

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning APR 1, 2022 and ending MAR 31, 2023

B Check if applicable: C Name of organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION
D Employer identification number 38-3032185
E Telephone number 231-348-5820
G Gross receipts \$ 10,637,865.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.PHSACF.ORG
K Form of organization:
L Year of formation: 1991
M State of legal domicile: MI

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: MELISSA NGUYEN, TREASURER
Preparer: RASMUSSEN, TELLER & CARON PC
Date: 09/05/23

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**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?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: \_\_\_\_\_) (Expenses \$ 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**

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

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

4d Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **5,598,448.**

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**PETOSKEY-HARBOR SPRINGS AREA  
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**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	9
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b>	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>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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>1a</b>	16		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	16		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS B. SMITH TRUSTEE	1.00	X						0.	0.	0.
(2) JANET M. MANCINELLI TRUSTEE	1.00	X						0.	0.	0.
(3) ROBERT E. KEEDY TRUSTEE	1.00	X						0.	0.	0.
(4) WILLIAM GOELZ TRUSTEE	1.00	X						0.	0.	0.
(5) MARY E. RAPIN TRUSTEE	1.00	X						0.	0.	0.
(6) SARAH L. SHUMAN TRUSTEE	1.00	X						0.	0.	0.
(7) KATHRYN S. ERBER TRUSTEE	1.00	X						0.	0.	0.
(8) JENNIFER H. ATTIE TRUSTEE	1.00	X						0.	0.	0.
(9) EMERSON J. MEYER TRUSTEE	1.00	X						0.	0.	0.
(10) JENNIFER E. DEEGAN TRUSTEE	1.00	X						0.	0.	0.
(12) COURTNEY FONT TRUSTEE	1.00	X						0.	0.	0.
(13) WILLIAM HENAGAN TRUSTEE	1.00	X						0.	0.	0.
(14) ALEXANDER CARLSON TRUSTEE	1.00	X						0.	0.	0.
(15) JAMES W. FORD PRESIDENT	3.00	X		X				0.	0.	0.
(16) DANA F. ANDREWS VICE PRESIDENT	3.00	X		X				0.	0.	0.
(17) MELISSA A. NGUYEN TREASURER	4.00	X		X				0.	0.	0.
(18) STEVEN L. BOECKMAN SECRETARY	3.00	X		X				0.	0.	0.





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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,484,289.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 902,501.				
	<b>h Total.</b> Add lines 1a-1f .....		6,484,289.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		918,778.	7,310.		911,468.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	3,186,208.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,551,946.	301.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	634,262.	-301.			
	<b>d</b> Net gain or (loss) .....		633,961.			633,961.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> ADMINISTRATIVE FEE INCOME	523940	47,026.			47,026.	
	<b>b</b> REMEASUREMENT OF CHARITABLE GIFT	523940	1,564.			1,564.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		48,590.				
<b>12 Total revenue.</b> See instructions .....		8,085,618.	7,310.	0.	1594019.		

