				BLIC DISCLOSURE		noomo T	Γογ	OMB No. 1545-0047
_	0	90		anization Exemp				
Forr	n J	JU	Under section 501(c), 527, or 4				undations)	
Depa	rtment o	of the Treasury		security numbers on this for ov/Form990 for instructions a	-	-		Open to Public Inspection
-		nue Service	ar year, or tax year beginning		and ending 1		2023	inspection
	heck if		f organization	<u> </u>	and onlang 1	D Employe		on number
	pplicabl		SKEY-HARBOR SPRIM	IGS AREA		E Employe	lacitatioat	
	Addre chang		UNITY FOUNDATION					
	Name chang	e Doing b	usiness as			38-3	032185	
	Initial return	Number	and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	E Telephon	e number	
	Final return	,	US-131		A	231-	348-58	
	termir ated	City or t	own, state or province, country, a	and ZIP or foreign postal code		G Gross receip	ts \$	10,637,865.
	Amen	PEIO	SKEY, MI 49770			H(a) Is this a	group retur	
	Applic tion pendi	F Name a	nd address of principal officer: J.	AMES FORD		for subo	ordinates?	Yes X No
		SAME	AS C ABOVE			H(b) Are all sub		
		empt status:) (insert no.) 4947(a)(1) or 527			. See instructions
					H(c) Group e		ate of legal domicile: MI	
		Summary			L Year	of formation: 1		ate of legal domicile. MIL
	_		be the organization's mission or m	oost significant activities: 亚 田	E COMMIN	ITTY FOIL		N TS MADE
e	•		N EVER-GROWING FA			NE IS ES		
Governance	2	Check this bo		scontinued its operations or di				
ver			ting members of the governing bo					16
			dependent voting members of the					16
s S			of individuals employed in calence					6
/itie			of volunteers (estimate if necessa					75
Activities &			d business revenue from Part VIII					0.
_ <			business taxable income from Fo					0.
						Prior Yea		Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			3,406,		6,484,289.
enu	9	•					0.	0.
Revenue			come (Part VIII, column (A), lines (4,068,		1,552,739.
-			e (Part VIII, column (A), lines 5, 6d				433.	48,590.
			- add lines 8 through 11 (must ec		2)	7,516,		8,085,618.
			milar amounts paid (Part IX, colur	- (A) (4)		3,575,	0.	5,515,314.
			to or for members (Part IX, colum			452,		0. 493,197.
ses	15		r compensation, employee benefi undraising fees (Part IX, column (452,	0.	<u> </u>
Expenses	lua b		ing expenses (Part IX, column (D)	1.50	,806.			••
Ă	17		es (Part IX, column (A), lines 11a-			233.	316.	333,726.
			es. Add lines 13-17 (must equal Pa			4,261,		6,342,237.
			expenses. Subtract line 18 from I			3,255,		1,743,381.
or			•			eginning of Curre	ent Year	End of Year
t Assets or d Balances	20	Total assets (I	Part X, line 16)			56,667,	644.	55,398,624.
t As:	21	Total liabilities	e (Part X, line 26)			10,703,		12,047,065.
Fund			fund balances. Subtract line 21 fi	rom line 20		45,964,	035.	43,351,559.
	art II	Signatur						
			I declare that I have examined this rel				-	owledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other than c	officer) is based on all information	of which prepare	has any knowle	dge.	
		Cignoture of a	fficer			Data		
Sig		Signature of o				Date		
Her	е	MELISSA Type or print r	NGUYEN, TREASURE	2K				
		Print/Type or print i		Prenarer's signature		Date	Check	PTIN
		T FILLIN (VUE DIE					_ ····	

	Print/Type preparer's name	Preparer's signature				
Paid	HYANGSOOK P. OSTRANDER, C	Sookie Ostrander09/1)5/23 self-employed P01294224			
Preparer	Firm's name RASMUSSEN, TELLER	& CARON PC	Firm's EIN 38-2268582			
Use Only	Firm's address 555 MICHIGAN STRE	ET				
	PETOSKEY, MI 4977	0	Phone no. (231) 347-5555			
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

orm	PETOSKEY-HARBOR SPRINGS AREA 1990 (2022) COMMUNITY FOUNDATION 38-3032185 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE QUALITY OF LIFE FOR ALL PEOPLE IN EMMET COUNTY BY
	CONNECTING DONORS WITH COMMUNITY NEEDS, BUILDING A PERMANENT SOURCE OF
	CHARITABLE FUNDS, ADDRESSING A BROAD RANGE OF COMMUNITY ISSUES THROUGH
	GRANTMAKING, AND CHAMPIONING PHILANTHROPY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,598,448. including grants of \$ 5,515,314.) (Revenue \$
	THE COMMUNITY FOUNDATION MAKES GRANTS FOR CHARITABLE PURPOSES TO
	VARIOUS 501(C)(3) AND GOVERNMENT ORGANIZATIONS IN THE FOLLOWING AREAS:
	ARTS AND CULTURE, EDUCATION, ENVIRONMENT, COMMUNITY AND ECONOMIC
	DEVELOPMENT, HEALTH, HUMAN SERVICES, RECREATION, HISTORIC PRESERVATION,
	AND YOUTH DEVELOPMENT. ALL GRANT RECOMMENDATIONS ARE REVIEWED AND
	APPROVED BY THE COMMUNITY FOUNDATION'S BOARD OF DIRECTORS. DONOR
	ADVISED FUNDS RECOMMENDED 745 GRANTS TO SUPPORT ORGANIZATIONS THEY
	VALUE. THE UNRESTRICTED FUND'S DISTRIBUTION COMMITTEE AND THE YOUTH
	FUND'S YOUTH ADVISORY COMMITTEE RECOMMENDED 33 GRANTS TO ORGANIZATIONS SERVING A SIGNIFICANT NUMBER OF EMMET COUNTY RESIDENTS. THE ADVISORY
	COMMITTEE FOR FIELD OF INTEREST FUNDS, INCLUDING FUNDS SUPPORTING
	SENIORS, CHILDREN, HOUSING OR THE ENVIRONMENT, RECOMMENDED 82 GRANTS TO
46	SERVICES Including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants or \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 5,598,448.
4e	Form 990 (202: 2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
:00	2 005 757055 16230.0 2022.04020 PETOSKEY-HARBOR SPRINGS A 1623
09	2027.02.12102010 TOTOL BLUE AND A TOTOL

Part IV	Checklist of	Required Schedu	ules		
Form 990 (2		COMMUNITY		ATION	
		PETOSKEY-1	HARBOR	SPRINGS	AREA

1 Its en organization described in section SD1(k) or 4947(k)(1) (there than a private foundation)? I X 2 Its the organization required to complete Schedule <i>B</i> , Schedule <i>D</i> , Contributors? See instructions 2 X 2 Its the organization requeries the direct in indice to folder of buildings and tables on behalf of or in opposition to candidates for public office? <i>II</i> 'Yes,' complete Schedule <i>C</i> , <i>Part I</i> 3 X 3 Sectors D1(c)(G) organizations. D1 dhe organization requere in tablying activities, or have a section 50(h) election in effect during the tax year? <i>II</i> 'Yes,' complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 Stott on S0(c)(G) organizations and cons are same risk. Including easements to reliable assesses? <i>II</i> 'Yes,' complete Schedule <i>D</i> , <i>Part I</i> 6 X 9 D10 the organization requere in tabloin structures? <i>II</i> 'Yes,' complete Schedule <i>D</i> , <i>Part I</i> 6 X 9 D10 the organization mark and eases, or historia structures, or other similar assets? <i>II</i> 'Yes,' complete Schedule <i>D</i> , <i>Part I</i> 6 X 9 D10 the organization requere in a amount in Part X, ine 21, for screw or custodial accurul labity, serve as a custodian for amounts in a mount in Part X, ine 20, Part II 10 X 10 D14 the organization report an amount for the schedule <i>D</i> , <i>Part II</i> 11 X				Yes	No
2 Is the organization required to complete <i>Schedule 0</i> , <i>Centrulutors</i> 7 See instructions 2 X 3 Did the organization engine indirect is index footial campaign activities on buhal of or incpopositon to candidates for public office? <i>H</i> 'Yes, 'complete Schedule <i>C</i> , <i>Part I</i> 3 X 4 Section 50 (b)(2) organizations. Did the organization engine incbs/ing activities on buhal of or incogenet of none infect of the organization matrix in cardinal field in cardinal cardinal field in the organization matrix in cardinal matrix in cardinal account is buby, for a "complete Schedule 0, Part II 8 X 9 Did the organization matrix in cardinal matrix in cardinal account is buby, the organization receive on the distribution or investment of a manuts in such thrus or accounts on the similar assets? <i>H</i> 'Yes, "complete Schedule 0, Part II 7 X 9 Did the organization matrix in cardinal management, credit repair, order parts and organization receives matrix in cardinal matrix in cardina matrix in cardinal matrix in cardinal matrix in cardinal matrix	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect policial campaign activities on behalf of or in opposition to candidates for public offics? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(b) organizations. Did the organization engage in kobying activities, or have a section 501(b) election in effect of uning the tax year/ If 'Yes,' complete Schedule C, Part II 4 X 5 Did the organization matrix an defined in Rev. Proc. 801(b) organization that receives membership dues, assessments, or animar amounts as defined in Rev. Proc. 801(b) organization that receives membership dues, assessments, or animar amounts an defined in Rev. Proc. 801(b) organization calculation to an investment of amounts in such funds or any similar funds or any similar disease control of the organization matrix any doton advised in a seament, including easements to preserve open space. The environment, historic land areas, or historic affunds areas, or historic affunds areas, or obtained reserve open space. The environment, historic and curses of the similar assets? If 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization matrix collections of works of art, historical trassures, or other similar assets? If 'Yes,' complete Schedule D, Part V. 10 X 9 Did the organization report an amount for funds, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 10 X 10 X 11 X 10 X 10 X 11 <td< td=""><td></td><td>If "Yes," complete Schedule A</td><td></td><td></td><td><u> </u></td></td<>		If "Yes," complete Schedule A			<u> </u>
a Sector 50(c)(a) organizations. D dth erogranization engage in lobbying activities, or have a sector 50(h) election in effect during the taxy year? If Yes, "complete Schedule C, Part II. a X 5 Is the organization a sector 501(c)(c), or 501(c)(c) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 50:197 / Yes, "complete Schedule C, Part II. a X 6 Did the organization or investment of amounts in such Unido or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such Unido or accounts in the organization cerve or hold a conservation essement, including essements to preserve open space, the environment, historic lateras, or historic attreasures, or other similar assets? If 'Yes, "complete Schedule D, Part II. 8 X 7 X B Did the organization encores? 9 X 8 Did the organization export through a related organization, include assets in donor-restricted endowments or in quasi endowments? If 'Yes, 'complete Schedule D, Part V 8 X 9 Did the organization engort an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 13, that 15% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part V 111 <td>2</td> <td>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions</td> <td>2</td> <td>Х</td> <td><u> </u></td>	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
4 Section 501(c)(3) or ognizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? // "Yes," complete Schedule C, Part // 4 X 5 Is the organization a section 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Riv. Proc. 99:197. If Yes," complete Schedule C, Part II 5 X 6 Did the organization marking any donor adviced much or any similar transfs or accounts? If Yes," complete Schedule D, Part II 7 X 8 Did the organization nearbox in thorids or account?? If Yes," complete Schedule D, Part II 7 X 8 Did the organization nearbox in thorids or any similar transfs or account?? If Yes," complete Schedule D, Part II 7 X 8 Did the organization or provide advice or crist in such transf. If Yes, " complete Schedule D, Part II 7 X 9 Did the organization or sinser in thorics a transaures, or other similar asset? If Yes, " complete Schedule D, Part II 8 X 9 Did the organization neortic in variant or transfer account respinse Schedule D, Part XI, In the Tax X, in a 21, for account or unstability, server as a cutoticin in solut asset applicable. 9 X 9 Did the organization asset and anount for invariant anagement, credet repair, or debt negateschendule D, Part X, Inn 102, HY Ye	3				
during the tax year? #'res," complete Schedule C, Part II 4 X 5 is the organization a section 501(c)(0), 001(c)(0), 000(c)(0), 001(c)(0), 001(c			3		<u> </u>
5 Is the organization assection 501(c)(6), 501(c)(6), or 501(c)(6) organization that recovers membership dues, assessments, or similar annuts as defined in Rev. Proc. 981097 If "Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar indice vaccounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain any donor advised funds or any similar indice assemest, including easements to prefere open pace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain any donor advised or any similar indice assemest, including easements to prefere open pace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, dincidly or through a related organization, hold assets in donor nestricted endowments or in quasi endowment? If "Yes," complete Schedule D, Part V 10 X 10 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 V 11a X 11 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete	4				
similar amounts as defined in Rev. Proc. 88-197 (// Yes, * complete Schedule Q, Part II 5 X 6 Did the organization maintain any dond advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // Yes, * complete Schedule D, Part I/ 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // revs, * complete Schedule D, Part IV 7 X 8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? // revs, * complete Schedule D, Part V 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-estricted endowments or in quasi andowments? // res,* complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // revs,* complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, hit is 5% or more of its total assets reported in Part X, line 16? // revs,* complete Schedule D, Part X 11 X 13 Did the organization report an amount for investments - prog			4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I I X 7 X X X X X 8 X X X X X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II X X 9 Did the organization means collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Y X 9 Did the organization dimension of more advised conditions is "Yes," then complete Schedule D, Part V Y Y X 10 X III N IIII X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5				
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Schedule D, Part IV Schedule D, Part V Schedule D, Part X Sched	7				
Schedule D, Pert III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, site (D, Part V) 10 X 10 X as applicable. 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 167 II "yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - organ related In Part X, line 167 II "yes," complete Schedule D, Part XIII 11a X c Did the organization report an amount for there assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 II "yes," complete Schedule D, Part XIII 11a X 10 Did the organization organization included in consolidated financial statements for the tax year? 11t X 11 Did the organization included in consolidated, independent audted financial statements for the tax year? 11t X			7		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dobt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II</i> 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? <i>II</i> 'Yes,' complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12? <i>II</i> 'Yes,' complete Schedule D, Part VI 11a X 13 X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes,' complete Schedule D, Part VI 11a X 14 Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes,' complete Schedule D, Part X 11d X 14 Did the organization negort an amount for other labilities in Part X, line 25? <i>II</i> 'Yes,' complete Schedule D, Part X 11d X 15 Did the organization negort an amount for other labilities in Part X, line 26? <i>II</i> 'Yes,' complete Schedule D, Part X 11d X	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If 'Yes,' complete Schedule D, Part IV 10 X 10 X 11 If the organization, directly or through a related organization, shold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, shold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, should assets in donor-restricted endowments 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 11 X 13 Did the organization report an amount for investments - other assets 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 VII 11 11 X 14 X Did the organization report an amount for other assets 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 VII 114 X 15 Did the organization separate or consolidated financial statements for the tax year' If 'Yes,' complete Schedule D, Part X 114 X 16 Ub the organization asset as outrow t			8		X
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 11 X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X b 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 VI 11c X c 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 X 11d X d Did the organization report an amount for other labilities 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 X 11d X 2 Did the organization obtain separate, independent audited financial statements for the tax year? 11d X 2 Did the organization notuced or nonsolidated, independent audited financial statements for the tax yea	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a X 20a X 20b 20a X 19 X 20a X 20b 20b 20b					
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
			21	х	
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COMMUNITY FOUNDATION

