

# 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)

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2023** calendar year, or tax year beginning **APR 1, 2023** and ending **MAR 31, 2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>38-3032185</b>
	Doing business as		<b>E</b> Telephone number <b>231-348-5820</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1349 US-131</b>		<b>G</b> Gross receipts \$ <b>13,893,034.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>PETOSKEY, MI 49770</b>		
<b>F</b> Name and address of principal officer: <b>DAVID JONES</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: **WWW.PHSACF.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1991** **M** State of legal domicile: **MI**

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION IS MADE UP OF AN EVER-GROWING FAMILY OF FUNDS. EACH ONE IS ESTABLISHED BY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,484,289.</b>	<b>6,685,955.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,552,739.</b>	<b>2,578,723.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>48,590.</b>	<b>36,006.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,085,618.</b>	<b>9,300,684.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>5,515,314.</b>	<b>8,368,532.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>493,197.</b>	<b>490,397.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>150,104.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>333,726.</b>	<b>358,897.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,342,237.</b>	<b>9,217,826.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>1,743,381.</b>	<b>82,858.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>55,398,624.</b>	<b>61,226,065.</b>
		<b>12,047,065.</b>	<b>13,520,055.</b>
		<b>43,351,559.</b>	<b>47,706,010.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>MELISSA NGUYEN, TREASURER</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>HYANGSOOK P. OSTRANDER, C</b>		<b>08/12/24</b>		<b>P01294224</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no. (231) 347-5555	
	<b>RASMUSSEN, TELLER &amp; CARON PC</b>	<b>38-2268582</b>			
	Firm's address	<b>PETOSKEY, MI 49770</b>			

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

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Form 990 (2023)

38-3032185 Page 2

**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 \$ 8,453,693. including grants of \$ 8,368,532.) (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 794 GRANTS TO SUPPORT ORGANIZATIONS THEY  
VALUE. THE UNRESTRICTED FUND'S DISTRIBUTION COMMITTEE AND THE YOUTH  
FUND'S YOUTH ADVISORY COMMITTEE RECOMMENDED 42 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 108 GRANTS**

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

4e Total program service expenses **8,453,693.**

Form 990 (2023)

SEE SCHEDULE O FOR CONTINUATION(S)

**PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION**

**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>	

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Form 990 (2023)

38-3032185 Page 4

**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> .....	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> .....		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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<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> .....		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> .....		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> .....		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> .....		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> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>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> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	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>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

**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?	14a	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	

**PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION**

Form 990 (2023)

38-3032185 Page **6**

**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>	15		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	15		
<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

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Form 990 (2023)

38-3032185 Page 7

**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) JANET M. MANCINELLI TRUSTEE	1.00	X						0.	0.	0.
(2) ROBERT E. KEEDY TRUSTEE	1.00	X						0.	0.	0.
(3) MARY E. RAPIN TRUSTEE	1.00	X						0.	0.	0.
(4) SARAH L. SHUMAN TRUSTEE	1.00	X						0.	0.	0.
(5) KATHRYN S. ERBER TRUSTEE	1.00	X						0.	0.	0.
(6) JENNIFER H. ATTIE TRUSTEE	1.00	X						0.	0.	0.
(7) EMERSON J. MEYER TRUSTEE	1.00	X						0.	0.	0.
(8) COURTNEY FONT TRUSTEE	1.00	X						0.	0.	0.
(9) WILLIAM HENAGAN TRUSTEE	1.00	X						0.	0.	0.
(10) ALEXANDER CARLSON TRUSTEE	1.00	X						0.	0.	0.
(11) DAVID DEAL TRUSTEE	1.00	X						0.	0.	0.
(12) DEVIN MARVIN TRUSTEE	1.00	X						0.	0.	0.
(101) JAMES W. FORD PRESIDENT	3.00	X		X				0.	0.	0.
(102) DANA F. ANDREWS VICE PRESIDENT	3.00	X		X				0.	0.	0.
(103) MELISSA A. NGUYEN TREASURER	4.00	X		X				0.	0.	0.
(104) STEVEN L. BOECKMAN SECRETARY	3.00	X		X				0.	0.	0.
(105) DAVID JONES EXECUTIVE DIRECTOR	40.00			X				120,100.	0.	9,631.

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Form 990 (2023)

38-3032185 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
<b>1b Subtotal</b> .....							120,100.	0.	9,631.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							120,100.	0.	9,631.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Form 990 (2023)

38-3032185 Page 9

**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>	6,685,955.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,851,287.				
	<b>h Total.</b> Add lines 1a-1f .....		6,685,955.				
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) .....		1,145,418.	7,185.		1138233.	
	<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	6,025,655.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,592,350.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,433,305.				
	<b>d</b> Net gain or (loss) .....		1,433,305.			1433305.	
<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	49,678.			49,678.	
	<b>b</b> REMEASUREMENT OF CHARITABLE GIFT	523940	-13,672.			-13,672.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		36,006.				
<b>12 Total revenue.</b> See instructions .....		9,300,684.	7,185.	0.	2607544.		

**PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION**

Form 990 (2023)

38-3032185 Page **10**

**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 ...	8,302,032.	8,302,032.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	66,500.	66,500.		
<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 .....	130,924.		98,193.	32,731.
<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 .....	269,215.	58,300.	152,615.	58,300.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,385.	3,086.	13,213.	3,086.
<b>9</b> Other employee benefits .....	39,060.	6,800.	25,460.	6,800.
<b>10</b> Payroll taxes .....	31,813.	4,460.	20,705.	6,648.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	2,325.		2,325.	
<b>c</b> Accounting .....	12,668.		12,668.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	51,568.		51,568.	
<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 .....	27,716.	7,006.	15,015.	5,695.
<b>14</b> Information technology .....	60,546.		60,546.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	87,781.		87,781.	
<b>17</b> Travel .....	9,788.	557.	5,558.	3,673.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	36,925.	1,925.	19,216.	15,784.
<b>20</b> Interest .....	3,000.		3,000.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,880.		1,880.	
<b>23</b> Insurance .....	8,178.	1,385.	4,729.	2,064.
<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 DUES</b>	15,453.		15,453.	
<b>b PROPERTY TAXES</b>	11,740.		11,740.	
<b>c PRINTING AND PUBLICATIO</b>	10,929.			10,929.
<b>d BANK SERVICE FEES</b>	5,225.		5,225.	
<b>e</b> All other expenses .....	13,175.	1,642.	7,139.	4,394.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,217,826.	8,453,693.	614,029.	150,104.
<b>26 Joint costs.</b> 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)				

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Form 990 (2023)

