

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 CHIPPEWA NATURE CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 400 S BADOUR RD

City or town, state or country, and ZIP + 4
 MIDLAND, MI 48640

D Employer identification number
 38-1859315

E Telephone number
 (989) 631-0830

G Gross receipts \$ 13,154,066

F Name and address of principal officer
 BARBARA ANDERSON
 1108 EVAMAR DR
 MIDLAND, MI 48640

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CHIPPEWANATURECENTER.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1966

M State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE CHIPPEWA NATURE CENTER IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO FACILITATE THE ENJOYMENT AND UNDERSTANDING OF OUR NATURAL, HISTORICAL AND ARCHAEOLOGICAL RESOURCES AS RELEVANT TO THE SAGINAW VALLEY, TO PROMOTE ENVIRONMENTAL AWARENESS AND TO FOSTER RESPONSIBLE STEWARDSHIP		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	369
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	328,923	503,168
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-71,294	1,203,300
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,996	15,181
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	488,500	1,998,567
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,573,903	1,583,740
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 91,450		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	847,251	1,429,113
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,421,154	3,012,853	
19 Revenue less expenses Subtract line 18 from line 12	-1,932,654	-1,014,286	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	34,917,896	35,348,970
	22 Net assets or fund balances Subtract line 21 from line 20	56,291	54,699
		34,861,605	35,294,271

Part II Signature Block

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

Sign Here

 Signature of officer

BARBARA ANDERSON PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KELLIE M BOS Preparer's signature KELLIE M BOS

Firm's name ▶ ANDREWS HOOPER PAVLIK PLC

Firm's address ▶ 5915 EASTMAN AVE STE 100
 MIDLAND, MI 486402590

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE CHIPPEWA NATURE CENTER IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO FACILITATE THE ENJOYMENT AND UNDERSTANDING OF OUR NATURAL, HISTORICAL AND ARCHAEOLOGICAL RESOURCES AS RELEVANT TO THE SAGINAW VALLEY, TO PROMOTE ENVIRONMENTAL AWARENESS AND TO FOSTER RESPONSIBLE STEWARDSHIP

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 583,249 including grants of \$) (Revenue \$ 239,695)

EDUCATION THE DEPARTMENT OF EDUCATION'S ROLE IN ACCOMPLISHING THE NATURE CENTER MISSION IS TO FACILITATE POSITIVE OUTDOOR EXPERIENCES TO THE YOUTH IN OUR COMMUNITY IN ONE OF TWO WAYS 1) AS PART OF FORMAL EDUCATION, AND 2) DURING CHILDREN'S LEISURE TIME OUR FORMAL EDUCATION PROGRAMS STRIVE TO MEET CURRICULUM GOALS WHILE PROVIDING HANDS-ON, DEVELOPMENTALLY APPROPRIATE LEARNING IN AN OUTDOOR SETTING THE PROGRAMS WE OFFER DURING LEISURE TIME ARE GEARED TOWARDS BUILDING COMFORT, KNOWLEDGE, AND PERSONAL CONNECTIONS TO NATURE THROUGH POSITIVE AND FUN OUTDOOR EXPERIENCES A LARGE PORTION OF OUR PROGRAM OFFERINGS IS THROUGH SCHOOL GROUPS MOST SCHOOL-YEAR WEEKDAYS THERE ARE 2 TO 8 AREA SCHOOL GROUPS HERE, WHICH MEANS WE SERVE MORE THAN 17,000 STUDENTS ANNUALLY OTHER PRE-REGISTERED PROGRAMS INCLUDE OUR SUMMER NATURE DAY CAMP (686 CAMPERS IN 2010), SCOUT GROUPS (700 SCOUTS IN 2010), AND YOUTH EVENTS SUCH AS NATURE'S EGG EXTRAVAGANZA YOUTH PROGRAMS SUCH AS WEE STROLLS FOR TODDLERS, STORY HOURS FOR EARLY CHILDHOOD, AND NATURE FOR YOUTH FOR UPPER ELEMENTARY STUDENTS ARE OFFERED IN ADDITION TO MANY CUSTOMIZED PROGRAMS OUR NATURE PRESCHOOL, NOW IN ITS 4TH YEAR, IS AN EXCELLENT MISSION-BASED PROGRAM DESIGNED TO HELP 3 AND 4 YEAR-OLDS DEVELOP A LIFE-LONG CONNECTION TO THE NATURAL WORLD THROUGH FREQUENT, POSITIVE OUTDOOR EXPERIENCES IN A PRESCHOOL SETTING IN 2010 THERE WERE 60 REGISTERED PRESCHOOLERS THAT ATTENDED 2 TO 4 DAYS PER WEEK