Form	990 (2022) COMMUNITY FOUNDATION 38-303	<u>2185</u>	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		056		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
U		28c		x
00	"Yes," complete Schedule L, Part IV		х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50		36		x
07	If "Yes," complete Schedule R, Part V, line 2	30		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
1a		9		
b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	↓ 12-13-22	Form	990	(2022)

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38-3032185

Form	990 (2022) COMMUNITY FOUNDATION 38-3032	185	P	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 6					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x		
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X		
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).	_		v		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x		
	to file Form 8282?	7c				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x		
e						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g L						
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8						
0						
9						
a b						
10	Section 501(c)(7) organizations. Enter:	9b		X		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)					
12a	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 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>		
	If "Yes," complete Form 6069.		000			
232005	5 12-13-22	Form	990	(2022)		

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PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

	taxable entity during the year?	16a	<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <u>MI</u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)s only) available						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd financial						
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records DAVID JONES - 231-348-5820							
	1349 US-131 SUITE A, PETOSKEY, MI 49770							
232006	5 12-13-22	Form 99	0 (2022)					
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Form 990		FOUNDATION	38-3032185	Page
Part VI	Governance, Management, ar	d Disclosure. Fo	r each "Yes" response to lines 2 through 7b below, and for a "No" res	sponse
			esses, or changes on Schedule O. See instructions.	

Page 6

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	

PETOSKEY-HARBOR SPRINGS ARE	A
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Form 990 (2	34	Y FOUNDATION		38-
Part VII	Compensation of Officers, I	Directors, Trustees	, Key Employees, Highest	Compensated
·	Employees, and Independer	t 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

COMMUNITY FOUNDATION

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	id à di	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con /ee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THOMAS B. SMITH	1.00	_		0	-		4			
TRUSTEE		х						0.	0.	0.
(2) JANET M. MANCINELLI	1.00									
TRUSTEE		х						0.	Ο.	0.
(3) ROBERT E. KEEDY	1.00									
TRUSTEE		Х						0.	0.	0.
(4) WILLIAM GOELZ	1.00									
TRUSTEE		Х						0.	0.	0.
(5) MARY E. RAPIN	1.00									
TRUSTEE		Х						0.	0.	0.
(6) SARAH L. SHUMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(7) KATHRYN S. ERBER	1.00									
TRUSTEE		Х						0.	0.	0.
(8) JENNIFER H. ATTIE	1.00									
TRUSTEE		Х						0.	0.	0.
(9) EMERSON J. MEYER	1.00									
TRUSTEE	1	Х						0.	0.	0.
(10) JENNIFER E. DEEGAN	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(12) COURTNEY FONT	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(13) WILLIAM HENAGAN	1.00								0	0
TRUSTEE	1 00	Х						0.	0.	0.
(14) ALEXANDER CARLSON	1.00							•	0	0
TRUSTEE	2 00	Х						0.	0.	0.
(15) JAMES W. FORD	3.00							•	0	0
PRESIDENT	2 00	Х		X				0.	0.	0.
(16) DANA F. ANDREWS	3.00							0	0	0
VICE PRESIDENT	4 00	X		X				0.	0.	0.
(17) MELISSA A. NGUYEN	4.00	77							•	0
TREASURER	2 00	Х		Х		-		0.	0.	0.
(18) STEVEN L. BOECKMAN SECRETARY	3.00	х		x				0.	0.	0.
SECRETARY	1	Λ		Δ				0.	U •	Eorm 990 (2022)

232007 12-13-22

Form 990 (2022)

15250905 757055 16230.0

2022.04020 PETOSKEY-HARBOR SPRINGS A 16230.01

Form 99			mт	- ~ ~ ~				ΕA	-	20 20'	2 2 1	0 5	_ 0
Part V	0 (2022) COMMUNIT						hoo	+ ^	omnoncoted Employee	38-303	321	85	Page 8
<u></u>	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do box		(C Posi heck r ss per d a di	c) ition more son is recto	l than c s both	one an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(Continued) (E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	/	(F) Estima amoun oth compen from organiz and re organiz	ated nt of er sation the ation ated
		line)	Individ	Institu	Officer	Key en	Highe emplo	Former				e guinz	
	AVID JONES IVE DIRECTOR	40.00			x				113,687.	().	9.	070.
									113,687.).	9,	070.
	otal from continuation sheets to Part V								0.).		0.
-	o <mark>tal (add lines 1b and 1c)</mark> tal number of individuals (including but r								113,687.).	9,	070.
	mpensation from the organization		USE	liste	u au	ove) ••••	0 ie	ceived more than \$100,	boo of reportable			1
lin 4 Fo an 5 Die rer	d the organization list any former officer e 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> or any individual listed on line 1a, is the su d related organizations greater than \$15 d any person listed on line 1a receive or indered to the organization? <i>If</i> "Yes," com B. Independent Contractors	such individual um of reportabl 0,000? If "Yes, accrue compen	e co " co isati	ompe omple on fr	ensat ete S om a	tion Sche any	and dule unre	oth J f	ner compensation from the or such individual	ne organization	.	Ye 3 4 5	s No X X X X
	omplete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of compe	nsati	on from	
	e organization. Report compensation for (A) Name and business	the calendar ye	ear e		ig wi					ear.		(C) ompensat	ion
	tal number of independent contractors (00,000 of compensation from the organi	-	ot lin	nitec	l to t	thos C		ted	above) who received mo	ore than) (2022)

PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

			2022) COMMUNITY FOU	NDATION			38-3032	185 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ъ e			Fundraising events					
ífts, r Ai			Related organizations 1d					
, Gi nila			Government grants (contributions)					
ons Sin			All other contributions, gifts, grants, and					
her		•	similar amounts not included above 1f	6,484,289.				
otl		g	Noncash contributions included in lines 1a-1f	902,501.				
Con		-	Total. Add lines 1a-1f	,	6,484,289.			
0.0				Business Code	, ,			
e	2	а						
Program Service Revenue		b						
Ser		с						
am		d						
Be		е						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		918,778.	7,310.		911,468.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 3,186,208.					
		b	Less: cost or other basis					
anu			and sales expenses					
evenue			Gain or (loss)					
Re			Net gain or (loss)		633,961.			633,961.
Other Re	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
S				Business Code	45.000			47.000
Miscellaneous Revenue	11		ADMINISTRATIVE FEE INCOME	523940	47,026.			47,026.
lan		~	REMEASUREMENT OF CHARITABLE GIFT	523940	1,564.			1,564.
Sev		с						
Mis			All other revenue	L	40 500			
			Total. Add lines 11a-11d		48,590.	7 310	0.	1504010
	12		Total revenue. See instructions		8,085,618.	7,310.	۱	1594019.
23200	9 12	-13-	22					Form 990 (2022)

PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete column (A).	
	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) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,451,064.	5,451,064.		·
2	Grants and other assistance to domestic	64,250.			
2	individuals. See Part IV, line 22	04,250.	64,250.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	126,151.		94,613.	31,538
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	273,784.	58,892.	156,000.	58,892
8	Pension plan accruals and contributions (include	·			• -
	section 401(k) and 403(b) employer contributions)	22,876.	4,808.	13,260.	4,808
9	Other employee benefits	22,876. 38,923.	4,808. 5,334.	28,255.	5,334
0	Payroll taxes	31,463.	4,505.	20,349.	4,808 5,334 6,609
1	Fees for services (nonemployees):				
а	Management				
	Legal	9,131.		9,131.	
	Accounting	12,237.		12,237.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	46,909.		46,909.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	21,357.	6,348.	9,914.	5,095
14	Information technology	59,011.		59,011.	
15	Royalties				
16	Occupancy	46,802.		46,802.	
17	Travel	6,613.	470.	3,635.	2,508
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	72,739.	1,311.	46,607.	24,821
20	Interest	3,797.		3,797.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,402.	1 1 6 6	2,402.	
23	Insurance	8,161.	1,466.	4,544.	2,151
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES	14,802.		14,802.	
b	PRINTING AND PUBLICATIO	10,845.			10,845
с	PUBLIC RELATIONS	10,795.		2,590.	8,205
d	PROPERTY TAXES	4,380.		4,380.	
е	All other expenses	3,745.		3,745.	
25	Total functional expenses. Add lines 1 through 24e	6,342,237.	5,598,448.	582,983.	160,806
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

10

232010 12-13-22

Check here

Form 990 (2022)

Form 990 (2022)

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if following SOP 98-2 (ASC 958-720)

PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

_						20	2022105 - 11
	1 990 () rt X	2022) COMMUNITY FOUN Balance Sheet	DA.I.1	ON		20-	3032185 Page 11
га				line in this Dect Y			
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cook non interact bearing			36,503.	1	276,510.
	2			·····	5,544,685.	2	5,175,156.
	2	Savings and temporary cash investments			5,544,005.	2	2,038,113.
	4	Pledges and grants receivable, net				4	2,000,110
	5	Accounts receivable, net				4	
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		í I		5	
	6	Loans and other receivables from other disquali	•			5	
	ľ	under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net		· · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9	– • • • • • • • •			19,125.	9	19,125.
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	10a	54,484.			
	b	Less: accumulated depreciation	10b	40,704.	16,484.	10c	13,780.
	11	Investments - publicly traded securities			50,940,548.	11	47,299,518.
	12	Investments - other securities. See Part IV, line 1			12	452,313.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	110,299.	15	124,109.		
	16	Total assets. Add lines 1 through 15 (must equ			56,667,644.	16	55,398,624.
	17	Accounts payable and accrued expenses	46,913.	17	0.		
	18	Grants payable			122,936.	18	322,974.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			,		10,533,760.	25	11 724 091.
	26				10,703,609.	26	<u>11,724,091.</u> 12,047,065.
	20	Organizations that follow FASB ASC 958, che			20770070001	20	
es		and complete lines 27, 28, 32, and 33.					
anc	27				26,889,672.	27	21,900,671.
Bala	28	Net assets with donor restrictions	19,074,363.	28	21,450,888.		
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
s	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
Net	32	Total net assets or fund balances			45,964,035.	32	43,351,559.
_	33	Total liabilities and net assets/fund balances .			56,667,644.	33	55,398,624.
							Form 990 (2022)

Form 990 (2022)

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	PETOSKEY-HARBOR SPRINGS AREA					
Form	990 (2022) COMMUNITY FOUNDATION	38	-3032	185	Pa	_{ge} 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,08	5,6	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,34		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,74		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,96		
5	Net unrealized gains (losses) on investments	5	- 4	.,09	7,6	72.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-25	8,1	85.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	43	,35	1,5	<u>59.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (Э.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	000	

Form **990** (2022)

SCHEDU	JLE A		Public Cha	rity Status an	d Puk	lic Sı	innort		OMB No. 1545-0047			
(Form 990))			ization is a section 501			• •		2022			
Department of th	ne Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public			
Internal Revenue				Form990 for instruction			ormation.		Inspection			
Name of the	e organizatio			R SPRINGS ARE	EA				identification number			
Part I	Reason f		UNITY FOUN	DATION (All organizations must c	omplata th	nia nart \ C	aa inatrustian		8-3032185			
							ee instruction	s.				
				For lines 1 through 12, cl n of churches described		,	I)(A)(i)					
				Attach Schedule E (Form			·,,,-,,,,,					
				anization described in se		(b)(1)(A)(ii	i).					
4 🗌 A	A medical rese	arch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,			
	ity, and state											
				lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in			
	-		Complete Part II.)				()					
			•	nental unit described in section the section of the			.,	e general r	ublic described in			
	•		omplete Part II.)	initial part of its support in	onna gove			ie general p				
	-			(1)(A)(vi). (Complete Parl	: II.)							
9 🗌 A	An agricultural	research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college			
С	or university o	r a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
	university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
	See section 509(a)(2). (Complete Part III.)											
11 🗌 A	An organizatio	n organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).					
	-	-	-	vely for the benefit of, to	-			•				
			-	d in section 509(a)(1) o					Check the box on			
		-		f supporting organization				-	aivina			
a 🛄			-	upervised, or controlled gularly appoint or elect a	•	-						
		•	complete Part IV, Se						PP			
b 🗌	Type II. A su	pporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing			
		•		anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported			
	•	. ,	t complete Part IV,									
с	••	-	• • •	g organization operated). You must complete F				ly integrate	d with,			
d 🗌		•	. , . ,	orting organization oper				ted organiz	ration(s)			
u	••	-	• •	ation generally must sati				°,				
	requirement	(see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
е 🗌	Check this b	ox if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	I, Type III				
	-	-	•••	nally integrated supportir	ng organiz	ation.			[]			
	the number of	••	•	d organization(a)								
	Name of suppor		about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other			
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tatal									<u> </u>			
Total									L			

PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

38-3032185 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3544362.	3235057.	4198128.	3406197.	6484289.	20868033.
2	Tax revenues levied for the organ-						
	ization'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	3544362.	3235057.	4198128.	3406197.	6484289.	20868033.
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)						4578228.
6	Public support. Subtract line 5 from line 4.						16289805.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3544362.	3235057.	4198128.	3406197.	6484289.	20868033.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	859,770.	775,128.	783,822.	1273921.	911,468.	4604109.
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.)						
11	Total support. Add lines 7 through 10						25472142.
	Gross receipts from related activities,	etc. (see instructio	uns)		•	12	
13				fourth, or fifth tax y	/ear as a section 5	 D1(c)(3)	
	organization, check this box and stop	-		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	63.95 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>56.02 %</u>
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Cabadula A	(Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 Part II

Schedule A (Form 990) 2022 COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
	Amounts from line 6						
10 <i>a</i>	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
_	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage			· · ·	
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						tion
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22		15	5		Sched	lule A (Form 990) 2022

2022.04020 PETOSKEY-HARBOR SPRINGS A 16230.01

PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

1

Yes No

Schedule A (Form 990) 2022 COM Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

2022.04020 PETOSKEY-HARBOR SPRINGS A 16230.01

	PETUSKEI-HARBOR SPRINGS AREA		_	
	edule A (Form 990) 2022 COMMUNITY FOUNDATION 3	8-303218	5 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
Ū	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
000	tion b. Type Toupporting Organizations		X	<u>.</u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among ti			
	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Vee	
	Did the execution investigate a cook of its supervised superioritizes, but the lock day of the Sith supervised to a		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	od that the organization use	ed to satisfy the Integ	gral Part Test during the	vear (see instructions).
---	----------------------------------	------------------------------	-------------------------	---------------------------	--------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
---	--	---	-------------------------	------------------------------------	-------------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

За

Yes No

15250905 757055 16230.0

17 2022.04020 PETOSKEY-HARBOR SPRINGS A 16230.01

PETOSKEY-H	IARBOR	SPRINGS	AREA
COMMUNITY	FOUNDA	TION	

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Sche	dule A (Form 990) 2022 COMMUNITY FOUNDATION			38-3032185 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	- 1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

_	dule A (Form 990) 2022 COMMUNITY FOU			3	8-3032185 Page 7			
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)				
Sect	on D - Distributions				Current Year			
_1	Amounts paid to supported organizations to accomplish exer			1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	Administrative expenses paid to accomplish exempt purposes of supported organizations						
_4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the							
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	1		10				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
	From 2019							
	From 2020							
	From 2021							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
•	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
5	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
Ŭ	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
'	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
-								

Schedule A (Form 990) 2022

232027 12-09-22

	(Farm 000) 2022	PETOSKEY-HARE COMMUNITY FOU		AREA	38-3032185 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide the expl 2, 3b, 3c, 4b, 4c, 5a, 6, 9a	anations required by , 9b, 9c, 11a, 11b, ar on E, lines 1c, 2a, 2b	nd 11c; Part IV, Section B, , 3a, and 3b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
232028 12-09-2	2		20		Schedule A (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(Form 990)

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

38-3032185

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule	

PETOSKEY-HARBOR SPRINGS AREA

COMMUNITY FOUNDATION

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

		\$713,358.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$281,276.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 3 </u>		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$786,828.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 5 </u>		\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Part I

(a)

No.

Name of organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(d) Type of contribution

38-3032185

(c)

Total contributions

Page 2

	KEY-HARBOR SPRINGS AREA NITY FOUNDATION		38-	3032185
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
2	340S OF ILLINOIS TOOL WKS INC, 1,555S OF APPLE INC.	-		
		\$281,2	76.	12/12/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		_ _ _ \$		
(-)				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		_		
		_ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		-		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		-		
		_ _ \$		

223453 11-15-22

Schedule B (Form 990) (2022)

Page **3**

15250905 757055 16230.0

Schedule B (Form 990) (2022)

24 2022.04020 PETOSKEY-HARBOR SPRINGS A 16230.01

Schedule	B (Form 990) (2022)		Page					
Name of o	organization		Employer identification number					
PETOS	KEY-HARBOR SPRINGS AREA							
	NITY FOUNDATION		38-3032185					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in se through (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)					
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of git	jift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[
(a) No								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	· · · · · · · · · · · · · · · · · · ·							
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
		[
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi	jift					
			_					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[
		[
223454 11-15	5-22	I	Schedule B (Form 990) (2022					

15250905 757055 16230.0

25 2022.04020 PETOSKEY-HARBOR SPRINGS A 16230.01

SCHEDULE D Supplementa		Supplementa	al Financial Statements	OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990,	2022
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	Open to Public
Interna	Revenue Service		0 for instructions and the latest information	
Nam	e of the organization			Employer identification number
Pa	rt I Organiza	COMMUNITY FOUNDATIC	d Funds or Other Similar Funds or	38-3032185
I a		answered "Yes" on Form 990, Part IV, line		
		, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at en	d of year	88	23
2		contributions to (during year)	3,413,121.	15,602.
3		grants from (during year)	2,643,375.	83,375.
4		end of year		1,664,144.
5			vriting that the assets held in donor advised f	unds
	are the organization	n's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purpo	oses and not for the benefit of the donor or	r donor advisor, or for any other purpose conf	
	impermissible priva			
Pa	rt II Conserva	ation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).	
	Preservation	of land for public use (for example, recreat	tion or education) Preservation of a h	istorically important land area
	Protection of	natural habitat	Preservation of a c	ertified historic structure
	Preservation	of open space		
2		.	ied conservation contribution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of co	nservation easements		2a
b	•			
С			ucture included in (a)	2c
d		ration easements included in (c) acquired a		
	historic structure lis			
3	Number of conserv	ation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the tax
	year			
4		where property subject to conservation eas		
5	0	ion have a written policy regarding the peri	0 , 1 , 0	
•		prcement of the conservation easements it		
6	Staff and volunteer	hours devoted to monitoring, inspecting, i	handling of violations, and enforcing conserva	ation easements during the year
-				
7	Amount of expense	es incurred in monitoring, inspecting, nand	ling of violations, and enforcing conservation	easements during the year
•			a action the requirements of eaction $170(h)(4)$	
8			e satisfy the requirements of section 170(h)(4)	
9			on easements in its revenue and expense stat	
9		•	ote to the organization's financial statements	
		bunting for conservation easements.		
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other	r Similar Assets.
		the organization answered "Yes" on Form		
1a			8, not to report in its revenue statement and b	palance sheet works
14		· •	lic exhibition, education, or research in furthe	
			icial statements that describes these items.	
b			8, to report in its revenue statement and balar	nce sheet works of
			exhibition, education, or research in furtheral	
		ng amounts relating to these items:	,	
	-			\$
2	.,		asures, or other similar assets for financial gai	
		nts required to be reported under FASB A		
а	-			\$
		duction Act Notice, see the Instructions		Schedule D (Form 990) 2022
	1 09-01-22			
			26	

15250905 757055 16230.0

		Y-HARBOR SI		A					-	
		TY FOUNDAT						32185		age 2
Par	t III Organizations Maintaining C							(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that m	ake signi	ficant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange program						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further th	e organization's	s exempt	purpose	in Part	XIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
Des	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
Par			ete if the organizatio	n answered "Ye	es" on Foi	rm 990, l	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par		·							
па	Is the organization an agent, trustee, custodi		•					7.	_	٦.
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amount		
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fe				•		L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i							() 5		<u> </u>
		(a) Current year		(c) Two years b		Three yea				
	Beginning of year balance	34,130,770.		23,547,1			29,073,399.			440.
b	Contributions	736,810.	577,656.	871,7			2,854.	1,	050,	233.
С	Net investment earnings, gains, and losses	-2,376,659.	693,028.	12,708,9		-3,010,801.		829,194.		194.
d	Grants or scholarships	1,337,931.	1,536,456.	1,630,6	544.	2,81	3,287.	1,	002,	198.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	623,727.		-			5,055.		500,	270.
g	End of year balance	30,529,263.	34,130,770.	34,963,2	287.	23,54	7,110.	29,	073,	399.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held an	d administered	for the			-		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, P	art X, line	10.				
	Description of property	(a) Cost or o basis (investr	• •	or other (other)	• •	Accumulated ((d) Book value		е
1a	Land									
b	Buildings									
с	Leasehold improvements									
	Equipment		1	7,332.	1	6,47	7.		8	55.
	Other			7,152.		4,22		12		25.
	Add lines 1a through 1e. (Column (d) must e			, ,						80.
-										

PETOSKEY-HARBOR SPRINGS AREA COMMINITY FOINDATION

Schedu			NDATION	38	3-3032185 Page 3
Part					
	Complete if the organization answer				
	escription of security or category (including name o	f security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
• •	ancial derivatives				
	osely held equity interests	·····			
(3) Oth	ner				
(A)					
<u>(B)</u>					
(C)					
<u>(D)</u>					
<u>(E)</u> (F)					
(F) (G)					
(H)					
	Col. (b) must equal Form 990, Part X, col. (B) lin	ue 12)			
Part	VIII Investments - Program Rela	ated.			
	Complete if the organization answer		Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. ((Col. (b) must equal Form 990, Part X, col. (B) lin	ie 13.)			
Part	IX Other Assets.				
	Complete if the organization answer			1d. See Form 990, Part X, line 15.	
		(a) Des	scription		(b) Book value
(1)					
(2)					
(3)					
(4)					<u> </u>
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>					+
Part	Column (b) must equal Form 990, Part X, c X Other Liabilities.	ol. (B) line 15	.)		
rait		ed "Ves" on l	Form 990 Part IV line 1	1e or 11f. See Form 990, Part X, line 25	5
	(a) Description of liabil				(b) Book value
<u>1.</u>		inty .			
<u>(1)</u> (2)	Federal income taxes FUNDS HELD AS AGENCY	ENDOWM	ENTS		9,628,079.
	DISC OBLIG - CHARITAE				9,020,079.
\rightarrow	ANNUIT		<u> </u>		92,054.
<u>(4)</u> (5)	GRANT PAYABLE				1,850,958.
(5) (6)	LAND CONTRACT PAYABLE	!			153,000.
(6)	LIMD CONTRACT TATADDE	•			
(7)					+
<u>(8)</u> (9)					+
	<u> (Column (b) must equal Form 990, Part X, c</u>	ol (D) line or	:)		11,724,091.
	bility for uncertain tax positions. In Part XII				-

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

	PETOSKEY-HARBOR SPRINGS AREA				
Sche	dule D (Form 990) 2022 COMMUNITY FOUNDATION		38-	3032185	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	3,554,	800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	a -4,097,672.	,		
b	Donated services and use of facilities	b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	d -46,909.	,		
е	Add lines 2a through 2d		2e	-4,144,	
3	Subtract line 2e from line 1		3	7,699,	381.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	b 386,237.	,		
с	Add lines 4a and 4b		4c		237.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,085,	618.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	6,167,	274.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities2	a	_		
b	Prior year adjustments2	b	_		
С	Other losses2		_		
d	Other (Describe in Part XIII.)	d -128,054.	,		
е	Add lines 2a through 2d		2e	-128,	
3	Subtract line 2e from line 1		3	6,295,	328.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_		
b	Other (Describe in Part XIII.)	b 46,909.	•		
С	Add lines 4a and 4b		4c		909.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	6,342,	237.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

THE COMMUNITY FOUNDATION'S ENDOWMENT FUNDS ARE USED TO ADDRESS A BROAD
RANGE OF COMMUNITY NEEDS. THE ENDOWMENT FUNDS ARE A RESERVOIR OF
CHARITABLE CAPITAL THAT GO ON GIVING YEAR AFTER YEAR TO IMPROVE THE
COMMUNITY. THE ENDOWMENT FUNDS ARE INVESTED, AND INVESTMENT INCOME FROM
THE FUNDS IS USED ANNUALLY FOR GRANTS TO SUPPORT A BROAD RANGE OF
COMMUNITY PROGRAMS THAT IMPACT THE LIVES OF INDIVIDUALS AND FAMILIES FROM
ALL WALKS OF LIFE. EACH ENDOWMENT FUND IS ESTABLISHED WITH THE DONOR
INTENT AND CHARITABLE PURPOSES IN MIND. THERE ARE SEVERAL CATEGORIES OF
FUNDS WITHIN THE COMMUNITY FOUNDATION. THEY ARE UNRESTRICTED FUNDS, DONOR
ADVISED FUNDS, FIELD OF INTEREST FUNDS, DESIGNATED AGENCY FUNDS AND
SCHOLARSHIP FUNDS.
232054 09-01-22 Schedule D (Form 990) 2022 29

Part XIII	Suppleme	ntal Information (continued)			
	(Form 990) 202			TION	
		PETOSKEY-HA	ARBOR	SPRINGS	AREA

-46,909.

386,237.

-128,054.

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

INVESTMENT EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GIFT AND INCOME ACTIVITY

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANT AND EXPENSES ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES

46,909.