38-3032185 Page 11

**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 .....	276,510.	<b>1</b>	18,908.
	<b>2</b> Savings and temporary cash investments .....	5,175,156.	<b>2</b>	7,680,539.
	<b>3</b> Pledges and grants receivable, net .....	2,038,113.	<b>3</b>	863,448.
	<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> 42,584.	<b>10c</b>	11,900.
	<b>11</b> Investments - publicly traded securities .....	47,299,518.	<b>11</b>	52,301,972.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	452,313.	<b>12</b>	
	<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 .....	124,109.	<b>15</b>	330,173.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	55,398,624.	<b>16</b>	61,226,065.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	344.
	<b>18</b> Grants payable .....	322,974.	<b>18</b>	49,456.
	<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 .....	11,724,091.	<b>25</b>	13,470,255.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,047,065.	<b>26</b>	13,520,055.
<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 .....	21,900,671.	<b>27</b>	26,626,071.
	<b>28</b> Net assets with donor restrictions .....	21,450,888.	<b>28</b>	21,079,939.
	<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 .....	43,351,559.	<b>32</b>	47,706,010.
	<b>33</b> Total liabilities and net assets/fund balances .....	55,398,624.	<b>33</b>	61,226,065.

Form 990 (2023)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Form 990 (2023)

38-3032185 Page 12

**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	9,300,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,217,826.
3	Revenue less expenses. Subtract line 2 from line 1	3	82,858.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,351,559.
5	Net unrealized gains (losses) on investments	5	4,673,907.
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	-402,314.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,706,010.

**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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

Form 990 (2023)



PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3235057.	4198128.	3406197.	6484289.	6685954.	24009625.
<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 .....	3235057.	4198128.	3406197.	6484289.	6685954.	24009625.
<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) .....						6383144.
<b>6 Public support.</b> Subtract line 5 from line 4.						17626481.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	3235057.	4198128.	3406197.	6484289.	6685954.	24009625.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	775,128.	783,822.	1273921.	911,468.	1138233.	4882572.
<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						28892197.
<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 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	61.01	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	63.95	%
<b>16a 33 1/3% support test - 2023.</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 - 2022.</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 - 2023.</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 - 2022.</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"/>

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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) 2023

38-3032185 Page 7

**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 - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). 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 ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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).

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

Schedule B (Form 990) (2023)

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

**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		\$ 577,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 306,952.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 195,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 590,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 199,795.	Person <input checked="" 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 38-3032185
---	--

**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
7		\$ 2,252,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 197,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 150,000.	Person <input checked="" 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	500 SHARES OF ILLINOIS TOOL WKS INC, 520 SHARES OF ACCENTRUE PLC IRELAND	\$ 306,952.	12/14/23
5	1000 SHARES OF NETFLIX, 500 SHARES OF BERKSHIRE HATHAWAY	\$ 590,323.	06/22/23
11	656 SHARES OF AMERICAN WATER WORKS, 122 SHARES OF S&P ETF FUND, 586 SHARES OF ISHARES	\$ 197,447.	05/05/23
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

**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

**2023**

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 .....	96	24
2 Aggregate value of contributions to (during year) .....	3,105,457.	4,213.
3 Aggregate value of grants from (during year) .....	2,867,715.	79,384.
4 Aggregate value at end of year .....	20,636,210.	1,839,656.
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 on line 2a .....	2c
d Number of conservation easements included on line 2c 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?  Yes  No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

1a If the organization elected, as permitted under 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) 2023



PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule D (Form 990) 2023

38-3032185 Page 3

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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	11,059,982.
(3) DISC OBLIG - CHARITABLE GIFT	
(4) ANNUIT	88,201.
(5) GRANT PAYABLE	2,113,460.
(6) LEASE LIABILITY	208,612.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	13,470,255.

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) 2023

**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	13,137,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,673,907.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-51,568.	
e	Add lines 2a through 2d	2e		4,622,339.
3	Subtract line 2e from line 1		3	8,515,494.
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	785,190.	
c	Add lines 4a and 4b	4c		785,190.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,300,684.

**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	8,783,383.
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	-382,875.	
e	Add lines 2a through 2d	2e		-382,875.
3	Subtract line 2e from line 1		3	9,166,258.
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	51,568.	
c	Add lines 4a and 4b	4c		51,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,217,826.

**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.

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -51,568.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GIFT AND INCOME ACTIVITY 785,190.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANT AND EXPENSES ACTIVITY -382,875.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 51,568.

**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

**2023**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. SUITE 470. NEW DETROIT, MI 48202	23-7310753	501(C)3	7,576.	0.			IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR THE TAX
ALANSON BEAUTIFICATION CENTER PO BOX 326 ALANSON, MI 49706	38-2515229	OTHER	7,650.	0.			SPRING 2023 GRANT CYCLE - KEEP ALANSON BEAUTIFUL
ALETHA'S LEGACY P O BOX 1824 DESTIN, FL 32540	84-2829402	501(C)3	25,000.	0.			SCHOOL BUILDING PROJECT
AYUDAMOS CARIB 810 HARBOR WATCH DR, APT 64 PETOSKEY, MI 49770	26-1539791	501(C)3	10,000.	0.			GENERAL SUPPORT
BAY BLUFFS- EMMET COUNTY MEDICAL CARE FACILITY - 750 EAST MAIN STREET - HARBOR SPRINGS, MI 49740	38-3640112	501(C)3	18,402.	0.			SPRING 2023 GRANT CYCLE - WORKFORCE CAPACITY BUILDING CAMPAIGN, 2023 ANNUAL INCOME ALLOCATION
BOY SCOUTS, PACK 5 PO BOX 2101 PETOSKEY, MI 49770-2101	46-1455569	501(C)3	7,250.	0.			FALL 2023 GRANT CYCLE - PACK 5 CUB SCOUTS REGISTRATION FEES

- 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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

