP RESTORE THE AREAS MAPLE SYRUP SEASON - DUE TO WAR M WEATHER EARLY, SAP COLLECTING STARTED ON FEBRUARY 17 AND ENDED ON APRIL 3 IN TOTAL, 36 GALLONS OF MAPLE SYRUP WAS MADE ARBORETUM - ALTHOUGH 73 TREES DIED (MOSTLY AS A RESULT OF THE WILDFLOWER PLANTINGS FROM 2016 INCREASED DIVERSITY IN THE AREA (EVEN T

Return

Reference	
FORM 990,	VOLUNTEERS FOR OVER 50 YEARS, VOLUNTEERS HAVE PLAYED A SIGNIFICANT ROLE AT CNC, FROM OUR
PAGE 2,	FOUNDING BOARD OF DIRECTORS TO THOSE INDIVIDUALS WHO SPENT ENDLESS HOURS REMOVING BARBWIRE AND
PART III,	BUILDING THE HOMESTEAD BUILDINGS TO THE CITS HELPING WITH NATURE DAY CAMP AND MANY INDIVIDUALS
LINE 4C	THAT HELP MAKE ALL OF OUR SPECIAL EVENTS A SUCCESS VOLUNTEERS OF ALL AGES ASSIST CNC STAFF WITH A
	WIDE RANGE OF PROJECTS, FESTIVALS AND ACTIVITIES CHIPPEWA NATURE CENTER WOULD LIKE TO EXPRESS
	OUR SINCERE GRATITUDE AND A HEARTFELT "THANK YOU" TO THE 891 VOLUNTEERS THAT SHARED THEIR TIME (A
	TOTAL OF 13,709 25 HOURS), TALENTS AND EXPERTISE AT CNC DURING 2017 THE NAMES OF THE INDIVIDUALS THAT
	PROVIDED VOLUNTEER SUPPORT THROUGHOUT THE CENTER DURING 2017 ARE LISTED IN THIS REPORT AGAIN, A
	SINCERE THANK YOU TO ALL OUR VOLUNTEERS THROUGHOUT THE YEARS FOR YOUR HARD WORK AND
	DEDICATION TO OUR PROGRAMS, MISSION AND VISION WE COULDN'T DO IT WITHOUT YOU
l .	

Explanation

Return Explanation

LINE 6

FORM 990, THE ORGANIZATION HAS MEMBERS OF VARIOUS LEVELS, DEPENDING ON CONTRIBUTION ALL MEMBERS HAVE PAGE 6, RIGHTS TO VOTE ON BOARD MEMBERS

PART VI.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	BOARD MEMBERS ARE ELECTED AT THE ANNUAL MEETING BY VOTES FROM CNC MEMBERS NOMINATIONS ARE NAMED BY NOVEMBER OF THE PRECEDING YEAR BY THE BOARD NOMINATING COMMITTEE THE ELECTION IS HELD AT THE ANNUAL MEETING IF NO NOMINATIONS ARE MADE OTHER THAN THE SLATE ANNOUNCED BY THE NOMINATING COMMITTEE, THEN THOSE NOMINATED ARE ELECTED WITH ONE BALLOT FROM THE BOARD SECRETARY - ALSO AT THE ANNUAL MEETING

Return
Reference

Explanation

FORM 990, THE FORM 990 WAS REVIEWED BY SENIOR MANAGEMENT OF CNC PRIOR TO ITS APPROVAL FOR FILING
PAGE 6,
PART VI.

990 Schedule O, Supplemental Information

LINE 11B

Return

Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY COVERS MEMBERS OF THE CHIPPEWA NATURE CENTER (CNC) BOARD OF DIRECTORS, ANY OF ITS COMMITTEES, AND STAFF MEMBERS COVERED PERSONS SHALL READILY DISCLOSE TO CNC ANY PERSONAL INTEREST WHICH HE OR SHE MAY HAVE IN ANY MATTER PENDING BEFORE CNC AND SHALL REFRAIN FROM PARTICIPATION IN ANY DECISION ON SUCH MATTER ANY MEMBER OF THE CNC BOARD OR STAFF, WHO IS AN OFFICER, BOARD MEMBER, OR EMPLOYEE OF AN AGENCY OR OTHER ENTITY DOING BUSINESS WITH CNC, SHALL IDENTIFY HIS OR HER AFFILIATION WITH SUCH AGENCY OR ENTITY COVERED PERSONS IN CONNECTION WITH ANY POLICY COMMITTEE OR BOARD ACTION SPECIFICALLY DIRECTED TO THAT AGENCY OR ENTITY, SHALL NOT PARTICIPATE IN THE DECISION AFFECTING THAT AGENCY OR ENTITY, AND THE DECISION MUST BE MADE AND/OR RATIFIED BY THE FULL BOARD WITHOUT THE VOTE OF THE AFFECTED MEMBER

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference

COMMITTEE MEETING MINUTES

FORM 990,
PAGE 6,
PART VI,
INF 15A
POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE APPROVAL IS DOCUMENTED IN THE EXECUTIVE

THE EXECUTIVE COMMITTEE DEVELOPS A BUDGET CONTAINING THE EXECUTIVE DIRECTOR'S SALARY WHICH IS
APPROVED BY THE BOARD OF DIRECTORS COMPETITIVE SALARY LEVELS ARE COMPARED AT LOCAL, STATE, AND
NATIONAL LEVELS FOR COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE
POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE APPROVAL IS DOCUMENTED IN THE EXECUTIVE

Return Explanation
Reference

FORM 990,	ANY REQUESTS FOR THIS INFORMATION ARE DIRECTED TO THE EXECUTIVE DIRECTOR, WHO PROVIDES THE
PAGE 6,	DOCUMENTS AS REQUESTED IF LEGALLY MANDATED OR CONSTRUCTIVELY APPROPRIATE
PART VI,	
LINE 19	

Return Explanation
Reference

LINE 9

FORM 990, PART XI.

GAIN ON SALE OF FIXED ASSETS -4,825 GAIN ON SALE OF FIXED ASSETS 4,825