Schedule D (Form 990) 2022

232055 09-01-22

	rants and Otr	her Assistand	ce to Organ	izations.		OMB No. 1545-0047
Gov	vernments, ar	nd Individual	s in the Ŭni [.]	ted States		2022
	Go to www.irs			ation.		Open to Public Inspection
						Employer identification number 38-3032185
nd Assistance						
stance?						on 🔣 Yes 🗌 No
Domestic Organiz	ations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
38-2515229	OTHER	8 348.	0.			GAZEBO - SPRING 2022 GRANT CYCLE
			0.			FOR 6TH GRADE FIELD TRIP TO AGNES S. ANDEAE NATURE PRESERVE
84-2829402	501(C)3	19,800.	0.			SCHOOL PROJECT/SPONSORSHIP OF TWO CHILDREN/ GENERAL SUPPORT
38-3640112	501(C)3	12,436.	0.			2022 ANNUAL ALLOCATION FROM BOETTGER SENIOR CITIZEN FUND
38-2848866	501(C)3	15,000.	0.			GENERAL SUPPORT/BLISSFEST CAMPGROUND/FALL 2021 GRANT CYCLE-BLISS-STRO DOME RENOVATION
20-4866878	501(C)3	15,000.	0.			GENERAL SUPPORT
	Complete HARBOR SPI FOUNDATIC and Assistance to substantiate the stance?	Complete if the organization Go to www.irst HARBOR SPRINGS AREA FOUNDATION and Assistance to substantiate the amount of the grants stance? occedures for monitoring the use of grant Domestic Organizations and Domestii \$5,000. Part II can be duplicated if addit (b) EIN (c) IRC section	Complete if the organization answered "Yes" Attach to Form <u>Go to www.irs.gov/Form990 for</u> HARBOR SPRINGS AREA FOUNDATION and Assistance to substantiate the amount of the grants or assistance, the estance? occedures for monitoring the use of grant funds in the United Domestic Organizations and Domestic Governments. C \$5,000. Part II can be duplicated if additional space is needed (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant 38-2515229 OTHER 8,348. 38-6001174 OTHER 42,847. 84-2829402 501(C)3 19,800. 38-3640112 501(C)3 12,436. 38-2848866 501(C)3 15,000.	Complete if the organization answered "Yes" on Form 990, Par Attach to Form 990. Go to www.irs.gov/Form990 for the latest information HARBOR SPRINGS AREA TOUNDATION and Assistance to substantiate the amount of the grants or assistance, the grantees' eligibility stance? ocedures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Complete if the orga \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance 38-2515229 OTHER 8,348. 0. 38-6001174 OTHER 42,847. 0. 38-3640112 501(C)3 19,800. 0. 38-3640112 501(C)3 12,436. 0. 38-2848866 501(c)3 15,000. 0.	Co to www.irs.gov/Form990 for the latest information. HARBOR SPRINGS AREA YOUNDATION and Assistance to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? coedures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Complete if the organization answered "Y \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) \$38-2515229 (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance 38-2515229 oTHER 8,348. 0. 38-6001174 OTHER 42,847. 0. 38-400112 501(C)3 12,436. 0. 38-3640112 501(C)3 12,436. 0. 38-2848866 501(C)3 15,000. 0.	Complete if the organization answered "Yes" on Form 990. Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. HAREOR SPRINGS AREA TOUNDATION and Assistance O substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selecti stance? coedures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (f) Method of (g) Description of cash grant (e) Amount of assistance (g) Description of noncash assistance (g) Description of noncash assistance 38-2515229 of HER 8,348. 0. 38-26001174 DTHER 42,847. 0. 38-2610(C)3 19,800. 0. 38-3640112 501(C)3 12,436. 0. 38-2848866 501(C)3 15,000. 0. 38-2848866 501(C)3 15,000. 0.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) COMMUNITY							8-3032185 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS, TROOP #5							
PO BOX 457							
PETOSKEY, MI 49770	38-1784822	501(C)3	55,000.	٥.			GENERAL SUPPORT/BUS
BRAVE HEARTS ESTATE							
4171 ELY ROAD							GENERAL SUPPORT FOR BRAVE
PELLSTON, MI 49769	74-3220776	501(C)3	10,385.	0.			HEARTS ESTATE
BRIDGE MICHIGAN							
220 W. MICHIGAN AVE.							GENERAL SUPPORT FOR
YPSILANTI, MI 48197	32-0167398	501(C)3	5,500.	0.			BRIDGE MICHIGAN MAGAZINE
	52 0107550	501(0)5	5,500.				GENERAL
BROTHER DAN'S FOOD PANTRY							SUPPORT/THANKSGIVING
415 STATE STREET							BASKETS PROJECT/LENTEN
PETOSKEY, MI 49770	38-1415405	501(C)3	19,500.	0.			FISH DINNERS
							CAMPER SCHOLARSHIPS/WLCC
CAMP DAGGETT							FUNDRAISER/TEE SPONSOR
03001 CHURCH ROAD							FOR GOLF FUNDRAISER/2022
PETOSKEY, MI 49770	38-1617980	501(C)3	29,578.	0.			ANNUAL ALLOCATION FROM
CASS COMMUNITY SOCIAL SERVICES							
11745 ROSA PARKS BLVD							
DETROIT, MI 48206	38-3429921	501(C)3	10,000.	0.			GENERAL SUPPORT
							GENERAL SUPPORT/ANNUAL
CENTRAL MICHIGAN UNIVERSITY PUBLIC							MEMBERSHIP RENEWAL/\$1,500
BROADCASTING - 1999 EAST CAMPUS DR							PUBLIC TELEVISION; \$1,500
- MT. PLEASANT, MI 48859	38-6004447	501(C)3	8,900.	0.			PUBLIC RADIO/FOR "REPORT
							RESALE STORE STORM WATER
CHALLENGE MOUNTAIN							MITIGATION PROJECT/SPRING
PO BOX 764							2022 GRANT CYCLE -
BOYNE CITY, MI 49712	38-2563815	501(C)3	25,250.	0.			RESPONSE TO FEASIBILITY
CHAR-EM ISD							SPRING 2022 GRANT CYCLE -
08568 MERCER ROAD							CHAREM STREET STEM: K-8
CHARLEVOIX, MI 49720	38-1714461	OTHER	8,487.	0.			STEM INITIATIVE

Schedule I (Form 990) COMMUNITY FOUNDATION

38-	3032185	Page 1

Part II Continuation of Grants and Other A	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLEVOIX AREA COMMUNITY POOL							SPRING 2022 GRANT CYCLE -
11905 US 31 N							POOL RESURFACING
CHARLEVOIX, MI 49720	38-3219489	501(C)3	9,700.	0.			REQUEST/GENERAL SUPPORT
CHARLEVOIX AREA HUMANE SOCIETY 614 BEARDSLEY STREET							
BOYNE CITY, MI 49712	38-2107163	501(C)3	10,000.	0.			CAPITAL IMPROVEMENTS
CHARLEVOIX COUNTY COMMUNITY							TO THE HESTIA
FOUNDATION - PO BOX 718 - EAST							FUND-WOMEN'S GIVING
JORDAN, MI 49727	38-3033739	501(C)3	11,300.	0.			CIRCLE
							SPRING 2022 GRANT CYCLE -
CHILD AND FAMILY SERVICES OF NW MI							EXPANSION EXPLORATION: A
3785 VETERANS DRIVE							STUDY OF THE FEASIBILITY
TRAVERSE CITY, MI 49684	38-2534222	501(C)3	14,000.	0.			OF SAFE HAVEN EXPANSION
							SPRING 2022 GRANT CYCLE -
CHRIST CHILD SOCIETY OF NORTHERN							HEAD START
MICHIGAN - PO BOX 132 - HARBOR							BACKPACKS/FOSTER CARE
SPRINGS, MI 49740	38-3006148	501(C)3	12,800.	0.			BACKPACK PROJECT/GENERAL
							TO REINSTALL A PLAYGROUND
CITY OF HARBOR SPRINGS							AT ZORN BEACH/SKATE PARK
PO BOX 678							2022 HALLOWEEN
HARBOR SPRINGS, MI 49740	38-6004559	OTHER	10,914.	0.			FESTIVITIES/SUPPORT FOR
							SPRING GRANT CYCLE 2022 -
CONSERVATION RESOURCE ALLIANCE							FREE-SPAN THE MAPLE RIVER
10850 TRAVERSE HWY, STE 1180							INITIATIVE - ROBINSON
TRAVERSE CITY, MI 49684	38-2181915	501(C)3	10,000.	0.			ROAD TIMBER BRIDGE
							GENERAL SUPPORT IN 2021
CROOKED LAKE SAILORS, INC.							AND 2022/FUND
PO BOX 195							CONSTRUCTION OF COVERED
ODEN, MI 49764	80-0623079	501(C)3	28,000.	0.			PATIO FOR STUDENT SAILOR
· · ·			, ,				GENERAL SUPPORT/SUPPORT
CROOKED TREE ARTS COUNCIL, INC.							FOR CHILDREN'S VISUAL
461 E MITCHELL ST							ARTS PROGRAMMING/BAROQUE
PETOSKEY, MI 49770	23-7187264	501(C)3	77,640.	0.			MEMBERSHIP/YOUTH WRITING

Schedule I (Form 990) COMMUNITY FOUNDATION

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	00-3032105 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION -							
MICHIGAN CHAPTER - 2265 LIVERNOIS							
ROAD #410 - TROY, MI 48083	13-1930701	501(C)3	15,000.	0.			EVENING WITH THE STARS
DETROIT ZOO							
8450 W. 10 MILE ROAD							
ROYAL OAK, MI 48067	38-6027356	501(C)3	20,000.	٥.			GENERAL SUPPORT
EDUCATIONAL FOUNDATION FOR							2022 ANNUAL ALLOCATION
MANCELONA SCHOOLS - PO BOX 586 -							FROM OTHO J. MATHIAS
MANCELONA, MI 49659	38-3742366	501(C)3	7,500.	٥.			SCHOLARSHIP FUND
							BAY VIEW MUSIC AT
EMMANUEL EPISCOPAL CHURCH							CHURCH/GENERAL FUND/2022
1020 EAST MITCHELL STREET							ANNUAL ALLOCATION/ANNUAL
PETOSKEY, MI 49770	38-2307700	501(C)3	60,828.	0.			GIVING/ALLOCATION REQUEST
FEEDING AMERICA							IN SUPPORT OF THE
P.O. BOX 96749							"NURTURING TOMORROW"
WASHINGTON, DC 20090	36-3673599	501(C)3	10,000.	0.			CAPITAL CAMPAIGN
							GENERAL SUPPORT/SPRING
FIRST TEE - NORTHERN MICHIGAN							2022 GRANT CYCLE -
PO BOX 613							LAKEVIEW ACADEMY
HARBOR SPRINGS, MI 49740	74-3149490	501(C)3	21,600.	0.			PARTNERSHIP/ 2022 HARBOR
FRACTURED ATLAS							
PO BOX 55							FOR THE ABUNDANCE PROJECT
HARTSDALE, NY 10530-0055	11-3451703	501(C)3	21,800.	0.			- ZILKA JOSEPH
							GENERAL SUPPORT/RSVP IN
FRIENDSHIP CENTERS OF EMMET COUNTY							MEMORY OF JEAN
1322 ANDERSON							LEISMER/2023 SENIOR
PETOSKEY, MI 49770	23-7000317	501(C)3	26,442.	0.			ESSENTIAL NEEDS
FRIENDS OF THE FLORENCE, INC							
6501 S. FLAGLER DRIVER							
WEST PALM BEACH, FL 33405	84-3792962	501(C)3	50,000.	0.			GENERAL SUPPORT

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

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							GENESIS BOYNE ELEVATOR
GENESIS CHURCH							AND REMAINDER TO BE USED
1124 NORTHMEN DRIVE							FOR CONSTRUCTION/FOR
PETOSKEY, MI 49770	27-0108468	501(C)3	100,500.	0.			FIESTA "LOVE OUR
GOLF ASSOCIATION OF MICHIGAN							TOWARD EDUCATIONAL
FOUNDATION - 39255 COUNTRY CLUB							SCHOLARSHIP TO BE SET
DR, STE B-40 - FARMINGTON HILLS,							WITH SOUTH EAST MICHIGAN
MI 48331	47-2118531	501(C)3	47,000.	٥.			CF IN NEXT 12
							FOR CHRISTO BRAND
GREAT LAKES CENTER FOR THE ARTS							EVENT/SPRING 2022 GRANT
800 BAY HARBOR DRIVE							CYCLE - THE VIENNA BOYS
BAY HARBOR, MI 49770	46-4121514	501(C)3	64,755.	0.			CHOIR CONCERT/"FRIEND
/			,				LITTLE BAY LIVE! IN EMMET
GREAT LAKES CHAMBER ORCHESTRA							COUNTY/GENERAL
219 E LAKE STREET							SUPPORT/UNRESTRICTED
PETOSKEY, MI 49770	30-0084912	501(C)3	25,600.	0.			GIFT/FALL 2022 GRANT
/			, -	-			NEW GLSI INFRASTRUCTURE
GREAT LAKES STEWARDSHIP INITIATIVE							PROGRAM/SEMI'S OUTDOOR
8325 TROUP ROAD							LEARNING IN PLACE BASED
HARBOR SPRINGS, MI 49740	82-3689165	501(C)3	67,000.	0.			EDUCATION PROGRAM
,,							SPRING 2022 GRANT CYCLE -
GREAT START COLLABORATIVE/CHAR-EM							GREAT START PRESCHOOL
ISD - 08568 MERCER BLVD -							SCHOLARSHIP FUND/SUPPORT
CHARLEVOIX, MI 49720	38-2027389	501(C)3	21,000.	0.			FOR THE DOULA TRAINING
			,				GENERAL SUPPORT/SUPPORT
GROUNDWORK CENTER FOR RESILIENT							OF FARM TO SCHOOLS
COMMUNITIES - 148 E FRONT ST STE							INITIATIVE AND INCREASING
301 - TRAVERSE CITY, MI 49684	38-2314954	501 (C) 3	13,000.	0.			AFFORDABLE SOLAR ENERGY
501 IKAVEKBE CITI, MI 45004	30 2314934	501(0)5	13,000.	••			AFFORDABLE SOLAR ENERGI
HARBOR HALL FOUNDATION							GENERAL SUPPORT/WOMEN'S
PO BOX 376							
	20 2105500	E01/(C) 2	69 250	0.			ADDICTION SERVICES/NEW
HARBOR SPRINGS, MI 49740	38-3105589	501(0)5	68,250.	0.			HORIZONS CAPITAL CAMPAIGN
VADDOD I TOUM OUDTOMINA COUCOI							POTTERY SUPPLIES FOR MS.
HARBOR LIGHT CHRISTIAN SCHOOL							MROZINSKI'S ART
8333 CLAYTON ROAD				-			CLASSES/FALL 2022 GRANT
HARBOR SPRINGS, MI 49740	38-2194558	OTHER	6,750.	0.			CYCLE - HLCS SECURITY