**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	57,500.	0.			GENERAL SUPPORT, SCHOLARSHIPS, POP CORN MACHINE PROJECT, 2024 REGISTRATION SCHOLARSHIPS
BOYNE FALLS POLISH FESTIVAL COMMITTEE - PO BOX 187 - BOYNE FALLS, MI 49713	20-4866878	501(C)3	10,000.	0.			KIDS DAY PROGRAM SPONSOR
CAMP DAGGETT 03001 CHURCH ROAD PETOSKEY, MI 49770	38-1617980	501(C)3	13,596.	0.			2023 ANNUAL INCOME ALLOCATION FROM MATT MATHIAS (EMER A. MATHIAS) MEMORIAL FUND, 2023
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48206	38-3429921	501(C)3	10,000.	0.			GENERAL SUPPORT
CATALYTIC ART & MEDIA 825 FOUNTAIN ST. ANN ARBOR, MI 48103	83-2162563	501(C)3	10,000.	0.			GENERAL SUPPORT
CENTRAL MICHIGAN UNIVERSITY PUBLIC BROADCASTING - 1999 E CAMPUS DR - MOUNT PLEASANT, MI 48859-2029	38-6004447	501(C)3	7,576.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE
CHAR-EM ISD 08568 MERCER ROAD CHARLEVOIX, MI 49720	38-1714461	OTHER	10,000.	0.			FALL 2023 GRANT CYCLE - CHAREM STREET STEM: K-8 STEM INITIATIVE
CITY OF CARMEL BY THE SEA PO BOX CC CARMEL BY THE SEA, CA 93921		OTHER	7,500.	0.			TO SUPPORT THE CARMEL BY THE SEA POLICE DEPARTMENT AND IN APPRECIATION OF JEFF WATKINS SERVICE.
CITY OF HARBOR SPRINGS PO BOX 678 HARBOR SPRINGS, MI 49740	38-6004559	OTHER	326,339.	0.			FUNDS FROM HARBOR SPRINGS SKATE PARK SPECIAL PROJECT FUND TO CLOSE OUT FUND

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

**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
CITY OF PETOSKEY 101 EAST LAKE STREET PETOSKEY, MI 49770	38-6004583	OTHER	15,000.	0.			RESOURCE CENTER LANDSCAPING RESTORATION
CONSERVATION RESOURCE ALLIANCE 10850 TRAVERSE HWY. STE 1180 TRAVERSE CITY, MI 49684	38-2181915	501(C)3	6,650.	0.			SPRING 2023 GRANT CYCLE - FREE SPAN THE MAPLE RIVER INITIATIVE DOUGLAS LAKE ROAD TIMBER BRIDGE
CROOKED TREE ARTS COUNCIL, INC. 461 E MITCHELL ST PETOSKEY, MI 49770	23-7187264	501(C)3	78,101.	0.			GENERAL SUPPORT, 50TH ANNIVERSARY MATCH, FOR THE 50TH ANNIVERSARY CAMPAIGN. IN THE NAMES
CROSS OF CHRIST LUTHERAN CHURCH 1450 EAST MITCHELL ROAD PETOSKEY, MI 49770	38-2136316	501(C)3	8,000.	0.			FALL 2023 GRANT CYCLE - PETOSKEY PAPER PANTRY
CROSSHATCH CENTER FOR ART AND ECOLOGY - 414 E. 8TH STREET - TRAVERSE CITY, MI 49686	37-1517759	501(C)3	14,317.	0.			SPRING 2023 GRANT CYCLE - ASSESSING THE NEEDS AND WELLBEING OF FARMERS AND FARMING IN THE NORTHERN
CYSTIC FIBROSIS FOUNDATION - MICHIGAN CHAPTER - 2265 LIVERNOIS ROAD #410 - TROY, MI 48083	13-1930701	501(C)3	30,000.	0.			PURPLE TIE BALL, REGIONAL MATCH
DETROIT INSTITUTE OF ARTS DEVELOPMENT DEPARTMENT 5200 WOODWARD AVE - DETROIT, MI 48202-4008	38-1359510	501(C)3	10,101.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE DETROIT, MI 48201	38-1385132	501(C)3	10,101.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE
DETROIT ZOO 8450 W. 10 MILE ROAD ROYAL OAK, MI 48067	38-6027356	501(C)3	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

**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
EASTERN MICHIGAN UNIVERSITY FOUNDATION - PO BOX 972057 - YPSILANTI, MI 48197	38-2953297	501(C)3	112,120.	0.			TO SUPPORT SEMIS PROGRAM LEADERSHIP TRANSITION PER PROPOSAL OF FEBRUARY 2024, TO SUPPORT THE
EDUCATIONAL FOUNDATION FOR MANCELONA SCHOOLS - PO BOX 586 - MANCELONA, MI 49659	38-3742366	501(C)3	7,500.	0.			2023 ANNUAL INCOME ALLOCATION FROM OTHO J. MATHIAS SCHOLARSHIP FUND
EMMANUEL EPISCOPAL CHURCH 1020 E MITCHELL ST PETOSKEY, MI 49770	38-2307700	501(C)3	54,987.	0.			ALLOCATION REQUEST 2023, 2023 ANNUAL ALLOCATION FROM EMMANUEL EPISCOPAL CHURCH ENDOWMENT FUND,
EMMET COUNTY RECYCLING 736 PLEASANTVIEW ROAD HARBOR SPRINGS, MI 49740		501(C)3	20,000.	0.			SPRING 2023 GRANT CYCLE - HOUSEHOLD HAZARDOUS WASTE COLLECTION FOR EMMET COUNTY RESIDENTS
FIRST PRESBYTERIAN CHURCH OF PETOSKEY - 501 EAST MITCHELL STREET - PETOSKEY, MI 49770	38-6098294	501(C)3	7,000.	0.			ANNUAL GIVING
FIRST TEE - NORTHERN MICHIGAN PO BOX 613 HARBOR SPRINGS, MI 49740	74-3149490	501(C)3	22,300.	0.			SUPPORT AND DEFRAY COSTS OF TFT -GAM-F DONOR FUND RAISING EVENT. 2023 HARBOR CUP TEAM BOYNE
FLOW (FOR LOVE OF WATER) 440 WEST FRONT ST SUITE 100 TRAVERSE CITY, MI 49684	45-4370935	501(C)3	10,000.	0.			TO SUPPORT LINE 5 WORK BEING DONE BY SKIP PRUSS
FRACTURED ATLAS 248 W 35TH STREET FL 10 NEW YORK, NY 10001-2505	11-3451703	501(C)3	26,800.	0.			\$5,000 FOR THE ABUNDANCE PROJECT PUBLISHING EXPENSES AND \$21, 800 FOR THE ABUNDANCE PROJECT
FRIENDS OF THE UNIVERSITY OF MICHIGAN GILBERT SULLIVAN - 5445 HELLNER ROAD - ANN ARBOR, MI 48105	38-3282743	501(C)3	10,101.	0.			IN THE NAMES OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, IN MEMORY OF MARTHA CAVANAGH