4b (Code) (Expenses \$ 393,598 including grants of \$) (Revenue \$ 37,385)

INTERPRETATION CNC'S NATURALIST STAFF LED OVER 185 CULTURAL AND NATURAL HISTORY INTERPRETIVE PROGRAMS IN 2010, WITH A TOTAL ATTENDANCE OF 5,500 PEOPLE THE PROGRAM TYPES RANGED FROM NATURALIST-LED WALKS TO MAJOR FESTIVALS TOTAL ATTENDANCE NUMBERS WERE AGAIN DOWN THIS YEAR DUE TO A MAJOR CONSTRUCTION AND RENOVATION PROJECT TO OUR FACILITIES, HOWEVER, ATTENDANCE AT HIKES, THE HOMESTEAD, FIELD TRIPS, AND DAILY VISITOR DROP-IN WERE EXCELLENT THE GUIDING FORCE FOR CNC'S PROGRAM OFFERINGS IS THE MISSION IT DIRECTS US TO FACILITATE THE ENJOYMENT AND UNDERSTANDING OF THE CULTURAL AND NATURAL RESOURCES OF THE SAGINAW VALLEY, TO PROMOTE ENVIRONMENTAL AWARENESS AND FOSTER RESPONSIBLE STEWARDSHIP THE ULTIMATE GOAL OF PROGRAMMING IS TO INSPIRE PEOPLE TO PROTECT THE NATURAL WORLD AND WE ARE FORTUNATE TO HAVE A DEDICATED STAFF, COMMITTED BOARD OF DIRECTORS, AND A WONDERFUL FACILITY FROM WHICH TO RUN THESE PROGRAMS FOR OUR MEMBERSHIP AND THE GENERAL PUBLIC MAJOR EVENTS ALWAYS PULL IN LARGE CROWDS FOR RECREATIONAL AND EDUCATIONAL ACTIVITIES WITH REDUCED FACILITIES IN 2010 WE DID NOT HOLD SEVERAL OF OUR REGULAR EVENTS, BUT WE DID DRAW 411 PEOPLE FOR THE BANFF MOUNTAIN FILM FESTIVAL WE OFFERED OVER 130 FREE, DROP-IN INTERPRETIVE PROGRAMS, SUCH AS BIRD WALKS, WILDFLOWER HIKES, FUNGI FORAYS, MAPLE SYRUP PROGRAMS, LIFE ON AN 1870'S FARM, BIRD BANDING, NATIVE AMERICAN LIFE ARCHAEOLOGY, ANIMAL TRACKS, SNOWSHOEING AND MUCH, MUCH MORE IN TOTAL OVER 2,700 PEOPLE ATTENDED THESE SPECIAL INTERPRETIVE PROGRAMS

4c (Code) (Expenses \$ 1,405,660 including grants of \$) (Revenue \$)

LAND & FACILITIES CNC RESTS ON APPROXIMATELY 1,200 ACRES OF LAND ON THE CHIPPEWA AND PINE RIVERS ABOUT 4 MILES FROM DOWNTOWN MIDLAND THE LAND CONSISTS OF A VARIETY OF HARDWOOD AND PINE FORESTS, MEADOWS, AND PONDS, AND A RICH CULTURAL HISTORY, 15 MILES OF TRAILS HAVE BEEN CREATED TO EXPLORE THE VARIOUS ECOSYSTEMS TRAILS ARE OPEN TO THE GENERAL PUBLIC FROM DAWN TILL DUSK, AND ARE REGULARLY USED BY ADULT AND YOUTH GROUPS FOR A WIDE VARIETY OF EDUCATIONAL PROGRAMS WHILE THE DOMINANT RESOURCE AT CNC IS THE "OUT-OF-DOORS", BUILDINGS ARE FOUND NECESSARY TO PROVIDE TEACHING CLASSROOMS, INTERPRETIVE GALLERIES (OPEN TO GROUPS AND THE DROP-IN VISITOR), COLLECTION STORAGE, AUDIO-VISUAL RESOURCES, VISITOR INFORMATION AND INTERPRETIVE AREAS, AND RESTROOMS EVERYTHING IS DESIGNED TO PROMOTE OUR MISSION AND ENCOURAGE INTERESTS AND EDUCATION IN OUR NATURAL WORLD

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 139,703 including grants of \$) (Revenue \$ 300)

4e Total program service expenses \$ 2,522,210

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	4		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	65		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> CHIPPEWA NATURE CENTER INC 400 S BADOUR ROAD MIDLAND, MI 48640 (989) 631-0830