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GENERAL SUPPORT/SPRING
HARBOR SPRINGS AREA HISTORICAL							2022 GRANT CYCLE - 2022
SOCIETY - PO BOX 812 - HARBOR							PROGRAMMING &
SPRINGS, MI 49740	38-2934124	501(C)3	39,602.	0.			EXHIBIT/2022 ANNUAL
							GENERAL SUPPORT/SPRING
HARBOR SPRINGS FESTIVAL OF THE							2022 GRANT CYCLE - BOOKS
BOOK - PO BOX 766 - HARBOR							FOR SCHOOLS/TO BUY
SPRINGS, MI 49740	47-1729627	501(C)3	19,500.	0.			CHILDREN'S BOOKS/2022
HARBOR SPRINGS LIBRARY							UNRESTRICTED/GENERAL
206 S SPRING ST							SUPPORT/CAPITAL
	38-1722820	E01(0)2	12,000.	0.			
HARBOR SPRINGS, MI 49740	30-1/22020	501(0)3	12,000.	0.			IMPROVEMENT FUND HARBOR SPRINGS ELEMENTARY
UNDER ADDINGS DUELTS SOUCH							
HARBOR SPRINGS PUBLIC SCHOOLS							SCHOOL - CROSS COUNTRY
800 STATE ST	20 6002040		10.000				SKIING GROOMER/SPRING
HARBOR SPRINGS, MI 49740	38-6003042	OTHER	19,900.	0.			2022 GRANT CYCLE -
							2023 ESSENTIAL NEEDS
HEALTH DEPARTMENT OF NORTHWEST							FUNDING/GENERAL SUPPORT
MICHIGAN - 3434 M-119 HWY, SUITE A							FOR CHILDREN'S SPECIAL
- HARBOR SPRINGS, MI 49740	30-0168590	501(C)3	7,500.	0.			HEALTH CARE SERVICES/PASS
							SPRING 2022 GRANT CYCLE -
HOSPICE OF MICHIGAN INC.							NORTHSTAR LINC: VIRTUAL
145 N STATE ST.							CARE AND COMPANIONSHIP AT
ALPENA, MI 49707	38-2255529	501(C)3	10,000.	0.			END OF LIFE
							EMMET HOUSING READY
HOUSING NORTH							DIRECTOR/ADMINISTRATIVE
PO BOX 1434							SUPPORT FOR EMMET COUNTY
TRAVERSE CITY, MI 49685	83-3499967	501(C)3	35,000.	0.			HOUSING READY AND LITTLE
IMMIGRATION LAW & JUSTICE MICHIGAN							
207 FULTON ST E	00 0000014	F01 (G) 2	10.000				
GRAND RAPIDS, MI 49503-3278	82-2680614		10,000.	0.			GENERAL SUPPORT
INLAND LAKES SCHOOLS							TO SUPPORT THE GOLF
4363 S STRAITS HWY							TEAM/INLAND LAKES TRACK
INDIAN RIVER, MI 49749		OTHER	11,500.	0.			AND FIELD PROGRAM

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LITTLE TRAVERSE BAY BANDS OF ODAWA							LTBB MIGIZI (EAGLE)
INDIANS - ADMINISTRATION - 7500							AVIARY & REHABILITATION
ODAWA CIRCLE - HARBOR SPRINGS, MI							CENTER - SPRING 2022
49740	38-3236295	501(C)3	15,000.	0.			GRANT CYCLE
							GENERAL SUPPORT/FALL2022
LITTLE TRAVERSE BAY HUMANE SOCIETY							GRANT CYCLE- KEEPING PETS
1300 WEST CONWAY ROAD							SAFE/FOR THE MICHAEL G.
HARBOR SPRINGS, MI 49740	38-1384441	501(C)3	24,141.	Ο.			PHILLIPS GOOD SAMARITAN
							FALL 2022 GRANT CYCLE - A
LITTLE TRAVERSE CHORAL SOCIETY							SEASON OF RENEWAL: THE
PO BOX 2417							LITTLE TRAVERSE CHORAL
PETOSKEY, MI 49770	38-2867108	501(C)3	5,150.	Ο.			SOCIETY,
							SPRING 2022 GRANT CYCLE -
LITTLE TRAVERSE CONSERVANCY							LITTLE TRAVERSE
3264 POWELL ROAD							CONSERVANCY - STEWARDSHIP
HARBOR SPRINGS, MI 49740	23-7267810	501(C)3	69,018.	Ο.			CAPITAL NEEDS/\$1,000
							SPRING 2022 GRANT CYCLE -
LITTLE TRAVERSE HISTORICAL SOCIETY							OVERSIZE ARCHIVAL
PO BOX 2418							MATERIAL CATALOGING AND
PETOSKEY, MI 49770	38-6107314	501(C)3	9,588.	0.			PRESERVATION/GENERAL
MACKINAC STRAITS RAPTOR WATCH							GENERAL SUPPORT/FOR
PO BOX 465							TRAILER CAMPAIGN/BIRD
PETOSKEY, MI 49770	83-1936124	501(C)3	11,500.	Ο.			BANDERS' HOUSING
							UNRESTRICTED GIFT/GENERAL
MANNA FOOD PROJECT							SUPPORT/2022 HARBOR CUP
8791 MCBRIDE PARK COURT							TEAM BOYNE SUPPORT/SPRING
HARBOR SPRINGS, MI 49740	38-2764533	501(C)3	97,100.	Ο.			2022 GRANT CYCLE -
,							GLORIA WOOD ENDOWMENT
MCLAREN NORTHERN MICHIGAN							FUND FOR DAY CARE USE
FOUNDATION - 360 CONNABLE AVENUE -							\$10,000, MCLAREN DIALYSIS
PETOSKEY, MI 49770	38-2445611	501(C)3	114,888.	0.			CENTER IN MEMORY OF ERNIE
MICHIGAN DEPARTMENT OF NATURAL							GENERAL SUPPORT/MICHIGAN
RESOURCES, FISHERIES DIVISION - PO							ARCTIC GRAYLING
RESOURCES, LIDHERIES DIVISION - FO			1				FUICITC GUAIDING

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY-ELI							
BROAD COLLEGE OF BUSINESS - 632							
BOGUE ST., N505 - EAST LANSING, MI							JULIE FASONE HOLDER AND
48824	38-6005984	501(C)3	6,000.	0.			JOHN HOLDER SCHOLARSHIP
MIDLAND AREA COMMUNITY FOUNDATION							
76 ASHMAN CIRCLE							TOM HOLDER GOLF
MIDLAND, MI 48640	38-2023395	501(C)3	10,000.	0.			SCHOLARSHIP FUND
NATIONAL WILDLIFE FEDERATION - GREAT LAKES REGIONAL CENTER - 213							
							GLRC – "TAKE BACK THE
W. LIBERTY STREET, STE 200 - ANN ARBOR, MI 48103	53-0204616	501(0)3	10,000.	0.			NARRATIVE" CAMPAIGN
	55 0204010	501(075	10,000.	••			GENERAL SUPPORT/2022
NCMC FOUNDATION							ANNUAL ALLOCATION FROM
1515 HOWARD ST							MATHIAS MEMORIAL
PETOSKEY, MI 49770	38-2910328	501 (C) 3	179,021.	0.			SCHOLARSHIP
NEW HOPE COMMUNITY CHURCH							GENERAL SUPPORT/FOR NEW
P.O. BOX 655							HOPE COMMUNITY CHURCH
PETOSKEY , MI 49770	27-3542460	501(C)3	8,000.	0.			PETOSKEY/GENERAL FUND
NORTH EMMET LITTLE LEAGUE							GIRLS SCORE BOARD -
3243 ASPEN VIEW TRL.							PELLSTON/PROGRAM
BOYNE FALLS, MI 49713	38-2509002	501(C)3	9,500.	0.			EQUIPMENT COSTS
NORTHERN HOMES COMMUNITY							
DEVELOPMENT CORPORATION - 1048 E.							TO ASSIST HART IN
MAIN STREET, PO BOX 86 - BOYNE							PURCHASING HOME FOR
CITY, MI 49712	38-3395829	501(C)3	100,000.	0.			COMMUNITY LAND TRUST
NORTHERN MICHIGAN ANTIQUE							
FLYWHEELERS CLUB - P.O. BOX 494 -							SPRING 2022 GRANT CYCLE -
WALLOON LAKE, MI 49796	38-2821381	501(C)3	6,000.	0.			PORTABLE BLEACHERS
,			, ,				FALL 2022 GRANT CYCLE -
NORTHERN MICHIGAN EQUINE THERAPY							NMET TECHNOLOGY AND
05025 CHURCH ROAD							SYSTEMS UPGRADE AND
BOYNE CITY, MI 49712	30-0838013	501(C)3	44,000.	0.			SUPPORT/THE POWER TO

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PURCHASE FOOD SUPPLIES TO
NORTHMEN DEN YOUTH SERVICES							STOCK ALL YOUTH PANTRIES
P.O. BOX 2085							IN EMMET COUNTY/SPRING
PETOSKEY, MI 49770	86-2073121	501(C)3	33,250.	0.			2022 GRANT CYCLE - STOCK
							FALL 2022 GRANT CYCLE -
NORTHWEST MICHIGAN HABITAT FOR							2022 A NEW HOME ON
HUMANITY - 1840 M 119 UNIT 1 -							LANTERN LANE/ALLOCATION
PETOSKEY, MI 49770	38-2971056	501(C)3	110,250.	0.			REQUEST/GENERAL
PANHANDLE ANIMAL WELFARE SOCIETY							SPONSOR TWO DOG KENNELS
INC - 752 LOVEJOY RD NW - FORT							FOR THE PAWS ANIMAL
	59-0815515	E01/C)2	10,000.	0.			SHELTER.
WALTON BEACH, FL 32548-3845	59-0815515	501(C)5	10,000.	0.			SPRING 2022 GRANT CYCLE -
PELLSTON PUBLIC SCHOOLS							PELLSTON MUSIC REVIVAL
172 N PARK ST							2022-2023/ADAPTIVE ART
PELLSTON, MI 49769	38-6001178	OTUTE	30,700.	0.			SUPPLIES FOR MS. COURTNEY
	58-0001178	OTHER	30,700.	0.			SUFFLIES FOR MS. COORTNEE
PELLSTON YMCA POP WARNER FOOTBALL							FALL 2022 GRANT CYCLE -
11617 DOUGLAS LAKE RD							YOUTH FOOTBALL SHOULDER
PELLSTON, MI 49769	38-3364065	501(C)3	8,000.	0.			PADS
			,				ALLOCATION REQUEST FROM
PETOSKEY AREA GARDEN CLUB, INC.							PETOSKEY AREA GARDEN CLUB
PO BOX 746							ENDOWMENT FUND/ALLOCATION
PETOSKEY, MI 49770	38-2168885	501(C)3	20,000.	0.			REQUEST FROM PAGC
							WATERCOLOR CRAYONS AND
PETOSKEY PUBLIC SCHOOLS							POTTERY GLAZES FOR MS.
1130 HOWARD STREET							LISA KEENE'S ART
PETOSKEY, MI 49770	38-6001179	OTHER	196,480.	Ο.			CLASSES/ANNUAL ATHLETIC
							FOR BEST USE BY THE LOCAL
PLANNED PARENTHOOD OF MICHIGAN							OFFICE FOR THEIR NEEDS
PO BOX 3673							AND LOCAL RESIDENTS//2022
ANN ARBOR, MI 48106	38-1707521	501(C)3	64,257.	0.			ANNUAL ALLOCATION/2022
							SPRING 2022 GRANT CYCLE -
POWER BOOK BAGS							POWER! BOOK BAGS LITTLE
PO BOX 533							LEARNERS WITH THE HEALTH
SUTTONS BAY, MI 49682	81-2406342	501(C)3	10,000.	Ο.			DEPARTMENT IN EMMET