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON RD PETOSKEY, MI 49770-9256	23-7000317	501(C)3	26,187.	0.			2023 ANNUAL INCOME ALLOCATION FROM AGATHA O. BOETTGER SENIOR CITIZEN FUND. 2023 ANNUAL INCOME
GOLF ASSOCIATION OF MICHIGAN FOUNDATION - 39255 COUNTRY CLUB DR. SUITE B-40 - FARMINGTON HILLS, MI 48331	47-2118531	501(C)3	42,000.	0.			EDUCATIONAL FUND HELD AT SE MICHIGAN CF - FERRIS STATE PGA - SCHOLARSHIP FUND. SUPPORT AND DEFRAY
GOOD HART ARTIST RESIDENCY PO BOX 182 HARBOR SPRINGS, MI 49740	82-2733769	501(C)3	15,000.	0.			SPRING 2023 GRANT CYCLE - GOOD HART ARTIST RESIDENCY - ASSOCIATE DIRECTOR HIRE
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770-8531	46-4121514	501(C)3	55,000.	0.			GENERAL SUPPORT. HOLIDAY SEASON SPONSORSHIP. FALL 2023 GRANT CYCLE - CIRQUE MECHANIC'S "ZEPHYR" - AN
GREATER DETROIT AGENCY FOR THE BLIND AND VISUALLY IMPAIRED - 16625 GRAND RIVER - DETROIT, MI 48227	38-1683860	501(C)3	10,101.	0.			IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO BE USED TO FUND THE
GROSSE POINTE PUBLIC LIBRARY 10 KERCHEVAL GROSSE POINTE FARMS, MI 48236	38-3184373	OTHER	20,201.	0.			IN MEMORY OF MARIE E. CAMERON AND LOUIS T. CAMERON, TO BE USED FOR SPECIAL PROGRAMMING OVER
GROSSE POINTE WAR MEMORIAL ASSOCIATION - 32 LAKE SHORE ROAD - GROSSE POINTE FARMS, MI 48236	38-1393849	501(C)3	10,101.	0.			IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR CAPITAL
GROUNDWORK CENTER FOR RESILIENT COMMUNITIES - 313 HOWARD ST UNIT B - PETOSKEY, MI 49770	38-2314954	501(C)3	13,400.	0.			SPRING 2023 GRANT CYCLE - GROUNDWORKS FARMS, FOOD AND HEALTH CULINARY MEDICINE TRAINING
HARBOR HALL FOUNDATION PO BOX 376 HARBOR SPRINGS, MI 49740	38-3105589	501(C)3	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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HARBOR SPRINGS AREA HISTORICAL SOCIETY - 349 E MAIN STREET PO BOX 812 - HARBOR SPRINGS, MI 49740	38-2934124	501(C)3	95,000.	0.			THE CAMPAIGN FOR THE HARBOR SPRINGS HISTORICAL CORRIDOR. CAPITAL CAMPAIGN. GENERL SUPPORT.
HARBOR SPRINGS FESTIVAL OF THE BOOK - 160 STATE ST PO BOX 766 - HARBOR SPRINGS, MI 49740-0766	47-1729627	501(C)3	10,000.	0.			BOOKS FOR AREA CHILDREN
HENRY FORD HEALTH SYSTEM 1 FORD PL. #5A DETROIT, MI 48202-3450	38-1357020	OTHER	101,007.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO
HOSPICE OF MICHIGAN INC. 145 N STATE ST. ALPENA, MI 49707	38-2255529	501(C)3	10,000.	0.			FALL 2023 GRANT CYCLE - GRIEF SUPPORT SERVICES
HOUSING NORTH PO BOX 1434 TRAVERSE CITY, MI 49685	83-3499967	501(C)3	25,000.	0.			EMMET COUNTY HOUSING READY PROGRAM - PART II
IMMIGRATION LAW & JUSTICE MICHIGAN 207 FULTON ST E GRAND RAPIDS, MI 49503-3278	82-2680614	501(C)3	20,000.	0.			GENERAL SUPPORT
INLAND SEAS EDUCATION ASSOCIATION 100 DAME ST #218 SUTTONS BAY, MI 49682	38-2866234	501(C)3	5,051.	0.			IN THE NAMES OF, AND IN MEMORY OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643-0199	38-1689022	501(C)3	20,201.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF DETROIT, INC. 32 LAKE SHORE ROAD GROSSE POINTE FARMS, MI 48236	38-1507301	501(C)3	15,151.	0.			IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR THE JUNIOR

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268-1300	36-6066531	501(C)3	10,101.	0.			GENERAL SUPPORT
LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 WEST CONWAY ROAD HARBOR SPRINGS, MI 49740	38-1384441	501(C)3	12,635.	0.			2023 ANNUAL INCOME ALLOCATION FROM MARJORIE GREEN FUND FOR LITTLE TRAVERSE BAY HUMANE
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)3	338,108.	0.			MELVIN FAMILY HIKING & BIKING TRAIL. FOR LAMKIN FARM RESERVE. MEMBERSHIP AND BOOK COST PER EMAIL
LITTLE TRAVERSE SAILORS PO BOX 583 HARBOR SPRINGS, MI 49740	38-1982686	501(C)3	9,250.	0.			SPRING 2023 GRANT CYCLE - LITTLE TRAVERSE SAILORS SCHOLARSHIP AND LOCAL RATE GRANT
MACKINAC ISLAND COMMUNITY FOUNDATION - PO BOX 933 - MACKINAC ISLAND, MI 49757	38-3179612	501(C)3	10,000.	0.			FOR THE STEVE AND ANNE MURRAY FUND
MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740	38-2764533	501(C)3	115,000.	0.			SPRING 2023 GRANT CYCLE - FOOD 4 KIDS. MANNA BACKPACK PROGRAM. 2023 HARBOR CUP TEAM BOYNE
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)3	89,702.	0.			SPRING 2023 GRANT CYCLE - FAMILY MEDICINE RESIDENCY PROGRAM AT MCLAREN NORTHERN MICHIGAN. \$1,000
MEMORIAL SLOAN-KETTERING CANCER CENTER - GIFT ADMINISTRATION PO BOX 27106 - NEW YORK, NY 10065	13-1924236	OTHER	101,007.	0.			IN THE NAMES OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, IN MEMORY OF MARTHA CAVANAGH
MIAMI UNIVERSITY FOUNDATION 107 ROUDEBUSH HALL OXFORD, OH 45056	31-6026014	501(C)3	30,302.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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MICHIGAN LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 340 BEAKES ST SUITE 110 - ANN ARBOR, MI 48104	37-1430158	501(C)3	20,000.	0.			UNRESTRICTED. GENERAL SUPPORT
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
MICHIGAN TECHNOLOGICAL UNIVERSITY FINANCIAL AID OFFICE 1400 TOWNSEND HOUGHTON, MI 49931	38-1554664	501(C)3	18,000.	0.			THREE SCHOLARSHIPS AT \$3000/EACH TO BE USED FOR FALL 2024 STUDENTS FOR THE SCHOOL OF BUSINESS
MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE MIDLAND, MI 48640	38-2023395	501(C)3	10,000.	0.			TOM HOLDER GOLF SCHOLARSHIP FUND #692
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS DRIVE TRAVERSE CITY, MI 49684	38-2642724	501(C)3	10,000.	0.			TO THE COWELL FAMILY CANCER CENTER IN HONOR OF DR. JOSHUA RUCH AND STAFF
NCH CENTER FOR PHILANTHROPY- MEDICAL DIPLOMATS COUNCIL - NCH CENTER FOR PHILANTHROPY 350 7TH STREET NORTH - NAPLES, FL 34102	59-0694358	501(C)3	7,500.	0.			MEDICAL DIPLOMATS COUNCIL
NCMC FOUNDATION 1515 HOWARD ST PETOSKEY, MI 49770	38-2910328	501(C)3	175,000.	0.			TO BE USED AT THE DISCRETION OF NCMC PRESIDENT, DR. DAVID ROLAND FINLEY, PER
NEHEMIAH PROJECT 36 BRIDGE ST PO BOX 2457 PETOSKEY, MI 49770-2907	38-3026718	501(C)3	10,000.	0.			GENERAL SUPPORT
NORTH EMMET LITTLE LEAGUE 3243 ASPEN VIEW TRL. BOYNE FALLS, MI 49713	38-2509002	501(C)3	14,000.	0.			SPRING 2023 GRANT CYCLE - CONSTRUCTION OF LITTLE LEAGUE BATTING CAGES AT PIONEER PARK