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENIFER KUSCH PRESIDENT	1 00	X		X				0	0	0
(2) BARBARA ANDERSON 1ST VICE PRE	1 00	X		X				0	0	0
(3) ANNE HAINES 2ND VICE PRE	1 00	X		X				0	0	0
(4) BILL LAUDERBACH TREASURER	1 00	X		X				0	0	0
(5) ADAM BRUSKI DIRECTOR	1 00	X						0	0	0
(6) MARK SNYDER SECRETARY	1 00	X		X				0	0	0
(7) JUDY FIRENZE DIRECTOR	1 00	X						0	0	0
(8) DR TRACY GALAROWICZ DIRECTOR	1 00	X						0	0	0
(9) CHRIS GAUMER DIRECTOR	1 00	X						0	0	0
(10) MARIANNE MCKELVY DIRECTOR	1 00	X						0	0	0
(11) DALE LAUGHNER DIRECTOR	1 00	X						0	0	0
(12) JANET MARTINEAU DIRECTOR	1 00	X						0	0	0
(13) LOIS ANN REED DIRECTOR	1 00	X						0	0	0
(14) DICK TOUVELL EXECUTIVE DI	1 00			X				111,399	0	0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b	44,819				
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	458,349				
	g Noncash contributions included in lines 1a-1f \$	2,841				
	h Total. Add lines 1a-1f ▼		503,168			
	Program Service Revenue		Business Code			
2a YOUTH EDUCATIONAL PROGRAMS		611600	239,995	239,995		
b ADULT INTERPRETIVE PROGRAMS		812900	36,923	36,923		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼		276,918				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		596,289		596,289	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real	12,780			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	12,780			
	d Net rental income or (loss) ▼		12,780		12,780	
	7a Gross amount from sales of assets other than inventory	(i) Securities	11,754,632			
		(ii) Other				
		b Less cost or other basis and sales expenses	11,147,621			
		c Gain or (loss)	607,011			
	d Net gain or (loss) ▼		607,011		607,011	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▼						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a		9,817				
	b Less cost of goods sold b	7,878				
	c Net income or (loss) from sales of inventory ▼		1,939		1,939	
11a MISCELLANEOUS INCOME	Miscellaneous Revenue	Business Code				
	_____	900099	462	462		
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d ▼		462				
12 Total revenue. See Instructions ▼		1,998,567	277,380		1,218,019	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	111,399	82,039	23,983	5,377
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	1,131,962	833,630	243,700	54,632
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	104,242	72,969	25,018	6,255
9	Other employee benefits	123,940	86,758	29,746	7,436
10	Payroll taxes	112,197	78,538	26,927	6,732
a	Fees for services (non-employees)				
	Management				
b	Legal	361		361	
c	Accounting	10,450		10,450	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	37,413	26,202	1,461	9,750
13	Office expenses	32,166	24,673	7,372	121
14	Information technology	22,936	17,202	4,587	1,147
15	Royalties				
16	Occupancy	81,998	75,414	6,584	
17	Travel	13,247	12,585	662	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,722	15,914	2,808	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	339,443	332,654	6,789	
23	Insurance	7,534	6,781	753	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	LAND & FACILITIES	723,725	723,725		
b	YOUTH EDUCATIONAL	58,852	58,852		
c	ADULT INTERPRETIVE	40,459	40,459		
d	VOLUNTEERS/CIVIC PARTICIP	22,003	22,003		
e	OFFICE AND OPERATIONS	19,804	11,812	7,992	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,012,853	2,522,210	399,193	91,450
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	28,154	1	6,848
	2 Savings and temporary cash investments	2,527,678	2	2,952,046
	3 Pledges and grants receivable, net	2,147,939	3	135,214
	4 Accounts receivable, net	129,503	4	54,593
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,501	8	23,984
	9 Prepaid expenses and deferred charges	21,500	9	12,627
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	11,769,896		
	b Less accumulated depreciation	2,737,186	10c	9,032,710
	11 Investments—publicly traded securities	22,098,057	11	23,130,948
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,917,896	16	35,348,970	
Liabilities	17 Accounts payable and accrued expenses	37,903	17	30,951
	18 Grants payable		18	
	19 Deferred revenue	18,388	19	23,748
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	56,291	26	54,699
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,102,119	27	9,148,028
	28 Temporarily restricted net assets	23,197,780	28	22,470,487
	29 Permanently restricted net assets	3,561,706	29	3,675,756
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,861,605	33	35,294,271	
34 Total liabilities and net assets/fund balances	34,917,896	34	35,348,970	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,998,567
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,012,853
3	Revenue less expenses Subtract line 2 from line 1	3	-1,014,286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,861,605
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,446,952
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	35,294,271