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,451,064.	5,451,064.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	64,250.	64,250.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	126,151.		94,613.	31,538.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	273,784.	58,892.	156,000.	58,892.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,876.	4,808.	13,260.	4,808.
<b>9</b> Other employee benefits	38,923.	5,334.	28,255.	5,334.
<b>10</b> Payroll taxes	31,463.	4,505.	20,349.	6,609.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	9,131.		9,131.	
<b>c</b> Accounting	12,237.		12,237.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	46,909.		46,909.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	21,357.	6,348.	9,914.	5,095.
<b>14</b> Information technology	59,011.		59,011.	
<b>15</b> Royalties				
<b>16</b> Occupancy	46,802.		46,802.	
<b>17</b> Travel	6,613.	470.	3,635.	2,508.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	72,739.	1,311.	46,607.	24,821.
<b>20</b> Interest	3,797.		3,797.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,402.		2,402.	
<b>23</b> Insurance	8,161.	1,466.	4,544.	2,151.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES	14,802.		14,802.	
<b>b</b> PRINTING AND PUBLICATIO	10,845.			10,845.
<b>c</b> PUBLIC RELATIONS	10,795.		2,590.	8,205.
<b>d</b> PROPERTY TAXES	4,380.		4,380.	
<b>e</b> All other expenses	3,745.		3,745.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,342,237.	5,598,448.	582,983.	160,806.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	36,503.	<b>1</b>	276,510.
	<b>2</b> Savings and temporary cash investments .....	5,544,685.	<b>2</b>	5,175,156.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	2,038,113.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	19,125.	<b>9</b>	19,125.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 54,484.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 40,704.		
	<b>11</b> Investments - publicly traded securities .....	50,940,548.	<b>11</b>	47,299,518.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	452,313.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	110,299.	<b>15</b>	124,109.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	56,667,644.	<b>16</b>	55,398,624.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	46,913.	<b>17</b>	0.
	<b>18</b> Grants payable .....	122,936.	<b>18</b>	322,974.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	10,533,760.	<b>25</b>	11,724,091.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,703,609.	<b>26</b>	12,047,065.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	26,889,672.	<b>27</b>	21,900,671.
	<b>28</b> Net assets with donor restrictions .....	19,074,363.	<b>28</b>	21,450,888.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	45,964,035.	<b>32</b>	43,351,559.
<b>33</b> Total liabilities and net assets/fund balances .....	56,667,644.	<b>33</b>	55,398,624.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,085,618.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,342,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,743,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,964,035.
5	Net unrealized gains (losses) on investments	5	-4,097,672.
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	-258,185.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,351,559.

**Part XII Financial Statements and Reporting**

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3544362.	3235057.	4198128.	3406197.	6484289.	20868033.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3544362.	3235057.	4198128.	3406197.	6484289.	20868033.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4.						16289805.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	3544362.	3235057.	4198128.	3406197.	6484289.	20868033.
<b>8</b> 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.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						25472142.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	63.95 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	56.02 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

**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**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described 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 "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule A (Form 990) 2022

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if 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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization <b>PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-3032185</b>
--	---

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- 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**

- 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).

Name of organization <b>PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION</b>	Employer identification number 38-3032185
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 713,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 281,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 253,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 786,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PETOSKEY-HARBOR SPRINGS AREA                  COMMUNITY FOUNDATION</b>	Employer identification number <b>38-3032185</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(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.	\$ 281,276.	12/12/22
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-3032185</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION** Employer identification number  
**38-3032185**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	88	23
2 Aggregate value of contributions to (during year) .....	3,413,121.	15,602.
3 Aggregate value of grants from (during year) .....	2,643,375.	83,375.
4 Aggregate value at end of year .....	17,646,405.	1,664,144.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2022



PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule D (Form 990) 2022

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**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	9,628,079.
(3) DISC OBLIG - CHARITABLE GIFT	
(4) ANNUIT	92,054.
(5) GRANT PAYABLE	1,850,958.
(6) LAND CONTRACT PAYABLE	153,000.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,724,091.

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

Schedule D (Form 990) 2022

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,554,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-4,097,672.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-46,909.	
	e Add lines 2a through 2d	2e		-4,144,581.
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:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	386,237.	
	c Add lines 4a and 4b	4c		386,237.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,085,618.

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

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

1	Total expenses and losses per audited financial statements		1	6,167,274.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	-128,054.	
	e Add lines 2a through 2d	2e		-128,054.
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:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	46,909.	
	c Add lines 4a and 4b	4c		46,909.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,342,237.

**Part XIII Supplemental Information.**

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

**PART 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.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -46,909.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GIFT AND INCOME ACTIVITY 386,237.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANT AND EXPENSES ACTIVITY -128,054.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 46,909.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION** Employer identification number  
**38-3032185**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALANSON BEAUTIFICATION CENTER PO BOX 326 ALANSON, MI 49706	38-2515229	OTHER	8,348.	0.			GAZEBO - SPRING 2022 GRANT CYCLE
ALANSON PUBLIC SCHOOLS 7400 NORTH STREET ALANSON, MI 49706	38-6001174	OTHER	42,847.	0.			FOR 6TH GRADE FIELD TRIP TO AGNES S. ANDEAE NATURE PRESERVE
ALETHA'S LEGACY P O BOX 1824 DESTIN, FL 32540	84-2829402	501(C)3	19,800.	0.			SCHOOL PROJECT/SPONSORSHIP OF TWO CHILDREN/ GENERAL SUPPORT
BAY BLUFFS- EMMET COUNTY MEDICAL CARE FACILITY - 750 EAST MAIN STREET - HARBOR SPRINGS, MI 49740	38-3640112	501(C)3	12,436.	0.			2022 ANNUAL ALLOCATION FROM BOETTGER SENIOR CITIZEN FUND
BLISSFEST MUSIC ORGANIZATION PO BOX 546 PETOSKEY, MI 49770	38-2848866	501(C)3	15,000.	0.			GENERAL SUPPORT/BLISSFEST CAMPGROUND/FALL 2021 GRANT CYCLE-BLISS-STRO DOME RENOVATION
BOYNE FALLS POLISH FESTIVAL COMMITTEE - PO BOX 187 - BOYNE FALLS, MI 49713	20-4866878	501(C)3	15,000.	0.			GENERAL SUPPORT