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN VILLAGES OF MICHIGAN							FALL 2022 GRANT CYCLE -
FOUNDATION - 26200 LASHER ROAD,							IMPROVING SAFETY FOR
SUITE 300 - SOUTHFIELD, MI 48033	20-2559884	501(C)3	12,200.	0.			SENIORS WITH LOW INCOMES
,			, ,				GENERAL SUPPORT/FOR
ROTARY CLUB OF LITTLE TRAVERSE BAY							CHARITABLE
SUNSET - PO BOX 2101 - PETOSKEY,							PURPOSES/SCHOLARSHIPS/THE
MI 49770	46-1455569	501 (C) 3	48,500.	٥.			PARKER W. ROSE
HI 45776	40 1455505	501(075	40,500.	••			
RUDOLPH STEINER SCHOOL OF ANN							FOR USE BY RSSA AND SEMIS
ARBOR - 2230 PONTIAC TRAIL - ANN							TEACHER PROFESSIONAL
	20 2242060	F01 (g) 2	22 500				
ARBOR, MI 48105	38-2242069	501(C)3	33,500.	0.			DEVELOPMENT
							WEELY MEALS IN
SALVATION ARMY, THE							PETOSKEY/GENERAL
712 PLEASANT STREET							SUPPORT/AREA OF GREATEST
PETOSKEY, MI 49770	36-2167910	501(C)3	88,950.	0.			NEED/FALL 2022 GRANT
S.O.S. VERMILION							
PO BOX 68634							UNRESTRICTED/UNRESTRICTED
GRAND RAPIDS, MI 49516	81-4996824	501(C)3	40,000.	0.			USE
							MONTHLY DONATION/2022
ST. FRANCIS XAVIER CHURCH							ANNUAL ALLOCATION/GENERAL
513 HOWARD ST.							SUPPORT/CATHOLIC SERVICES
PETOSKEY, MI 49770		501(C)3	10,703.	0.			APPEAL (CSA)
THE CHILDREN'S FOUNDATION							
3011 WEST GRAND BOULEVARD, STE 218							\$5,000 CAMP HOPE; \$10,000
DETROIT, MI 48202	38-1357994	501(C)3	15,000.	0.			GENERAL SUPPORT
THE FOUNDATION FIGHTING BLINDNESS							
PO BOX 45740							
BALTIMORE, MD 21297-5740	23-7135845	501(C)3	10,000.	٥.			GENERAL SUPPORT
							GENERAL
TIP OF THE MITT WATERSHED COUNCIL							SUPPORT/ALLOCATION
426 BAY STREET							REQUEST FROM TIP OF THE
PETOSKEY, MI 49770	38-2361745	501(C)3	118,779.	٥.			MITT WATERSHED

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		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ANNUAL MEMBERSHIP &
TOP OF MICHIGAN TRAILS COUNCIL							SUPPORT/KIDS BIKE
L687 M 119							INITIATIVE
PETOSKEY, MI 49770	38-3263521	501(C)3	20,498.	0.			FUNDRAISER/GENERAL
							SUPPORT FOR A CHILD CARE
JNITED WAY OF NORTHWEST MICHIGAN							PROGRAM IN EMMET
202 E. GRANDVIEW PARKWAY							COUNTY/FOR CHARLEVOIX AND
TRAVERSE CITY, MI 49684	38-1679060	501(C)3	38,200.	0.			EMMET COUNTIES
							SPRING 2022 GRANT CYCLE -
/ENTURE NORTH FUNDING &							DEPLOYING CAPITAL TO HELP
DEVELOPMENT - 202 EAST GRANDVIEW							SMALL BUSINESSES AND
PARKWAY - TRAVERSE CITY, MI 49684	38-2857500	501(C)3	9,500.	0.			COMMUNITIES IN EMMET
· ·			,				SUPPORT FOR TONY ADAMS'
/ICTORY LIFE CENTER							WORK WITH UKRAINIAN
PO BOX 957							REFUGEES/SUPPORT FOR TONY
VESTFIELD, IN 46074	16-1625021	501(C)3	25,500.	0.			ADAMS' WORK TO HOUSE
							SPRING 2022 GRANT CYCLE -
/ILLAGE OF ALANSON							BATHROOM AND
P.O. BOX 425							ACCESSIBILITY REPAIRS AT
ALANSON, MI 49706		OTHER	13,000.	0.			CIVIC PARK, ALANSON, MI
			20,000				CHARTER PRIMARY GUARDIAN
VALLOON LAKE ASSOCIATION AND							FUND/FOR THE WALLOON LAKE
CONSERVANCY - PO BOX 579 - WALLOON							GUARDIAN FUND/GENERAL
LAKE, MI 49796	38-3608004	501(C)3	33,300.	0.			SUPPORT/TOWNSEND ROAD
		501(0)5					SPRING 2022 GRANT CYCLE -
NOMEN'S RESOURCE CENTER OF							SAFETY UPGRADES TO
NORTHERN MICHIGAN - 423 PORTER							RETAINING WALLS AT EMMET
	38-2302164	F01/C)2	60 774	0.			COUNTY WRCNM
STREET – PETOSKEY, MI 49770	30-2302104	501(C)5	69,774.	0.			COUNTY WRENM
VORLD CENTRAL KITCHEN							
200 MASSACHUSETTS AVE NW, 7TH FLOOR		E01(0)2	01 205	0			
VASHINGTON, DC 20001	27-3521132	DUT(C)3	21,395.	0.			GENERAL SUPPORT

Schedule I (Form 990) 2022

22 COMMUNITY FOUNDATION

38-3032185

Page 2

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

Part III can be duplicated if additional space is needed.	(1)))		(
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR STUDENT ATTENDING ALBION COLLEGE	1	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING FERRIS STATE					
UNIVERSITY	4	8,750.	0.		
		· · · ·			
SCHOLARSHIP FOR STUDENT ATTENDING LAKE SUPERIOR STATE UNIVERSITY	2	F 500	0.		
STATE UNIVERSITY	2	5,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN STATE					
UNIVERSITY	9	20,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN					
TECHNOLOGICAL UNIVERSITY	4	4,000.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
COMMUNITY FOUNDATION STAFF MAY ASK	ΤΟ VISI	THE ORGAN	ΙΤΖΑΤΤΟΝ ΤΟ	WHICH THEY	
	10 11011				
MADE A COMPETITIVE GRANT TO LEARN	MORE ABOU	IT THE PROJ	ECT AND TH	E EXECUTION	
				TOD HOD	
OF THE PROJECT. STAFF TYPICALLY C	ALLS THRU	JOGHOUT THE	GRANT PER	TOD FOR	
UPDATES, DEPENDING ON THE SIZE AND	COMPLEXI	TY OF THE	PROJECT.	WHEN THE	
GRANT PERIOD IS COMPLETE, THE COMM	UNITY FOU	NDATION RE	QUIRES THE	GRANTEE TO	
SUBMIT A FINAL REPORT DETAILING TH	E OUTCOME	S COMPARED	TO THE IN	TENDED	
OBJECTIVES OF THE GRANT. IF NEEDE	D. STAFF	WILL FOLLC	W UP WITH	QUESTIONS ON	
	_ ,				

THE FINAL REPORT TO BE SURE WE HAVE A CLEAR IDEA OF HOW THE GRANT DOLLARS

COMMUNITY FOUNDATION Schedule I (Form 990) COMMUNITY FOUNDATION Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

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Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR STUDENT ATTENDING NORTH CENTRAL					
MICHIGAN COLLEGE	2.	2,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING SAGINAW VALLEY STATE UNIVERSITY	1.	1,000.	٥.		
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF					
MICHIGAN	3.	4,000.	٥.		
SCHOLARSHIP FOR STUDENT ATTENDING AQUINAS COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING ILLINOIS					
WESLEYAN UNIVERSITY	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING BETHEL UNIVERSITY	1.	1,000.	0.		
		_,			
SCHOLARSHIP FOR STUDENT ATTENDING CHAMINADE					
UNIVERSITY OF HONOLULU	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING GRAND RAPIDS	1	1 000	0.		
COMMUNITY COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING GRAND VALLEY					
STATE UNIVERSITY	1.	1,000.	0.		

Schedule I (Form 990)

COMMUNITY FOUNDATION

38-3032185

Page 2

AITON						
Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)						
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1.	1,000.	0.				
1.	2,000.	0.				
2.	2,000.	0.				
1.	2,000.	0.				
1.	3,000.	0.				
1.	1,500.	0.				
	tic Individuals ((b) Number of recipients 1. 1. 2. 1.	tic Individuals (Schedule I (Form 98 (b) Number of recipients (c) Amount of cash grant 1. 1,000. 1. 2,000. 2. 2,000. 1. 2,000. 1. 3,000.	tic Individuals (Schedule I (Form 990), Part III.) (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance 1. 1,000. 0. 1. 1,000. 0. 1. 2,000. 0. 1. 2,000. 0. 1. 2,000. 0. 1. 2,000. 0. 1. 2,000. 0. 1. 2,000. 0. 1. 3,000. 0.	tic Individuals (Schedule I (Form 990), Part III.) (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 1. 1,000. 0. 1. 1,000. 0. 1. 2,000. 0. 2. 2,000. 0. 1. 2,000. 0. 1. 3,000. 0.		

WERE USED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CAMP DAGGETT

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPER SCHOLARSHIPS/WLCC

FUNDRAISER/TEE SPONSOR FOR GOLF FUNDRAISER/2022 ANNUAL ALLOCATION FROM

CAMP DAGGETT KLOPCIC FAMILY CAMPERSHIP FUND/ANNUAL ALLOCATION FROM

MATHIAS FUND FOR CAMP DAGGETT/ANNUAL ALLOCATION FROM NORTHERN MICHIGAN

FUND/FALL 2022 GRANT CYCLE - EQUIPMENT TO UPGRADE CAMPOUT EXPERIENCE FOR

SUMMER CAMPERS/AREA OF GREATEST NEED

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL MICHIGAN UNIVERSITY PUBLIC BROADCASTING

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/ANNUAL MEMBERSHIP

RENEWAL/\$1,500 PUBLIC TELEVISION; \$1,500 PUBLIC RADIO/FOR "REPORT FOR

AMERICA"/FOR OPERATING FUND

NAME OF ORGANIZATION OR GOVERNMENT: CHALLENGE MOUNTAIN

(H) PURPOSE OF GRANT OR ASSISTANCE: RESALE STORE STORM WATER MITIGATION

PROJECT/SPRING 2022 GRANT CYCLE - RESPONSE TO FEASIBILITY STUDY:

STRATEGIC PLANNING AND FUND DEVELOPMENT/GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHILD AND FAMILY SERVICES OF NW MI

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - EXPANSION

EXPLORATION: A STUDY OF THE FEASIBILITY OF SAFE HAVEN EXPANSION INTO

EMMET COUNTY /GENERAL SUPPORT/\$1,500 FOR PAPER ANGELS PROGRAM IN EMMET

COUNTY; \$1,500 FOR ANGEL FUND TO SUPPORT EMMET COUNTY YOUTH

Schedule I (Form 990)

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NAME OF ORGANIZATION OR GOVERNMENT:

CHRIST CHILD SOCIETY OF NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - HEAD START

BACKPACKS/FOSTER CARE BACKPACK PROJECT/GENERAL SUPPORT/GIFT CARDS ON

FOSTER CHILD'S BIRTHDAY

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HARBOR SPRINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REINSTALL A PLAYGROUND AT ZORN

BEACH/SKATE PARK 2022 HALLOWEEN FESTIVITIES/SUPPORT FOR 2022 FALL

FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: CROOKED LAKE SAILORS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT IN 2021 AND

2022/FUND CONSTRUCTION OF COVERED PATIO FOR STUDENT SAILOR INSTRUCTION

NAME OF ORGANIZATION OR GOVERNMENT: CROOKED TREE ARTS COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/SUPPORT FOR

CHILDREN'S VISUAL ARTS PROGRAMMING/BAROQUE MEMBERSHIP/YOUTH WRITING

AWARDS: \$500 HANNA-RENKES/JAN SMITH AWARD FOR POETRY\$500 HANNA-RENKES/JAN

SMITH AWARD FOR PROSE/2022 YOUNG WRITERS EXPOSITION/CTAC BIDWELL PLAZA

SHADESAIL PROJECT/2022 ANNUAL ALLOCATION/FOR USE BY LOCAL PETOSKEY

OFFICE/2023 YOUNG WRITERS EXPOSITION/ROCOCO LEVEL/NEW YEARS EVE

CELEBRATIOIN/SPRING 2022 GRANT CYCLE - CROOKED TREE ARTS CENTER

WAYFINDING SIGNAGE/\$5,000 SCHOOL OF BALLET; \$3,000 CHILDREN'S

PROGRAMS/CTAC GALLERY LIGHTING DIMMING CONTROLLER REPLACEMENT

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: BAY VIEW MUSIC AT CHURCH/GENERAL

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Schedule I (Form 990)

232291 04-01-22

FUND/2022 ANNUAL ALLOCATION/ANNUAL GIVING/ALLOCATION REQUEST JUNE

2022/FOR SUMMER MUSIC PROGRAM/UNICEF TO HELP PEOPLE IN UKRAINE

NAME OF ORGANIZATION OR GOVERNMENT: FIRST TEE - NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/SPRING 2022 GRANT

CYCLE - LAKEVIEW ACADEMY PARTNERSHIP/ 2022 HARBOR CUP TEAM BOYNE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDSHIP CENTERS OF EMMET COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/RSVP IN MEMORY OF

JEAN LEISMER/2023 SENIOR ESSENTIAL NEEDS FUNDING/2022 ANNUAL ALLOCATION

FROM OSBORN MEMORIAL FUND/2022 ANNUAL ALLOCATION FROM BOETTGER SENIOR

CITIZEN FUND

NAME OF ORGANIZATION OR GOVERNMENT: GENESIS CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENESIS BOYNE ELEVATOR AND REMAINDER

TO BE USED FOR CONSTRUCTION/FOR FIESTA "LOVE OUR NEIGHBOR" FUND

NAME OF ORGANIZATION OR GOVERNMENT:

GOLF ASSOCIATION OF MICHIGAN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARD EDUCATIONAL SCHOLARSHIP TO

BE SET WITH SOUTH EAST MICHIGAN CF IN NEXT 12 MONTHS/\$5,000 SCHOLARSHIPS;

\$15,000 YOUTH ON COURSE/TO ADD TO EDUCATIONAL SCHOLARSHIP FUNDS TO BE SET

AT SOUTH EAST MICHIGAN COMMUNITY FOUNDATION/DONATION TO BE TRANSFERRED

FROM GAM- F TO THE YET TO THE GAM-F EDUCATIONAL SCHOLARSHIP FUND HELD

BY SE MICH COMMUNITY FOUNDATION. (CURRENTLY IN PROCESS OF THE SIGNING

THE AGREEMENT)./FOUNDATION-EVENTS AND/OR DONOR RETENTION EXPENSES OR

ADMIN EXPENSES.