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHIPPEWA NATURE CENTER

Employer identification number

38-1859315

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	462,367	1,180,573	4,013,830	328,923	393,168	6,378,861
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	462,367	1,180,573	4,013,830	328,923	393,168	6,378,861
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)						3,378,267
6 Public Support. Subtract line 5 from line 4						3,000,594

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	462,367	1,180,573	4,013,830	328,923	393,168	6,378,861
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,138,578	1,195,347	1,150,156	622,612	609,069	4,715,762
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 IV.)			4,511	2,137	9,817	16,465
11 Total support (Add lines 7 through 10)						11,111,088
12 Gross receipts from related activities, etc (See instructions)					12	698,763

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

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	27.010 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	25.670 %

16a 33 1/3% support test—2010. 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—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						




Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Additional Data

Software ID:
Software Version:
EIN: 38-1859315
Name: CHIPPEWA NATURE CENTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 139,703 including grants of \$) (Revenue \$ 300)

VOLUNTEERS & CIVIC PARTICIPATION VOLUNTEERS PLAY A KEY ROLL IN HELPING CNC ACCOMPLISH ITS MISSION IN 2010, 369 VOLUNTEERS PROVIDED A TOTAL OF 7,864 HOURS OF VOLUNTEER SUPPORT FOR OUR SPECIAL EVENTS, PROGRAMS, MAINTENANCE DEPARTMENT, AND NUMEROUS SPECIAL PROJECTS THROUGHOUT THE CENTER BEING AN ACTIVE PART OF THE GREAT LAKES BAY REGION IS AN IMPORTANT COMPONENT OF CNC PROGRAMMING FROM OUR INVOLVEMENT IN THE AREA CHAMBERS OF COMMERCE TO PARTICIPATION IN MANY COMMUNITY EVENTS, FESTIVALS, AND FAIRS CNC CONTINUALLY REACHES MEMBERS, AREA RESIDENTS, AND VISITORS BY PROVIDING HANDS-ON ACTIVITIES AND PROGRAM INFORMATION FOR EXAMPLE, WE PROVIDE AN INTERACTIVE PROGRAM FOR OUTREACH TO INDIVIDUALS LIVING IN 25 SENIOR LIVING FACILITIES IN THE AREA

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CHIPPEWA NATURE CENTER

Employer identification number 38-1859315

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	24,573,409	23,478,052	32,152,313		
b Contributions	114,050	6,750	7,000		
c Investment earnings or losses	2,676,524	4,378,135	-7,294,609		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,449,918	3,263,489	1,357,286		
f Administrative expenses	27,566	26,039	29,366		
g End of year balance	25,886,499	24,573,409	23,478,052		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment 85 000 %
- b** Permanent endowment 15 000 %
- c** Term endowment

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,574,672		1,574,672
b Buildings		7,741,963	1,602,294	6,139,669
c Leasehold improvements				
d Equipment		597,093	454,634	142,459
e Other		1,856,168	680,258	1,175,910
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,032,710

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,998,567
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,012,853
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,014,286
4	Net unrealized gains (losses) on investments	4	1,446,952
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,446,952
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	432,666

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,445,519
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,446,952
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,446,952
3	Subtract line 2e from line 1	3	1,998,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,998,567

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,012,853
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,012,853
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,012,853

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO BE USED TO SUPPORT PROGRAMS AND VARIOUS CAPITAL EXPENDITURES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
CHIPPEWA NATURE CENTER

Employer identification number
38-1859315

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE CHIPPEWA NATURE CENTER IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO FACILITATE THE ENJOYMENT AND UNDERSTANDING OF OUR NATURAL, HISTORICAL AND ARCHAEOLOGICAL RESOURCES AS RELEVANT TO THE SAGINAW VALLEY, TO PROMOTE ENVIRONMENTAL AWARENESS AND TO FOSTER RESPONSIBLE STEWARDSHIP