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

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

(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.	0.			GENERAL SUPPORT/BUS
BRAVE HEARTS ESTATE 4171 ELY ROAD PELLSTON, MI 49769	74-3220776	501(C)3	10,385.	0.			GENERAL SUPPORT FOR BRAVE HEARTS ESTATE
BRIDGE MICHIGAN 220 W. MICHIGAN AVE. YPSILANTI, MI 48197	32-0167398	501(C)3	5,500.	0.			GENERAL SUPPORT FOR BRIDGE MICHIGAN MAGAZINE
BROTHER DAN'S FOOD PANTRY 415 STATE STREET PETOSKEY, MI 49770	38-1415405	501(C)3	19,500.	0.			GENERAL SUPPORT/THANKSGIVING BASKETS PROJECT/LENTEN FISH DINNERS
CAMP DAGGETT 03001 CHURCH ROAD PETOSKEY, MI 49770	38-1617980	501(C)3	29,578.	0.			CAMPER SCHOLARSHIPS/WLCC FUNDRAISER/TEE SPONSOR FOR GOLF FUNDRAISER/2022 ANNUAL ALLOCATION FROM
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48206	38-3429921	501(C)3	10,000.	0.			GENERAL SUPPORT
CENTRAL MICHIGAN UNIVERSITY PUBLIC BROADCASTING - 1999 EAST CAMPUS DR - MT. PLEASANT, MI 48859	38-6004447	501(C)3	8,900.	0.			GENERAL SUPPORT/ANNUAL MEMBERSHIP RENEWAL/\$1,500 PUBLIC TELEVISION; \$1,500 PUBLIC RADIO/FOR "REPORT
CHALLENGE MOUNTAIN PO BOX 764 BOYNE CITY, MI 49712	38-2563815	501(C)3	25,250.	0.			RESALE STORE STORM WATER MITIGATION PROJECT/SPRING 2022 GRANT CYCLE - RESPONSE TO FEASIBILITY
CHAR-EM ISD 08568 MERCER ROAD CHARLEVOIX, MI 49720	38-1714461	OTHER	8,487.	0.			SPRING 2022 GRANT CYCLE - CHAREM STREET STEM: K-8 STEM INITIATIVE