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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NORTHERN HOMES COMMUNITY DEVELOPMENT CORPORATION - 1048 E MAIN ST. PO BOX 86 - BOYNE CITY, MI 49712	38-3395829	501(C)3	1,775,206.	0.			INSTALLMENT PAYMENT FOR LOFTS OF LUMBER SQUARE. GIFT OF LAND FOR LOFTS AT LUMBER SQUARE
NORTHERN MICHIGAN EQUINE THERAPY 05025 CHURCH STREET BOYNE CITY, MI 49712	30-0838013	501(C)3	87,790.	0.			TRACTOR PROJECT. SPRING 2023 GRANT CYCLE - SUPPORTING NMET THERAPY ASSISTANCE FUND
NORTHMEN DEN YOUTH PANTRIES INC. 422 E MITCHELL ST STE 4 PETOSKEY, MI 49770	86-2073121	501(C)3	25,420.	0.			GENERAL SUPPORT. FALL 2023 GRANT CYCLE - HUNGER HURTS 1000+ MIDDLE & HIGH SCHOOL STUDENTS IN EMMET
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE ROAD - TRAVERSE CITY, MI 49686	38-2027389	501(C)3	20,000.	0.			HOMELESS PREVENTION INCENTIVES PROGRAM
NORTHWEST MICHIGAN HABITAT FOR HUMANITY - 1840 M119 UNIT 1 - PETOSKEY, MI 49770	38-2971056	501(C)3	141,700.	0.			LAND ACQUISITION IN MEADOWLANDS. FOUNDATIONS FOR OUR FUTURE. GENERAL SUPPORT AND MEDOWLANDS
NW MI ARTS AND CULTURE NETWORK PO BOX 1859 TRAVERSE CITY, MI 49685	83-1282144	501(C)3	7,500.	0.			FALL 2023 GRANT CYCLE - NORTHWEST MICHIGAN ARTS AND CULTURE NETWORK: BUILDING CAPACITY IN
OAKLAND UNIVERSITY FRANCES M. MOCERI HOUSE 3151 UNIVERSITY DR - AUBURN HILLS, MI 48326		OTHER	20,000.	0.			SUPPORT RESEARCH AND COMPLETION OF BOOK, THE NORTH 30:A HISTORY OF THE WORLDS MOST DANGEROUS
OUR LADY STAR OF THE SEA CHURCH 467 FAIRFORD ROAD GROSSE POINTE WOODS, MI 48236	38-1498765	501(C)3	10,099.	0.			IN THE NAMES OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON IN MEMORY OF LOUIS T.
PARADIGM FOR PARITY 6 SEDGEWICK VILLAGE LANE DARIEN, CT 06820	85-2840852	501(C)3	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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PELLSTON PUBLIC SCHOOLS 172 N PARK ST PELLSTON, MI 49769-9400	38-6001178	OTHER	25,692.	0.			ELEVATED SCHOOL LUNCH PROGRAM. FALL 2023 GRANT CYCLE - HIGH SCHOOL BATTING CAGES
PETOSKEY AREA GARDEN CLUB, INC. PO BOX 746 PETOSKEY, MI 49770	38-2168885	501(C)3	15,000.	0.			ALLOCATION REQUEST FROM PAGC FUND. 2023 ALLOCATION REQUEST FROM PAGC
PETOSKEY BASEBALL CLUB 910 E MITCHELL ST PETOSKEY, MI 49770-2634	35-2815518	501(C)3	5,500.	0.			FALL 2023 GRANT CYCLE - SECURING START UP SUPPLIES FOR PETOSKEY BASEBALL CLUB
PETOSKEY FOOTBALL BOOSTERS 405 N DIVISION RD STE 1 PETOSKEY, MI 49770-9046	84-2755970	501(C)3	30,000.	0.			NEW EQUIPMENT AND SAFETY BRACES PER LETTER REQUEST 6/12/2023
PETOSKEY MONTESSORI CHILDREN'S HOUSE - 1560 E MITCHELL RD - PETOSKEY, MI 49770	35-1269818	OTHER	9,066.	0.			SPRING 2023 GRANT CYCLE - PETOSKEY MONTESSORI CHILDREN'S HOUSE PLAYGROUND EQUIPMENT
PETOSKEY YOUTH SOCCER ASSOCIATION PO BOX 751 PETOSKEY, MI 49770	38-3064916	501(C)3	40,000.	0.			GPS PAINTING SYSTEM
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)3	46,903.	0.			2023 ANNUAL ALLOCATION FROM PLANNED PARENTHOOD OF NORTHERN MICHIGAN FUND. PETOSKEY OFFICE
POWER BOOK BAGS PO BOX 533 SUTTONS BAY, MI 49682	81-2406342	501(C)3	9,710.	0.			FALL 2023 GRANT CYCLE - LITTLE LEARNERS AT THE HEALTH DEPARTMENT IN EMMET COUNTY
PRESBYTERIAN VILLAGES OF MICHIGAN FOUNDATION - 25200 TELEGRAPH RD STE 400 - SOUTHFIELD, MI 48033-7496	20-2559884	501(C)3	25,000.	0.			2023 ALLOCATION REQUEST FROM HARBOR AREA HOUSING FUND