Schedule I (Form 990)

232291 04-01-22 PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: GREAT LAKES CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHRISTO BRAND EVENT/SPRING 2022

GRANT CYCLE - THE VIENNA BOYS CHOIR CONCERT/"FRIEND RAISER"/ANNUAL

FUND/GENERAL SUPPORT

Part IV Supplemental Information

Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: GREAT LAKES CHAMBER ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: LITTLE BAY LIVE! IN EMMET

COUNTY/GENERAL SUPPORT/UNRESTRICTED GIFT/FALL 2022 GRANT CYCLE - TERRA

NOSTRA CONCERT

NAME OF ORGANIZATION OR GOVERNMENT: GREAT START COLLABORATIVE/CHAR-EM ISD

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - GREAT

START PRESCHOOL SCHOLARSHIP FUND/SUPPORT FOR THE DOULA TRAINING PROGRAM

/PRESCHOOL TUITION/SCHOLARSHIPS/DOULA TRAINING SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

GROUNDWORK CENTER FOR RESILIENT COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/SUPPORT OF FARM TO

SCHOOLS INITIATIVE AND INCREASING AFFORDABLE SOLAR ENERGY IN THE LITTLE

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR LIGHT CHRISTIAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: POTTERY SUPPLIES FOR MS. MROZINSKI'S

ART CLASSES/FALL 2022 GRANT CYCLE - HLCS SECURITY NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

HARBOR SPRINGS AREA HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/SPRING 2022 GRANT

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2022.04020 PETOSKEY-HARBOR SPRINGS A 16230.01

CYCLE - 2022 PROGRAMMING & EXHIBIT/2022 ANNUAL ALLOCATION/UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR SPRINGS FESTIVAL OF THE BOOK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/SPRING 2022 GRANT

CYCLE - BOOKS FOR SCHOOLS/TO BUY CHILDREN'S BOOKS/2022 FESTIVAL

SPONSORSHIP/BOOKS FOR SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR SPRINGS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: HARBOR SPRINGS ELEMENTARY SCHOOL -

CROSS COUNTRY SKIING GROOMER/SPRING 2022 GRANT CYCLE - PORTABLE AEDS

(AUTOMATED EXTERNAL DEFIBRILLATOR)/SCHOLARSHIPS FOR AGE 0-3 CHILDREN AT

BLACKBIRD ELEMENTARY/SHAY ELEMENTARY OUTDOOR ADVENTURE CLUB - FLY FISHING

VIDEO PROJECT/TO SUPPORT THE GOLF TEAM/ABS INTERVENTION K-2 AND 2ND GRADE

MATH SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 ESSENTIAL NEEDS FUNDING/GENERAL

SUPPORT FOR CHILDREN'S SPECIAL HEALTH CARE SERVICES/PASS THROUGH GRANT

FROM WARD AND EIS GALLERY

NAME OF ORGANIZATION OR GOVERNMENT: HOUSING NORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: EMMET HOUSING READY

DIRECTOR/ADMINISTRATIVE SUPPORT FOR EMMET COUNTY HOUSING READY AND LITTLE

TRAVERSE BAY HOUSING PARTNERSHIP ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE BAY HUMANE SOCIETY

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(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/FALL2022 GRANT

Schedule I (Form 990)

232291 04-01-22 CYCLE- KEEPING PETS SAFE/FOR THE MICHAEL G. PHILLIPS GOOD SAMARITAN FUND - IN HONOR OF CINDY ROSS' BIRTHDAY/2022 ANNUAL ALLOCATION FROM MARJORIE GREEN FUND/2022 ANNUAL ALLOCATION/TO THE "SPAY IT FOURWARD" ACCOUNT TO SUPPORT THIS WORK OF THE VETERINARY CLINIC.

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE CHORAL SOCIETY (H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2022 GRANT CYCLE - A SEASON OF RENEWAL: THE LITTLE TRAVERSE CHORAL SOCIETY, 2022-2023/GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE CONSERVANCY (H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - LITTLE TRAVERSE CONSERVANCY - STEWARDSHIP CAPITAL NEEDS/\$1,000 ANNUAL MEMBERSHIP FOR SALLY AND IAN BUND; \$200 ANNUAL MEMBERSHIPS EACH FOR EOWYN BUND, IRIS BUND, NICK BUND, ALEXANDRA BUND, AND VICTORIA BUND/GENERAL SUPPORT/2022 ANNUAL ALLOCATION FROM FOSTER-HARTLEY LAKE PRESERVATION STEWARDSHIP FUND/UNRESTRICTED GIFT/FIVE MILE CREEK PRESERVE ADDITION/BENCH AT OFFIELD FAMILY VIEWLANDS WITH LARBRE CROCHE PLAQUE/LAND TRUST/ANNUAL MEMBERSHIP & SUPPORT/2022 ANNUAL ALLOCATION FROM LAND AND WATER EDUCATION FUND FOR LTC/USE WHERE MOST NEEDED/IN SUPPORT OF THE LAMKIN FARM PROJECT/ANNUAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE HISTORICAL SOCIETY (H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - OVERSIZE ARCHIVAL MATERIAL CATALOGING AND PRESERVATION/GENERAL SUPPORT/2022 ANNUAL ALLOCATION FROM MATHIAS MEMORIAL FUND FOR LT HISTORICAL SOCIETY/2022 ANNUAL ALLOCATION FROM NORTHERN MICHIGAN FUND

NAME OF ORGANIZATION OR GOVERNMENT: MANNA FOOD PROJECT

Schedule I (Form 990)

Schedule I (Form 990)

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED GIFT/GENERAL SUPPORT/2022 HARBOR CUP TEAM BOYNE SUPPORT/SPRING 2022 GRANT CYCLE -HEALTHY LIVING/2023 ESSENTIAL NEEDS FUNDING/FOOD 4 KIDS BACKPACK PROGRAM/BACKPACKS FOR KIDS PROGRAM/HEALTHY LIVING PROGRAM/SCHOOL BACKPACK PROGRAM/GENERAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: MCLAREN NORTHERN MICHIGAN FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: GLORIA WOOD ENDOWMENT FUND FOR DAY CARE USE \$10,000, MCLAREN DIALYSIS CENTER IN MEMORY OF ERNIE MAINLAND \$10,000/SPRING 2022 GRANT CYCLE - JUSTIN A. BORRA BEHAVIORAL HEALTH CENTER/MCLAREN HOSPICE PETOSKEY NEW VEST UNIFORMS/TO THE PAUL D. BLANCHARD, MD PATIENT ASSISTANCE FUND IN HONOR OF THE FOUNDING DONOR OF THE FUND/BREAST CANCER/AREA OF GREATEST NEED/JUSTIN A. BORRA BEHAVIORAL HEALTH CENTER - CHEBOYGAN CAMPUS/2022 ANNUAL ALLOCATION FROM BLUM LODGING ASSISTANCE FUND/\$1,000 KALAHAR/TOST PEDIATRIC TRAVEL ASSISTANCE FUND; \$5,000 ONCOLOGY ENDOWMENT FUND; \$30,000 PHYSICIAN RECRUITMENT/HOSPICE OF LITTLE TRAVERSE BAY - \$500, GENERAL SUPPORT - \$1,000/FOR MCLAREN HOME CARE & HOSPICE/ANNUAL CONTRIBUTION/GENERAL FUND/GENERAL SUPPORT/FINAL DONATION TO CAPITAL CAMPAIGN/BORRA BEHAVIORAL HEALTH CENTER

NAME OF ORGANIZATION OR GOVERNMENT: NCMC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/2022 ANNUAL

ALLOCATION FROM MATHIAS MEMORIAL SCHOLARSHIP FUND/SCOREBOARD/SCORERS

TABLE PROJECT/CHILDCARE INITIATIVE/2022 ANNUAL ALLOCATION FROM GERMOND

FUND FOR SCHOLARSHIPS/TO BE USED AT THE DISCRETION OF NCMC PRESIDENT, DR.

DAVID ROLAND FINLEY, PER CORRESPONDENCE WITH MR. FREY ABOUT BOARD

DEVELOPMENT/2022 ANNUAL ALLOCATION FROM WINNELL SCHOLARSHIP FUND/BUILDING

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TOMORROW TOGETHER CAMPAIGN/TIMBERWOLF ATHLETICS LAUNCH - FACILITY

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Part IV | Supplemental Information

RENOVATIONS/2022 ANNUAL ALLOCATION FROM MATHIAS NCMC FOUNDATION FUND/TO BE USED FOR THE NORTH CENTRAL MICHIGAN COLLEGE ATHLETICS PROGRAM FUND IN THE AREA OF GREATEST NEED./\$1000 TO THE GENERAL FUND AND \$1000 TO "NAMED" SCHOLARSHIPS/BUILDING TOMORROW TOGETHER CAMPAIGN/JEWEL

PROGRAM/UNRESTRICTED GIFT

Part IV | Supplemental Information

Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN MICHIGAN EQUINE THERAPY (H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2022 GRANT CYCLE - NMET TECHNOLOGY AND SYSTEMS UPGRADE AND SUPPORT/THE POWER TO WEATHER ANY STORM - NMET GENERATOR/ROUND BALES OF HAY/GENERATOR PROJECT WITH REMAINDER FOR GENERAL SUPPORT/EQUIPMENT TRAILER

NAME OF ORGANIZATION OR GOVERNMENT: NORTHMEN DEN YOUTH SERVICES (H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE FOOD SUPPLIES TO STOCK ALL YOUTH PANTRIES IN EMMET COUNTY/SPRING 2022 GRANT CYCLE - STOCK THE SHELVES AT NORTHMEN DEN'S SEVEN YOUTH PANTRIES/GENERAL FUNDS/ IN HONOR OF YOUTH ADVISORY COMMITTEE MEMBER SUZY CARPENTER/DONATION FOR FOOD FOR THE FOOD PANTRIES/PRINTING NEWSLETTER AND PROMOTIONAL MATERIALS/FOR NORTHME DEN YOUTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST MICHIGAN HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2022 GRANT CYCLE - 2022 A NEW

HOME ON LANTERN LANE/ALLOCATION REQUEST/GENERAL SUPPORT/MEADOW LANDS

SUBDIVISION IN ALANSON/\$10,000 FOR GENERAL SUPPORT; \$10,000 FOR

MEADOWLANDS SUBDIVISION CAMPAIGN/GENERATOR FOR HABITAT FOR HUMAITY/

LANTERN LANE/14 AFFORDABLE HOMES IN EMMET COUNTY IN 2022-2023/FOUNDATIONS

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FOR OUR FUTURE CAMPAIGN/ALLOCATION REQUEST FROM FOOD FOR HUMANITY

232291 04-01-22

FUND/FOUNDATIONS FOR OUR FUTURE

NAME OF ORGANIZATION OR GOVERNMENT: PELLSTON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - PELLSTON

MUSIC REVIVAL 2022-2023/ADAPTIVE ART SUPPLIES FOR MS. COURTNEY

WHITTAKER'S SPECIAL EDUCATION STUDENTS/PAINTS, MARKERS, CRAYONS AND

SCISSORS FOR MS. EMILY MATELSKI'S STUDENTS/CLAY AND GLAZES FOR MS. ERIKA

FAUST'S ART CLASSES/TO HIRE A CHEF TO INSTITUTE 'FROM SCRATCH' MEAL

PREPARATION

NAME OF ORGANIZATION OR GOVERNMENT: PETOSKEY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: WATERCOLOR CRAYONS AND POTTERY