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

(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 11905 US 31 N CHARLEVOIX, MI 49720	38-3219489	501(C)3	9,700.	0.			SPRING 2022 GRANT CYCLE - POOL RESURFACING 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 FOUNDATION - PO BOX 718 - EAST JORDAN, MI 49727	38-3033739	501(C)3	11,300.	0.			TO THE HESTIA FUND-WOMEN'S GIVING CIRCLE
CHILD AND FAMILY SERVICES OF NW MI 3785 VETERANS DRIVE TRAVERSE CITY, MI 49684	38-2534222	501(C)3	14,000.	0.			SPRING 2022 GRANT CYCLE - EXPANSION EXPLORATION: A STUDY OF THE FEASIBILITY OF SAFE HAVEN EXPANSION
CHRIST CHILD SOCIETY OF NORTHERN MICHIGAN - PO BOX 132 - HARBOR SPRINGS, MI 49740	38-3006148	501(C)3	12,800.	0.			SPRING 2022 GRANT CYCLE - HEAD START BACKPACKS/FOSTER CARE BACKPACK PROJECT/GENERAL
CITY OF HARBOR SPRINGS PO BOX 678 HARBOR SPRINGS, MI 49740	38-6004559	OTHER	10,914.	0.			TO REINSTALL A PLAYGROUND AT ZORN BEACH/SKATE PARK 2022 HALLOWEEN FESTIVITIES/SUPPORT FOR
CONSERVATION RESOURCE ALLIANCE 10850 TRAVERSE HWY, STE 1180 TRAVERSE CITY, MI 49684	38-2181915	501(C)3	10,000.	0.			SPRING GRANT CYCLE 2022 - FREE-SPAN THE MAPLE RIVER INITIATIVE - ROBINSON ROAD TIMBER BRIDGE
CROOKED LAKE SAILORS, INC. PO BOX 195 ODEN, MI 49764	80-0623079	501(C)3	28,000.	0.			GENERAL SUPPORT IN 2021 AND 2022/FUND CONSTRUCTION OF COVERED PATIO FOR STUDENT SAILOR
CROOKED TREE ARTS COUNCIL, INC. 461 E MITCHELL ST PETOSKEY, MI 49770	23-7187264	501(C)3	77,640.	0.			GENERAL SUPPORT/SUPPORT FOR CHILDREN'S VISUAL ARTS PROGRAMMING/BAROQUE MEMBERSHIP/YOUTH WRITING

Schedule I (Form 990)



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

(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.	0.			GENERAL SUPPORT
EDUCATIONAL FOUNDATION FOR MANCELONA SCHOOLS - PO BOX 586 - MANCELONA, MI 49659	38-3742366	501(C)3	7,500.	0.			2022 ANNUAL ALLOCATION FROM OTHO J. MATHIAS SCHOLARSHIP FUND
EMMANUEL EPISCOPAL CHURCH 1020 EAST MITCHELL STREET PETOSKEY, MI 49770	38-2307700	501(C)3	60,828.	0.			BAY VIEW MUSIC AT CHURCH/GENERAL FUND/2022 ANNUAL ALLOCATION/ANNUAL GIVING/ALLOCATION REQUEST
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)3	10,000.	0.			IN SUPPORT OF THE "NURTURING TOMORROW" CAPITAL CAMPAIGN
FIRST TEE - NORTHERN MICHIGAN PO BOX 613 HARBOR SPRINGS, MI 49740	74-3149490	501(C)3	21,600.	0.			GENERAL SUPPORT/SPRING 2022 GRANT CYCLE - LAKEVIEW ACADEMY PARTNERSHIP/ 2022 HARBOR
FRACTURED ATLAS PO BOX 55 HARTSDALE, NY 10530-0055	11-3451703	501(C)3	21,800.	0.			FOR THE ABUNDANCE PROJECT - ZILKA JOSEPH
FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON PETOSKEY, MI 49770	23-7000317	501(C)3	26,442.	0.			GENERAL SUPPORT/RSVP IN MEMORY OF JEAN LEISMER/2023 SENIOR 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.)

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

(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
HARBOR SPRINGS AREA HISTORICAL SOCIETY - PO BOX 812 - HARBOR SPRINGS, MI 49740	38-2934124	501(C)3	39,602.	0.			GENERAL SUPPORT/SPRING 2022 GRANT CYCLE - 2022 PROGRAMMING & EXHIBIT/2022 ANNUAL
HARBOR SPRINGS FESTIVAL OF THE BOOK - PO BOX 766 - HARBOR SPRINGS, MI 49740	47-1729627	501(C)3	19,500.	0.			GENERAL SUPPORT/SPRING 2022 GRANT CYCLE - BOOKS FOR SCHOOLS/TO BUY CHILDREN'S BOOKS/2022
HARBOR SPRINGS LIBRARY 206 S SPRING ST HARBOR SPRINGS, MI 49740	38-1722820	501(C)3	12,000.	0.			UNRESTRICTED/GENERAL SUPPORT/CAPITAL IMPROVEMENT FUND
HARBOR SPRINGS PUBLIC SCHOOLS 800 STATE ST HARBOR SPRINGS, MI 49740	38-6003042	OTHER	19,900.	0.			HARBOR SPRINGS ELEMENTARY SCHOOL - CROSS COUNTRY SKIING GROOMER/SPRING 2022 GRANT CYCLE -
HEALTH DEPARTMENT OF NORTHWEST MICHIGAN - 3434 M-119 HWY, SUITE A - HARBOR SPRINGS, MI 49740	30-0168590	501(C)3	7,500.	0.			2023 ESSENTIAL NEEDS FUNDING/GENERAL SUPPORT FOR CHILDREN'S SPECIAL HEALTH CARE SERVICES/PASS
HOSPICE OF MICHIGAN INC. 145 N STATE ST. ALPENA, MI 49707	38-2255529	501(C)3	10,000.	0.			SPRING 2022 GRANT CYCLE - NORTHSTAR LINC: VIRTUAL CARE AND COMPANIONSHIP AT END OF LIFE
HOUSING NORTH PO BOX 1434 TRAVERSE CITY, MI 49685	83-3499967	501(C)3	35,000.	0.			EMMET HOUSING READY DIRECTOR/ADMINISTRATIVE SUPPORT FOR EMMET COUNTY HOUSING READY AND LITTLE
IMMIGRATION LAW & JUSTICE MICHIGAN 207 FULTON ST E GRAND RAPIDS, MI 49503-3278	82-2680614	501(C)3	10,000.	0.			GENERAL SUPPORT
INLAND LAKES SCHOOLS 4363 S STRAITS HWY INDIAN RIVER, MI 49749		OTHER	11,500.	0.			TO SUPPORT THE GOLF TEAM/INLAND LAKES TRACK AND FIELD PROGRAM