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	WE SERVE MORE THAN 17,000 STUDENTS ANNUALLY OTHER PRE-REGISTERED PROGRAMS INCLUDE OUR SUMMER NATURE DAY CAMP (686 CAMPERS IN 2010), SCOUT GROUPS (700 SCOUTS IN 2010), AND YOUTH EVENTS SUCH AS NATURE'S EGG EXTRAVAGANZA YOUTH PROGRAMS SUCH AS WEE STROLLS FOR TODDLERS, STORY HOURS FOR EARLY CHILDHOOD, AND NATURE FOR YOUTH FOR UPPER ELEMENTARY STUDENTS ARE OFFERED IN ADDITION TO MANY CUSTOMIZED PROGRAMS OUR NATURE PRESCHOOL, NOW IN ITS 4TH YEAR, IS AN EXCELLENT MISSION-BASED PROGRAM DESIGNED TO HELP 3 AND 4 YEAR-OLDS DEVELOP A LIFE-LONG CONNECTION TO THE NATURAL WORLD THROUGH FREQUENT, POSITIVE OUTDOOR EXPERIENCES IN A PRESCHOOL SETTING IN 2010 THERE WERE 60 REGISTERED PRESCHOOLERS THAT ATTENDED 2 TO 4 DAYS PER WEEK

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	AND FOSTER RESPONSIBLE STEWARDSHIP THE ULTIMATE GOAL OF PROGRAMMING IS TO INSPIRE PEOPLE TO PROTECT THE NATURAL WORLD AND WE ARE FORTUNATE TO HAVE A DEDICATED STAFF, COMMITTED BOARD OF DIRECTORS, AND A WONDERFUL FACILITY FROM WHICH TO RUN THESE PROGRAMS FOR OUR MEMBERSHIP AND THE GENERAL PUBLIC MAJOR EVENTS ALWAYS PULL IN LARGE CROWDS FOR RECREATIONAL AND EDUCATIONAL ACTIVITIES WITH REDUCED FACILITIES IN 2010 WE DID NOT HOLD SEVERAL OF OUR REGULAR EVENTS, BUT WE DID DRAW 411 PEOPLE FOR THE BANFF MOUNTAIN FILM FESTIVAL WE OFFERED OVER 130 FREE, DROP-IN INTERPRETIVE PROGRAMS, SUCH AS BIRD WALKS, WILDFLOWER HIKES, FUNGI FORAYS, MAPLE SYRUP PROGRAMS, LIFE ON AN 1870'S FARM, BIRD BANDING, NATIVE AMERICAN LIFE ARCHAEOLOGY, ANIMAL TRACKS, SNOWSHOEING AND MUCH, MUCH MORE IN TOTAL OVER 2,700 PEOPLE ATTENDED THESE SPECIAL INTERPRETIVE PROGRAMS

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	RESOURCES, VISITOR INFORMATION AND INTERPRETIVE AREAS, AND RESTROOMS EVERY THING IS DESIGNED TO PROMOTE OUR MISSION AND ENCOURAGE INTERESTS AND EDUCATION IN OUR NATURAL WORLD

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	VOLUNTEERS & CIVIC PARTICIPATION VOLUNTEERS PLAY A KEY ROLL IN HELPING CNC ACCOMPLISH ITS MISSION IN 2010, 369 VOLUNTEERS PROVIDED A TOTAL OF 7,864 HOURS OF VOLUNTEER SUPPORT FOR OUR SPECIAL EVENTS, PROGRAMS, MAINTENANCE DEPARTMENT, AND NUMEROUS SPECIAL PROJECTS THROUGHOUT THE CENTER BEING AN ACTIVE PART OF THE GREAT LAKES BAY REGION IS AN IMPORTANT COMPONENT OF CNC PROGRAMMING FROM OUR INVOLVEMENT IN THE AREA CHAMBERS OF COMMERCE TO PARTICIPATION IN MANY COMMUNITY EVENTS, FESTIVALS, AND FAIRS CNC CONTINUALLY REACHES MEMBERS, AREA RESIDENTS, AND VISITORS BY PROVIDING HANDS-ON ACTIVITIES AND PROGRAM INFORMATION FOR EXAMPLE, WE PROVIDE AN INTERACTIVE PROGRAM FOR OUTREACH TO INDIVIDUALS LIVING IN 25 SENIOR LIVING FACILITIES IN THE AREA

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	ORGANIZATION HAS MEMBERS OF VARIOUS LEVELS (DEPENDING ON CONTRIBUTION) ALL WITH RIGHTS TO VOTE ON BOARD MEMBERS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	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.

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WAS REVIEWED BY SENIOR MANAGEMENT OF CNC PRIOR TO ITS APPROVAL FOR FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE DEVELOPS A BUDGET CONTAINING THE EXECUTIVE DIRECTORS SALARY WHICH IS APPROVED BY THE BOARD OF DIRECTORS. COMPETITIVE SALARY LEVELS ARE COMPARED AT LOCAL, STATE, AND NATIONAL LEVELS FOR COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE APPROVAL IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.

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