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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PUBLIC SCHOOLS OF PETOSKEY 1130 HOWARD STREET PETOSKEY, MI 49770	38-6001179	OTHER	226,729.	0.			\$1,000 FOR EACH BUILDING PRINCIPAL (HIGH SCHOOL, MIDDLE SCHOOL, OTTAWA, LINCOLN, CENTRAL AND
READMOND FRIENDSHIP CROSS VILLAGE FIRE AND RESCUE - 8338 W. ROBINSON ROAD - HARBOR SPRINGS, MI 49740	38-2317381	OTHER	6,500.	0.			FALL 2023 GRANT CYCLE - FIRE SUPPRESSION BLANKETS
RECOVERY NOTES 407 MICHIGAN ST UNIT A PETOSKEY, MI 49770	85-0956592	501(C)3	5,500.	0.			SPRING 2023 GRANT CYCLE - RECOVERY NOTES: EXPANSION CAMPAIGN
REGENTS OF THE UNIVERSITY OF MICHIGAN - 1109 GEDDES AVE. SUITE 3300 - ANN ARBOR, MI 48106	38-6006309	OTHER	30,302.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO BE
ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET - PO BOX 2101 - PETOSKEY, MI 49770	46-1455569	501(C)3	40,000.	0.			SCHOLARSHIP. GENERAL SUPPORT
RUDOLPH STEINER SCHOOL OF ANN ARBOR - 2230 PONTIAC TRAIL - ANN ARBOR, MI 48105	38-2242069	501(C)3	40,000.	0.			TO SUPPORT THE SEMIS PROGRAM AT STEINER IN 2024 AND ASSOCIATED STAFF PROFESSIONAL DEVELOPMENT
SAINT VINCENT DE PAUL - ST. KATERI TEKAKWITHA CONFERENCE - 150 MAIN STREET - HARBOR SPRINGS, MI 49740	46-3290767	501(C)3	9,200.	0.			SPRING 2023 GRANT CYCLE - SAINT VINCENT DE PAUL - ST. KATERI TEKAKWITHA CONFERENCE
SALVATION ARMY, THE 2350 MITCHELL PARK DR. PETOSKEY, MI 49770	36-2167910	501(C)3	15,000.	0.			GENERAL SUPPORT. FALL 2023 GRANT CYCLE - EMERGENCY FINANCIAL ASSISTANCE PROGRAM -
SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 93102	95-6419205	OTHER	101,007.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO BE

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	95-1866094	501(C)3	20,201.	0.			IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO THE
SIGMA CHI FOUNDATION 1714 HINMAN AVENUE EVANSTON, IL 60201	36-2208386	501(C)3	10,101.	0.			IN MEMORY OF MICHAEL THAIN CAMERON, FOR THE ALPHA CHAPTER (MIAMI UNIVERSITY) SCHOLARSHIP
SPRINGVALE TOWNSHIP 8198 E MITCHELL RD PETOSKEY, MI 49770	38-2285253	OTHER	14,000.	0.			SPRING 2023 GRANT CYCLE - UPDATE SPRINGVALE TOWNSHIP PARK ON PICKEREL LAKE
ST. ANDREWS CHURCH PO BOX 272 BOCA GRANDE, FL 33921	65-0947190	OTHER	25,000.	0.			\$15,000 TO THE 2024 OPERATING FUND 10,000 TO THE MEMORIAL GARDEN FUND
ST. ANNE'S CHURCH PO BOX 537 MACKINAC ISLAND, MI 49757	38-2408556	OTHER	5,051.	0.			IN MEMORY OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON - TO BE USED FOR CAPITAL
ST. CLAIR COUNTY LIBRARY SYSTEM 210 MCMORRAN BLVD. PORT HURON, MI 48060	38-6004602	OTHER	10,101.	0.			FOR YALE LIBRARY: IN MEMORY OF HERBERT ALAN CAVANAGH AND MILDRED PATTERSON CAVANAGH, AND
ST. PAUL CATHOLIC CHURCH 157 LAKE SHORE RD GROSSE POINT FARMS, MI 48236	38-1367335	OTHER	20,201.	0.			IN THE NAMES OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON IN MEMORY OF MICHAEL THAIN
STATE TROOPER OUTREACH PARTNERSHIP GAYLORD CHAPTER - 1672 E M 32 - GAYLORD, MI 49735-9705	88-2317549	501(C)3	5,370.	0.			FALL 2023 GRANT CYCLE - INCHY'S BOOKWORM VENDING MACHINE
THE CHILDREN'S FOUNDATION 3011 WEST GRAND BOULEVARD SUITE 218 DETROIT, MI 48202	38-1357994	501(C)3	15,000.	0.			\$5,000 CAMP HOPE; \$10,000 GENERAL SUPPORT

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 1

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

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TIP OF THE MITT WATERSHED COUNCIL 426 BAY ST PETOSKEY, MI 49770	38-2361745	501(C)3	156,232.	0.			FINAL DISTRIBUTION TO CLOSE OUT LAND AND WATER EDUCATION FUND - TOMWC. IN THE NAMES OF, AND IN
TOP OF MICHIGAN MOUNTAIN BIKE ASSOCIATION - PO BOX 112 - BOYNE CITY, MI 49713	45-5335776	501(C)3	15,000.	0.			SPRING 2023 GRANT CYCLE - OFFFIELD FAMILY VIEWLANDS FLOWTRACK MOUNTAIN BIKE TRAIL EXPANSION
TOP OF MICHIGAN TRAILS COUNCIL 1687 M 119 PETOSKEY, MI 49770-8388	38-3263521	501(C)3	9,500.	0.			FALL 2023 GRANT CYCLE - PONSHEWAING DEPOT PROJECT
VILLAGE OF ALANSON PO BOX 425 ALANSON, MI 49706		OTHER	6,500.	0.			SPRING 2023 GRANT CYCLE - KAYAK ACCESS FOR CROOKED RIVER
WHEELER HOUSE OPERA HOUSE ASSOCIATION - ATTN: BUSINESS OFFICE 320 EAST HYMAN - ASPEN, CO 81611	74-2334932	501(C)3	5,051.	0.			IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR CAPITAL
WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN - 423 PORTER STREET - PETOSKEY, MI 49770	38-2302164	501(C)3	453,000.	0.			CONTRIBUTION TO THE "EMPOWERING BRIGHT FUTURES" CAMPAIGN. \$5000 TO GENERAL FUND; \$2000 TO
FIRST PRESBYTERIAN CHURCH OF ROYAL OAK - 529 HENDRIE BLVD - ROYAL OAK, MI 48067		501(C)3	7,576.	0.			IN THE NAMES OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, IN MEMORY OF HERBERT ALAN