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

(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
LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS - ADMINISTRATION - 7500 ODAWA CIRCLE - HARBOR SPRINGS, MI 49740	38-3236295	501(C)3	15,000.	0.			LTBB MIGIZI (EAGLE) AVIARY & REHABILITATION CENTER - SPRING 2022 GRANT CYCLE
LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 WEST CONWAY ROAD HARBOR SPRINGS, MI 49740	38-1384441	501(C)3	24,141.	0.			GENERAL SUPPORT/FALL2022 GRANT CYCLE- KEEPING PETS SAFE/FOR THE MICHAEL G. PHILLIPS GOOD SAMARITAN
LITTLE TRAVERSE CHORAL SOCIETY PO BOX 2417 PETOSKEY, MI 49770	38-2867108	501(C)3	5,150.	0.			FALL 2022 GRANT CYCLE - A SEASON OF RENEWAL: THE LITTLE TRAVERSE CHORAL SOCIETY,
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)3	69,018.	0.			SPRING 2022 GRANT CYCLE - LITTLE TRAVERSE CONSERVANCY - STEWARDSHIP CAPITAL NEEDS/\$1,000
LITTLE TRAVERSE HISTORICAL SOCIETY PO BOX 2418 PETOSKEY, MI 49770	38-6107314	501(C)3	9,588.	0.			SPRING 2022 GRANT CYCLE - OVERSIZE ARCHIVAL MATERIAL CATALOGING AND PRESERVATION/GENERAL
MACKINAC STRAITS RAPTOR WATCH PO BOX 465 PETOSKEY, MI 49770	83-1936124	501(C)3	11,500.	0.			GENERAL SUPPORT/FOR TRAILER CAMPAIGN/BIRD BANDERS' HOUSING
MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740	38-2764533	501(C)3	97,100.	0.			UNRESTRICTED GIFT/GENERAL SUPPORT/2022 HARBOR CUP TEAM BOYNE SUPPORT/SPRING 2022 GRANT CYCLE -
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)3	114,888.	0.			GLORIA WOOD ENDOWMENT FUND FOR DAY CARE USE \$10,000, MCLAREN DIALYSIS CENTER IN MEMORY OF ERNIE
MICHIGAN DEPARTMENT OF NATURAL RESOURCES, FISHERIES DIVISION - PO BOX 30451 - LANSING, MI 48909		OTHER	11,971.	0.			GENERAL SUPPORT/MICHIGAN ARCTIC GRAYLING INITIATIVE