GLAZES FOR MS. LISA KEENE'S ART CLASSES/ANNUAL ATHLETIC SPONSOR/\$5,000.00

PHS ATHLETICS MATCH; PMS SIGN \$2,138.00/FOR PETOSKEY HIGH SCHOOL - MAPLE

SYRUP UNIT FIELD TRIP TRANSPORTATION TO CAMP DAGGETT/PE EQUIPMENT FOR

OTTAWA AND LINCOLN ELEMENTARY SCHOOLS PER REQUEST FROM MARTHA JANSEN/FUND

ACCOUNT 562/2022 ANNUAL ALLOCATION FROM WIL MOYER MUSIC SCHOLARSHIP

FUND/GIRLS GOLF/TEMPURA PAINTS FOR MS. JENNIFER CLEARY'S ART

CLASSES/SHERIDAN ELEMENTARY SCHOOL, SHAPE UP SHERIDAN/FALL 2022 GRANT

CYCLE - PUBLIC SCHOOLS OF PETOSKEY: IMPLEMENTING POSITIVE BEHAVIOR

INTERVENTIONS AND SUPPORT (PBIS) K-12/\$1500 OTTAWA ELEMENTARY FUND

ACCT#215 \$2500 PMS SKI TEAM BUSSES/BLUE CREW/ALCOHOL INK TILE SUPPLIES

FOR MS. LIZ RACIGNOL'S ART CLASSES/SUPPORT FOR MAX STROSSEL SOCIAL

AWAKENING PRESENTATION/LAST SOCCER BUS/TO SUPPORT THE GOLF TEAM/\$50,000

FOR ELEMENTARY SCHOOL VENDING MACHINES \$3000.00 FOR NORTHMEN NIGHT

SPONSORS \$5000.00 FOR 2023 ALL NIGHT SENIOR PARTY/SOCCER BUSSES

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF MICHIGAN

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(H) PURPOSE OF GRANT OR ASSISTAN	ICE: FOR BEST USE BY T	HE LOCAL OFFICE FOR
THEIR NEEDS AND LOCAL RESIDENTS/		
	·	
ALLOCATION FROM ANN SMITH CHARIT	i i	
PROGRAMS; \$15,000 FOR GENERAL SU		
EVENT/GENERAL SUPPORT/FALL 2022		
HEALTHCARE YOUTH & PROVIDERS EMP	OWERED/SPONSOR FOR FU	NDRAISER/GENERAL
SUPPORT FOR THE PETOSKEY BRANCH/	FOR PLANNED PARENTHOO	D OF NORTHWEST
MICHIGAN - GENERAL SUPPORT/FOR T	HE HARBOR SPRINGS CHO	ICE EVENT/
NAME OF ORGANIZATION OR GOVERNME	NT: POWER BOOK BAGS	
(H) PURPOSE OF GRANT OR ASSISTAN	ICE: SPRING 2022 GRANT	CYCLE - POWER!
BOOK BAGS LITTLE LEARNERS WITH T	HE HEALTH DEPARTMENT	IN EMMET COUNTY
ROTARY CLUB OF LITTLE TRAVERSE B (H) PURPOSE OF GRANT OR ASSISTAN PURPOSES/SCHOLARSHIPS/THE PARKER	ICE: GENERAL SUPPORT/F	
NAME OF ORGANIZATION OR GOVERNME	NT: SALVATION ARMY, T	НЕ
(H) PURPOSE OF GRANT OR ASSISTAN	ICE: WEELY MEALS IN PE	TOSKEY/GENERAL
SUPPORT/AREA OF GREATEST NEED/FA	LL 2022 GRANT CYCLE -	MOBILE AND
CARRY-OUT FOOD PROGRAM/PATHWAY O	F HOPE PROGRAM/IN HON	OR OF SALVATION ARMY
STAFF FROM GLENN STEVENS/GENERAL	SUPPORT FOR PETOSKEY	OFFICE
PROGRAMS/ANGEL TREE PROGRAM, EMM	IET COUNTY/CHEF'S CHAL	LENGE/GIFT TO BE
USED FOR DESIGN AND INSTALL CHIL	DREN'S PLAYGROUND, FE	NCING AND SECURITY
DEVICES./HELP COVER UTILITY COST	S FOR STRUGGLING FAMI	LIES IN EMMET
COUNTY/FOR OPERATING BUDGET/UNRE	STRICTED USE FOR THE I	MISSION ADVANCEMENT
MAJOR GIFT FUNDRAISER/FOR THE SA	LVATION ARMY OF PETOS	KEY - UNRESTRICTED
232291 04-01-22		Schedule I (Form 990
50905 757055 16230.0	54 2022.04020 PETOSKEY	-HARBOR SPRINGS A 16230

Part IV Supplemental Information

Schedule I (Form 990)

GIFT FOR AREA OF GREATEST NEED

NAME OF ORGANIZATION OR GOVERNMENT: ST. FRANCIS XAVIER CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: MONTHLY DONATION/2022 ANNUAL

ALLOCATION/GENERAL SUPPORT/CATHOLIC SERVICES APPEAL (CSA) 2022-GAYLORD

DIOCESE/2022 ANNUAL ALLOCATION FROM GERMOND FUND

NAME OF ORGANIZATION OR GOVERNMENT: TIP OF THE MITT WATERSHED COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/ALLOCATION REQUEST

FROM TIP OF THE MITT WATERSHED COUNCIL/FOR MAURA BRANDI MEMORIAL

INTERNSHIP FUND/MEMBERSHIP DONATION/ANNUAL CONTRIBUTION/USE WHERE MOST

NEEDED/UNRESTRICTED GIFT/ANNUAL MEMBERSHIP CAMPAIGN/ FOR WATERSHED

ACADEMY "STREAM TEAM PROGRAM"/2022 ANNUAL ALLOCATION

NAME OF ORGANIZATION OR GOVERNMENT: TOP OF MICHIGAN TRAILS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL MEMBERSHIP & SUPPORT/KIDS

BIKE INITIATIVE FUNDRAISER/GENERAL SUPPORT/COMMITTEE TO RESTORE THE

WHEELWAY FUND/FOR NAKWEMA TRAILWAY/WHEELWAY RECONSTRUCTION/FALL 2022

GRANT CYCLE - STRATEGIC PLANNING FOR TOP OF MICHIGAN TRAILS COUNCIL/FOR

COMMITTEE TO RESTORE THE WHEELWAY/FOUNDERS TERRACE

NAME OF ORGANIZATION OR GOVERNMENT: VENTURE NORTH FUNDING & DEVELOPMENT (H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - DEPLOYING CAPITAL TO HELP SMALL BUSINESSES AND COMMUNITIES IN EMMET COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: VICTORY LIFE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR TONY ADAMS' WORK WITH

55

UKRAINIAN REFUGEES/SUPPORT FOR TONY ADAMS' WORK TO HOUSE UKRAINIAN

Schedule I (Form 990)

232291 04-01-22

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REFUGEES IN KRAKOW, POLAND

NAME OF ORGANIZATION OR GOVERNMENT:

WALLOON LAKE ASSOCIATION AND CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARTER PRIMARY GUARDIAN FUND/FOR

THE WALLOON LAKE GUARDIAN FUND/GENERAL SUPPORT/TOWNSEND ROAD BOAT

CLEANING STATION/\$2500 TO GUARDIAN FUND; \$75.00 ANNUAL DUES

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - SAFETY

UPGRADES TO RETAINING WALLS AT EMMET COUNTY WRCNM LOCATION/GENERAL

SUPPORT/2023 ESSENTIAL NEEDS FUNDING/ANNUAL CONTRIBUTION/WOMEN CAN WOMEN

DO CAMPAIGN/\$5000 TO GENERAL FUND; \$2000 TO EMERGENCY FUND/2022 ANNUAL

ALLOCATION FROM ANN SMITH CHARITABLE FUND/2022 ANNUAL ALLOCATION FROM BPW

SCHOLARSHIP FUND/BENEFACTOR SPONSOR TRIBUTE EVENT 11/10/22 LIST AS: TRISH

AND JIM MURRAY/ANNUAL ALLOCATION REQUEST PER AGENCY/100 MEN CAMPAIGN/AREA

OF GREATEST NEED

Schedule I (Form 990)

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Ζ

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

(a)

Т

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization PETOSKEY-HARBOR SPRINGS AREA

Employer identification number 38-3032185

(d)

/U

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	COMMUNITY	FOUNDATIO	JN	
Part I	Types of Property			
		(a)	(b)	Γ

		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of deter noncash contributio	•	te
		applicable		Form 990, Part VIII, line 1g	noncash contributio	ramoun	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	17	902,501.	MARKET QUOTE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement 29			T
<u> </u>				and a disc David Life and difference		Yes	No
30a	During the year, did the organization receive by		•••••	-			
	must hold for at least 3 years from the date of			•		0	v
Ŀ	exempt purposes for the entire holding period?	·				0a	X
	If "Yes," describe the arrangement in Part II.	aliov that ra	quiroo the review of	of any papatandard acately it	iono?	1 X	
31	Does the organization have a gift acceptance p	•	-	•	ions? <u>3</u>	81 X	+
32a	Does the organization hire or use third parties		•	· · ·		2a X	
L.	contributions?					2a X	
b	If "Yes," describe in Part II.						

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

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

Schedule M (Form 990) 2022

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describe in Part II.

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

SCHEDULE M, LINE 32B:

Schedule M (Form 990) 2022

THE COMMUNITY FOUNDATION WORKS CLOSELY WITH FINANCIAL, LEGAL AND TAX

ADVISORS TO EDUCATE THEM AND THEIR CLIENTS REGARDING THE POTENTIAL

BENEFITS OF NONCASH CONTRIBUTIONS, SPECIFICALLY SECURITIES. IN

INSTANCES OF CONTRIBUTIONS IN THE FORM OF SECURITIES, THE COMMUNITY

FOUNDATION HOLDS ACCOUNTS WITH DIFFERENT FINANCIAL ADVISORS TO

FACILITATE SUCH GIFTS. WHEN THE COMMUNITY FOUNDATION IS NOTIFIED OF A

POTENTIAL GIFT OF SECURITIES, THE SECURITIES ARE TRANSFERRED FROM THE

DONOR'S ACCOUNT TO ONE OF THE FINANCIAL ADVISOR ACCOUNTS HELD BY THE

COMMUNITY FOUNDATION. THE FINANCIAL ADVISOR IS INSTRUCTED TO SELL THE

SECURITIES UPON RECEIPT.

THE COMMUNITY FOUNDATION'S GIFT ACCEPTANCE GUIDELINES OUTLINE THE

POLICIES AND PROCEDURES FOR CASH AND NONCASH GIFTS.

THE AMOUNT REPORTED IN PART I, COLUMN (B) IS THE NUMBER OF

CONTRIBUTIONS.

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. PETOSKEY-HARBOR SPRINGS AREA

Employer identification number 38-3032185

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY FOUNDATION

AN INDIVIDUAL, FAMILY, OR ORGANIZATION TO CARRY OUT CHARITABLE WORKS

AND LEAVE A LASTING LEGACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ORGANIZATIONS IN CORRESPONDING FIELDS. THE SCHOLARSHIP COMMITTEE

RECOMMENDED VARIOUS SCHOLARSHIP AWARDS OF 47 GRANTS TO LOCAL STUDENTS

WHO ARE PURSUING EDUCATION BEYOND HIGH SCHOOL. A TOTAL OF 972 GRANTS

WERE AWARDED FROM COMMUNITY FOUNDATION FUNDS DURING THIS TIME PERIOD TO

IMPROVE AND ENRICH LIFE IN EMMET COUNTY.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS, ARTICLE III, MEETINGS OF MEMBERS: REMOVED THIS SECTION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS SHALL ELECT ITS OWN MEMBERS BY MAJORITY VOTE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

EACH MEMBER OF THE GOVERNING BOARD RECEIVES A COPY OF THE FORM 990 VIA

E-MAIL BEFORE IT IS FILED WITH THE IRS. THE COMMUNITY FOUNDATION RECEIVES

A DRAFT FORM 990 AND REQUIRED SCHEDULES FROM OUR AUDITOR. IMMEDIATELY

FOLLOWING RECEIPT OF THE DRAFT AND PRIOR TO FILING WITH THE IRS, THE FORM

990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE COMMUNITY FOUNDATION STAFF.

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Schedule O (Form 990) 2022	Page 2
Name of the organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number $38 - 3032185$
A CONFLICT OF INTEREST DISCLOSURE STATEMENT COVERING POTEN	TIAL CONFLICTS IN
ALL AREAS OF THE FOUNDATION'S OPERATIONS IS COMPLETED BY E	ACH BOARD MEMBER,
STAFF AND VOLUNTEER ANNUALLY. IN SUCH CASES WHERE AN APPA	RENT CONFLICT OF
INTEREST ARISES, BOARD, STAFF AND VOLUNTEERS ARE EXPECTED	TO DISCLOSE
RELEVANT INTEREST PRIOR TO DISCUSSION OR DEBATE ON RELATED	GRANT DECISIONS,
WHEREUPON THE NON-INTERESTED BOARD MEMBERS SHALL DECIDE IF	THERE IS A
CONFLICT OF INTEREST REQUIRING ABSTINENCE FROM DISCUSSION AND VOTING.	
GRANT APPLICATIONS ARE ALSO REQUESTED TO DISCLOSE POTENTIAL CONFLICTS OF	
INTEREST WITH STAFF OR DIRECTORS OF THE FOUNDATION.	

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMMUNITY FOUNDATION'S PRESIDENT AND EXECUTIVE COMMITTEE ANNUALLY REVIEW THE CEO'S PERFORMANCE AND MAKE A RECOMMENDATION FOR COMPENSATION TO THE FULL BOARD OF DIRECTORS. THE PROCESS INCLUDES AN INDEPENDENT REVIEW BY MEMBERS OF THE COMMITTEE, A REVIEW OF COMPARABILITY DATA FROM THE COUNCIL ON FOUNDATIONS, MICHIGAN NONPROFIT ASSOCIATION, COUNCIL OF MICHIGAN FOUNDATIONS AND LOCAL NONPROFIT ORGANIZATIONS. THE EXECUTIVE COMMITTEE'S RECOMMENDATION WITH SUBSTANTIATION IS MADE TO THE FULL BOARD OF DIRECTORS FOR ITS APPROVAL AND DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE COMMUNITY FOUNDATION IS CONFIRMED IN COMPLIANCE WITH NATIONAL STANDARDS FOR COMMUNITY FOUNDATIONS UNDER THE COUNCIL ON FOUNDATIONS. THE COMMUNITY FOUNDATION'S COMPLIANCE BOOK CONTAINING GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICY AND OTHER POLICIES IS AVAILABLE FOR PUBLIC INSPECTION IN THE COMMUNITY FOUNDATION'S OFFICE DURING NORMAL BUSINESS HOURS. THE ANNUAL REPORT, AUDIT AND FORM 990 ARE AVAILABLE ON THE FOUNDATION'S WEBSITE. COPIES ARE AVAILABLE ON REQUEST AND FOR INSPECTION IN THE OFFICE DURING 232212 10-28-22

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	Page 2
Name of the organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number 38-3032185
NORMAL BUSINESS HOURS. COPIES OF THE GOVERNING DOC	UMENTS, AUDIT AND ALL
COMMUNITY FOUNDATION POLICIES ARE AVAILABLE UPON RE	QUEST OR ARE AVAILABLE
FOR INSPECTION IN THE OFFICE DURING NORMAL BUSINESS	HOURS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
AGENCY ENDOWMENT GRANT AND EXP ACTI	128,052.
AGENCY ENDOWMENT GIFT & INCOME ACTI	-386,237.
TOTAL TO FORM 990, PART XI, LINE 9	-258,185.
PART XII, LINE 2C	
FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSI NO CHANGE IN PROCESS FROM PRIOR YEAR.	GHT OF THE AUDIT.
FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSI	GHT OF THE AUDIT.
FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSI	GHT OF THE AUDIT.
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