Schedule I (Form 990)

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

**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	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING FERRIS STATE UNIVERSITY	1	1,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING LAKE SUPERIOR STATE UNIVERSITY	1	1,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN STATE UNIVERSITY	4	6,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN TECHNOLOGICAL UNIVERSITY	4	7,000.	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

PETOSKEY-HARBOR SPRINGS AREA  
COMMUNITY FOUNDATION

Schedule I (Form 990)

38-3032185

Page 2

**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	6.	11,750.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING SAGINAW VALLEY STATE UNIVERSITY	2.	2,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF MICHIGAN	3.	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING NORTHERN MICHIGAN UNIVERSITY	2.	2,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING WAYNE STATE UNIVERSITY	1.	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING ALPENA COMMUNITY COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING CALVIN UNIVERSITY	1.	1,000.	0.		

Schedule I (Form 990)

**Part IV** Supplemental Information

WERE USED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACCOUNTING AID SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR THE TAX ASSISTANCE OR NON-PROFIT SERVICES PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

BAY BLUFFS- EMMET COUNTY MEDICAL CARE FACILITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2023 GRANT CYCLE - WORKFORCE CAPACITY BUILDING CAMPAIGN, 2023 ANNUAL INCOME ALLOCATION FROM AGATHA O. BOETTGER SENIOR CITIZEN FUND

NAME OF ORGANIZATION OR GOVERNMENT: CAMP DAGGETT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 ANNUAL INCOME ALLOCATION FROM MATT MATHIAS (EMER A. MATHIAS) MEMORIAL FUND, 2023 ANNUAL ALLOCATION FROM CAMP DAGGETT FUND

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL MICHIGAN UNIVERSITY PUBLIC BROADCASTING

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR RADIO PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CARMEL BY THE SEA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CARMEL BY THE SEA POLICE DEPARTMENT AND IN APPRECIATION OF JEFF WATKINS SERVICE. CATHERINE,

**Part IV** Supplemental Information

NICOLA AND BLITZEN SEBASTIANI

NAME OF ORGANIZATION OR GOVERNMENT: CONSERVATION RESOURCE ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2023 GRANT CYCLE - FREE SPAN  
THE MAPLE RIVER INITIATIVE DOUGLAS LAKE ROAD TIMBER BRIDGE CONSTRUCTION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 50TH ANNIVERSARY  
MATCH, FOR THE 50TH ANNIVERSARY CAMPAIGN. IN THE NAMES OF, AND IN MEMORY  
OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR THE  
PERFORMING ARTS SERIES. SPRING 2023 GRANT CYCLE - CTAC THEATER  
BEAUTIFICATION PROJECT, NEW YEARS EVE CELEBRATION, \$3,000 SCHOOL OF  
BALLET; \$2,000 CHILDREN'S PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CROSSHATCH CENTER FOR ART AND ECOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2023 GRANT CYCLE - ASSESSING  
THE NEEDS AND WELLBEING OF FARMERS AND FARMING IN THE NORTHERN FARMS  
FOODSHED

NAME OF ORGANIZATION OR GOVERNMENT: DETROIT INSTITUTE OF ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF,  
MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE ADDED TO THE  
ACQUISITION ENDOWMENT FUND, INCOME TO BE USED FOR ACQUISITION OF ART WORK  
FOR THE INSTITUTE.

NAME OF ORGANIZATION OR GOVERNMENT: DETROIT SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF,  
MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE DESIGNATED WITHIN

**Part IV** Supplemental Information

THE DSO ENDOWMENT FUND FOR EDUCATIONAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN MICHIGAN UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SEMIS PROGRAM LEADERSHIP  
TRANSITION PER PROPOSAL OF FEBRUARY 2024, TO SUPPORT THE FIELD SCHOOL  
ELEMENT OF THE HISTORIC PRESERVATION PROGRAM PROPOSAL OF FEBRUARY 2024,  
DESIGNATED FOR THE SOUTHEAST MICHIGAN STEWARDSHIP COALITION

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATION REQUEST 2023, 2023 ANNUAL  
ALLOCATION FROM EMMANUEL EPISCOPAL CHURCH ENDOWMENT FUND, GENERAL SUPPORT  
- 2024 ANNUAL GIVING

NAME OF ORGANIZATION OR GOVERNMENT: FIRST TEE - NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT AND DEFRAY COSTS OF TFT  
-GAM-F DONOR FUND RAISING EVENT. 2023 HARBOR CUP TEAM BOYNE SUPPORT.  
SPRING 2023 GRANT CYCLE - FIRST TEE COACH HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: FRACTURED ATLAS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR THE ABUNDANCE PROJECT  
PUBLISHING EXPENSES AND \$21, 800 FOR THE ABUNDANCE PROJECT OCTOBER 2023

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF THE UNIVERSITY OF MICHIGAN GILBERT SULLIVAN

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF MICHAEL THAIN  
CAMERON AND MARTHA CAVANAGH CAMERON, IN MEMORY OF MARTHA CAVANAGH CAMERON  
AND MARGARET DODD KIVISTO, TO BE USED FOR THE FRIENDS OF UNIVERSITY OF

**Part IV** Supplemental Information

MICHIGAN GILBERT AND SULLIVAN SOCIETY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDSHIP CENTERS OF EMMET COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 ANNUAL INCOME ALLOCATION FROM  
AGATHA O. BOETTGER SENIOR CITIZEN FUND. 2023 ANNUAL INCOME ALLOCATION  
FROM ALBERT AND CAROL OSBORN MEMORIAL FUND. FALL 2023 GRANT CYCLE - MEALS  
ON WHEELS VEHICLE

NAME OF ORGANIZATION OR GOVERNMENT:

GOLF ASSOCIATION OF MICHIGAN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATIONAL FUND HELD AT SE MICHIGAN  
CF - FERRIS STATE PGA - SCHOLARSHIP FUND. SUPPORT AND DEFRAY COSTS OF TFT  
-GAM-F DONOR FUND RAISING EVENT. 1,000 FOR 2023 YOC COURSE CELEBRATION  
5,000 FOR 2023 AMY GRAHAM INTERNSHIP FUND. GREATEST NEED. 60% GAMF  
GENERAL FUND BROKEN OUT TO INCLUDE 10% FOR THE GAM DEI COMMITTEE.  
SUBJECT TO FINAL APPROVAL FOR PROJECT(S) APPROVED BY GAM-F BOARD - 20%  
INTERN OUTING FUND - 20% SEMI COMMUNITY FUND SCHOLARSHIP