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

(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 48824	38-6005984	501(C)3	6,000.	0.			JULIE FASONE HOLDER AND JOHN HOLDER SCHOLARSHIP
MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE MIDLAND, MI 48640	38-2023395	501(C)3	10,000.	0.			TOM HOLDER GOLF SCHOLARSHIP FUND
NATIONAL WILDLIFE FEDERATION - GREAT LAKES REGIONAL CENTER - 213 W. LIBERTY STREET, STE 200 - ANN ARBOR, MI 48103	53-0204616	501(C)3	10,000.	0.			GLRC - "TAKE BACK THE NARRATIVE" CAMPAIGN
NCMC FOUNDATION 1515 HOWARD ST PETOSKEY, MI 49770	38-2910328	501(C)3	179,021.	0.			GENERAL SUPPORT/2022 ANNUAL ALLOCATION FROM MATHIAS MEMORIAL SCHOLARSHIP
NEW HOPE COMMUNITY CHURCH P.O. BOX 655 PETOSKEY, MI 49770	27-3542460	501(C)3	8,000.	0.			GENERAL SUPPORT/FOR NEW HOPE COMMUNITY CHURCH PETOSKEY/GENERAL FUND
NORTH EMMET LITTLE LEAGUE 3243 ASPEN VIEW TRL. BOYNE FALLS, MI 49713	38-2509002	501(C)3	9,500.	0.			GIRLS SCORE BOARD - PELLSTON/PROGRAM EQUIPMENT COSTS
NORTHERN HOMES COMMUNITY DEVELOPMENT CORPORATION - 1048 E. MAIN STREET, PO BOX 86 - BOYNE CITY, MI 49712	38-3395829	501(C)3	100,000.	0.			TO ASSIST HART IN PURCHASING HOME FOR COMMUNITY LAND TRUST
NORTHERN MICHIGAN ANTIQUE FLYWHEELERS CLUB - P.O. BOX 494 - WALLOON LAKE, MI 49796	38-2821381	501(C)3	6,000.	0.			SPRING 2022 GRANT CYCLE - PORTABLE BLEACHERS
NORTHERN MICHIGAN EQUINE THERAPY 05025 CHURCH ROAD BOYNE CITY, MI 49712	30-0838013	501(C)3	44,000.	0.			FALL 2022 GRANT CYCLE - NMET TECHNOLOGY AND SYSTEMS UPGRADE AND SUPPORT/THE POWER TO

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

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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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PRESBYTERIAN VILLAGES OF MICHIGAN FOUNDATION - 26200 LASHER ROAD, SUITE 300 - SOUTHFIELD, MI 48033	20-2559884	501(C)3	12,200.	0.			FALL 2022 GRANT CYCLE - IMPROVING SAFETY FOR SENIORS WITH LOW INCOMES
ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET - PO BOX 2101 - PETOSKEY, MI 49770	46-1455569	501(C)3	48,500.	0.			GENERAL SUPPORT/FOR CHARITABLE PURPOSES/SCHOLARSHIPS/THE PARKER W. ROSE
RUDOLPH STEINER SCHOOL OF ANN ARBOR - 2230 PONTIAC TRAIL - ANN ARBOR, MI 48105	38-2242069	501(C)3	33,500.	0.			FOR USE BY RSSA AND SEMIS TEACHER PROFESSIONAL DEVELOPMENT
SALVATION ARMY, THE 712 PLEASANT STREET PETOSKEY, MI 49770	36-2167910	501(C)3	88,950.	0.			WEEKLY MEALS IN PETOSKEY/GENERAL SUPPORT/AREA OF GREATEST NEED/FALL 2022 GRANT
S.O.S. VERMILION PO BOX 68634 GRAND RAPIDS, MI 49516	81-4996824	501(C)3	40,000.	0.			UNRESTRICTED/UNRESTRICTED USE
ST. FRANCIS XAVIER CHURCH 513 HOWARD ST. PETOSKEY, MI 49770		501(C)3	10,703.	0.			MONTHLY DONATION/2022 ANNUAL ALLOCATION/GENERAL SUPPORT/CATHOLIC SERVICES APPEAL (CSA)
THE CHILDREN'S FOUNDATION 3011 WEST GRAND BOULEVARD, STE 218 DETROIT, MI 48202	38-1357994	501(C)3	15,000.	0.			\$5,000 CAMP HOPE; \$10,000 GENERAL SUPPORT
THE FOUNDATION FIGHTING BLINDNESS PO BOX 45740 BALTIMORE, MD 21297-5740	23-7135845	501(C)3	10,000.	0.			GENERAL SUPPORT
TIP OF THE MITT WATERSHED COUNCIL 426 BAY STREET PETOSKEY, MI 49770	38-2361745	501(C)3	118,779.	0.			GENERAL SUPPORT/ALLOCATION REQUEST FROM TIP OF THE MITT WATERSHED

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

(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
TOP OF MICHIGAN TRAILS COUNCIL 1687 M 119 PETOSKEY, MI 49770	38-3263521	501(C)3	20,498.	0.			ANNUAL MEMBERSHIP & SUPPORT/KIDS BIKE INITIATIVE FUNDRAISER/GENERAL
UNITED WAY OF NORTHWEST MICHIGAN 202 E. GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	38-1679060	501(C)3	38,200.	0.			SUPPORT FOR A CHILD CARE PROGRAM IN EMMET COUNTY/FOR CHARLEVOIX AND EMMET COUNTIES
VENTURE NORTH FUNDING & DEVELOPMENT - 202 EAST GRANDVIEW PARKWAY - TRAVERSE CITY, MI 49684	38-2857500	501(C)3	9,500.	0.			SPRING 2022 GRANT CYCLE - DEPLOYING CAPITAL TO HELP SMALL BUSINESSES AND COMMUNITIES IN EMMET
VICTORY LIFE CENTER PO BOX 957 WESTFIELD, IN 46074	16-1625021	501(C)3	25,500.	0.			SUPPORT FOR TONY ADAMS' WORK WITH UKRAINIAN REFUGEES/SUPPORT FOR TONY ADAMS' WORK TO HOUSE
VILLAGE OF ALANSON P.O. BOX 425 ALANSON, MI 49706		OTHER	13,000.	0.			SPRING 2022 GRANT CYCLE - BATHROOM AND ACCESSIBILITY REPAIRS AT CIVIC PARK, ALANSON, MI
WALLOON LAKE ASSOCIATION AND CONSERVANCY - PO BOX 579 - WALLOON LAKE, MI 49796	38-3608004	501(C)3	33,300.	0.			CHARTER PRIMARY GUARDIAN FUND/FOR THE WALLOON LAKE GUARDIAN FUND/GENERAL SUPPORT/TOWNSEND ROAD
WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN - 423 PORTER STREET - PETOSKEY, MI 49770	38-2302164	501(C)3	69,774.	0.			SPRING 2022 GRANT CYCLE - SAFETY UPGRADES TO RETAINING WALLS AT EMMET COUNTY WRCNM
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)3	21,395.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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	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 required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

COMMUNITY FOUNDATION STAFF MAY ASK TO VISIT THE ORGANIZATION TO WHICH THEY MADE A COMPETITIVE GRANT TO LEARN MORE ABOUT THE PROJECT AND THE EXECUTION OF THE PROJECT. STAFF TYPICALLY CALLS THROUGHOUT THE GRANT PERIOD FOR UPDATES, DEPENDING ON THE SIZE AND COMPLEXITY OF THE PROJECT. WHEN THE GRANT PERIOD IS COMPLETE, THE COMMUNITY FOUNDATION REQUIRES THE GRANTEE TO SUBMIT A FINAL REPORT DETAILING THE OUTCOMES COMPARED TO THE INTENDED OBJECTIVES OF THE GRANT. IF NEEDED, STAFF WILL FOLLOW UP WITH QUESTIONS ON THE FINAL REPORT TO BE SURE WE HAVE A CLEAR IDEA OF HOW THE GRANT DOLLARS

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

(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.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF MICHIGAN	3.	4,000.	0.		
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 COMMUNITY COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING GRAND VALLEY STATE UNIVERSITY	1.	1,000.	0.		

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

(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 KALAMAZOO COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING NORTHERN MICHIGAN UNIVERSITY	1.	2,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING NORTHWESTERN MICHIGAN COLLEGE	2.	2,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING TAYLOR UNIVERSITY	1.	2,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING WAYNE STATE UNIVERSITY	1.	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING WHEATON COLLEGE	1.	1,500.	0.		

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**Part IV** Supplemental Information

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

**Part IV** Supplemental Information

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

**Part IV** Supplemental Information

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.

**Part IV** Supplemental Information

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

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

TRAVERSE AREA.

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

**Part IV** Supplemental Information

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

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



**Part IV** Supplemental Information

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

**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  
TOMORROW TOGETHER CAMPAIGN/TIMBERWOLF ATHLETICS LAUNCH - FACILITY

**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

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  
FOR OUR FUTURE CAMPAIGN/ALLOCATION REQUEST FROM FOOD FOR HUMANITY

**Part IV** Supplemental Information

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 BUSES/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 BUSES

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF MICHIGAN

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BEST USE BY THE LOCAL OFFICE FOR THEIR NEEDS AND LOCAL RESIDENTS//2022 ANNUAL ALLOCATION/2022 ANNUAL ALLOCATION FROM ANN SMITH CHARITABLE FUND/\$10,000 FOR PETOSKEY OFFICE PROGRAMS; \$15,000 FOR GENERAL SUPPORT/FOR HARBOR SPRINGS CHOICE EVENT/GENERAL SUPPORT/FALL 2022 GRANT CYCLE - IN\*CLUED: INCLUSIVE HEALTHCARE YOUTH & PROVIDERS EMPOWERED/SPONSOR FOR FUNDRAISER/GENERAL SUPPORT FOR THE PETOSKEY BRANCH/FOR PLANNED PARENTHOOD OF NORTHWEST MICHIGAN - GENERAL SUPPORT/FOR THE HARBOR SPRINGS CHOICE EVENT/

NAME OF ORGANIZATION OR GOVERNMENT: POWER BOOK BAGS

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 GRANT CYCLE - POWER! BOOK BAGS LITTLE LEARNERS WITH THE HEALTH DEPARTMENT IN EMMET COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/FOR CHARITABLE PURPOSES/SCHOLARSHIPS/THE PARKER W. ROSE SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY, THE

(H) PURPOSE OF GRANT OR ASSISTANCE: WEELY MEALS IN PETOSKEY/GENERAL SUPPORT/AREA OF GREATEST NEED/FALL 2022 GRANT CYCLE - MOBILE AND CARRY-OUT FOOD PROGRAM/PATHWAY OF HOPE PROGRAM/IN HONOR OF SALVATION ARMY STAFF FROM GLENN STEVENS/GENERAL SUPPORT FOR PETOSKEY OFFICE PROGRAMS/ANGEL TREE PROGRAM, EMMET COUNTY/CHEF'S CHALLENGE/GIFT TO BE USED FOR DESIGN AND INSTALL CHILDREN'S PLAYGROUND, FENCING AND SECURITY DEVICES./HELP COVER UTILITY COSTS FOR STRUGGLING FAMILIES IN EMMET COUNTY/FOR OPERATING BUDGET/UNRESTRICTED USE FOR THE MISSION ADVANCEMENT MAJOR GIFT FUNDRAISER/FOR THE SALVATION ARMY OF PETOSKEY - UNRESTRICTED

**Part IV** Supplemental Information

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

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

Part IV Supplemental Information

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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION** Employer identification number  
**38-3032185**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022



**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:

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 O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization	PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number	38-3032185
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 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.

FORM 990, PART VI, SECTION B, LINE 12C:  
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization	PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number	38-3032185
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A CONFLICT OF INTEREST DISCLOSURE STATEMENT COVERING POTENTIAL CONFLICTS IN ALL AREAS OF THE FOUNDATION'S OPERATIONS IS COMPLETED BY EACH BOARD MEMBER, STAFF AND VOLUNTEER ANNUALLY. IN SUCH CASES WHERE AN APPARENT 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

Name of the organization <b>PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-3032185</b>
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**NORMAL BUSINESS HOURS. COPIES OF THE GOVERNING DOCUMENTS, AUDIT AND ALL  
COMMUNITY FOUNDATION POLICIES ARE AVAILABLE UPON REQUEST OR ARE AVAILABLE  
FOR INSPECTION IN THE OFFICE DURING NORMAL BUSINESS HOURS.**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

<b>AGENCY ENDOWMENT GRANT AND EXP ACTI</b>	<b>128,052.</b>
<b>AGENCY ENDOWMENT GIFT &amp; INCOME ACTI</b>	<b>-386,237.</b>
<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>-258,185.</b>

**PART XII, LINE 2C**

**FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.  
NO CHANGE IN PROCESS FROM PRIOR YEAR.**