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT. HOLIDAY SEASON  
SPONSORSHIP. FALL 2023 GRANT CYCLE - CIRQUE MECHANIC'S "ZEPHYR" - AN  
ACROBATIC CIRCUS INSPIRED BY HUMANKINDS' RELATIONSHIP WITH THE WIND

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER DETROIT AGENCY FOR THE BLIND AND VISUALLY IMPAIRED

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF, MICHAEL THAIN CAMERON  
AND MARTHA CAVANAGH CAMERON, TO BE USED TO FUND THE ENDOWMENT.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GROSSE POINTE PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF MARIE E. CAMERON AND LOUIS T. CAMERON, TO BE USED FOR SPECIAL PROGRAMMING OVER AND ABOVE PROGRAMS PAID FOR BY THE OPERATIONAL BUDGET, WITH ACKNOWLEDGMENT OF THESE DONORS AND MEMORIALS TO BE GIVEN AS SPONSORED PROGRAMS TAKE PLACE.

NAME OF ORGANIZATION OR GOVERNMENT:

GROSSE POINTE WAR MEMORIAL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR CAPITAL IMPROVEMENT PROJECTS.

NAME OF ORGANIZATION OR GOVERNMENT:

GROUNDWORK CENTER FOR RESILIENT COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2023 GRANT CYCLE - GROUNDWORKS FARMS, FOOD AND HEALTH CULINARY MEDICINE TRAINING SCHOLARSHIPS FOR EMMET CO PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

HARBOR SPRINGS AREA HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CAMPAIGN FOR THE HARBOR SPRINGS HISTORICAL CORRIDOR. CAPITAL CAMPAIGN. GENERL SUPPORT. SPRING 2023 GRANT CYCLE - SUMMER 2023 PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: HENRY FORD HEALTH SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO ESTABLISH THE "MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON FUND," IN HONOR OF GARY B. TALPOS, M.D., AND IN MEMORY OF PIERCE SMITH, M.D., TO FURTHER

**Part IV** Supplemental Information

CANCER RESE

NAME OF ORGANIZATION OR GOVERNMENT: INLAND SEAS EDUCATION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF  
MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR THE  
SCIENCE SHIP FUND.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR LEAGUE OF DETROIT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF, MICHAEL THAIN CAMERON  
AND MARTHA CAVANAGH CAMERON TO BE USED FOR THE JUNIOR LEAGUE OF DETROIT,  
INC. ENDOWMENT FUND.

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE BAY HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 ANNUAL INCOME ALLOCATION FROM  
MARJORIE GREEN FUND FOR LITTLE TRAVERSE BAY HUMANE SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: MELVIN FAMILY HIKING & BIKING TRAIL.  
FOR LAMKIN FARM RESERVE. MEMBERSHIP AND BOOK COST PER EMAIL TO EMILY.  
ALLOCATION FROM MICHAEL CAMERON ESTATE. WILDSHORES INITIATIVE. SPRING  
2023 GRANT CYCLE - CREATING MORE WAYS TO CONNECT TO NATURE: ACCESSING A  
POND AT THE SALLY & JACK CLARK NATURE PRESERVE

NAME OF ORGANIZATION OR GOVERNMENT: MANNA FOOD PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2023 GRANT CYCLE - FOOD 4  
KIDS. MANNA BACKPACK PROGRAM. 2023 HARBOR CUP TEAM BOYNE SUPPORT. MOBILE  
FOOD PANTRY. GENERAL SUPPORT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MCLAREN NORTHERN MICHIGAN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2023 GRANT CYCLE - FAMILY

MEDICINE RESIDENCY PROGRAM AT MCLAREN NORTHERN MICHIGAN. \$1,000

KALAHAR/TOST PEDIATRIC TRAVEL ASSISTANCE FUND; \$5,000 ONCOLOGY ENDOWMENT  
FUND; \$30,000 TO EXCELLENCE THROUGH EDUCATION FUND. GENERAL FUND. GENERAL  
SUPPORT - ANNUAL GRANT.

NAME OF ORGANIZATION OR GOVERNMENT:

MEMORIAL SLOAN-KETTERING CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF MICHAEL THAIN

CAMERON AND MARTHA CAVANAGH CAMERON, IN MEMORY OF MARTHA CAVANAGH CAMERON  
AND IN HONOR OF NANCY E. KEMENY, M.D., TO BE USED IN SUPPORT OF THE  
CENTER'S WORK.

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF,

MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR THE  
BENEFIT OF THE DEPARTMENT OF POLITICAL SCIENCE AT MIAMI UNIVERSITY TO  
ESTABLISH THE "MICHAEL THAIN CAMERON ENDOWED UNDERGRADUATE SCHOLARSHIP  
FUND." SC

NAME OF ORGANIZATION OR GOVERNMENT: NCMC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED AT THE DISCRETION OF NCMC

PRESIDENT, DR. DAVID ROLAND FINLEY, PER CORRESPONDENCE WITH MR. FREY  
ABOUT BOARD DEVELOPMENT. CHILD CARE INITIATIVE PHASE 2. TO ESTABLISH THE  
NEIL AND MARSHA BIDWELL ENDOWED SCHOLARSHIP FUND. JEWEL PROGRAM ANNUAL  
GIFT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NORTHMEN DEN YOUTH PANTRIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT. FALL 2023 GRANT  
CYCLE - HUNGER HURTS 1000+ MIDDLE & HIGH SCHOOL STUDENTS IN EMMET COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST MICHIGAN HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: LAND ACQUISITION IN MEADOWLANDS.  
FOUNDATIONS FOR OUR FUTURE. GENERAL SUPPORT AND MEDOWLANDS SUBDIVISION  
CAMPAIGN. FALL 2023 GRANT CYCLE - LANTERN LANE 2023. GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NW MI ARTS AND CULTURE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2023 GRANT CYCLE - NORTHWEST  
MICHIGAN ARTS AND CULTURE NETWORK: BUILDING CAPACITY IN EMMET COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: OAKLAND UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT RESEARCH AND COMPLETION OF  
BOOK, THE NORTH 30:A HISTORY OF THE WORLDS MOST DANGEROUS PIPELINE

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY STAR OF THE SEA CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF MICHAEL THAIN  
CAMERON AND MARTHA CAVANAGH CAMERON IN MEMORY OF LOUIS T. CAMERON AND  
MARIE E. CAMERON, TO BE USED FOR THE OUR LADY STAR OF THE SEA SCHOOL  
SCHOLARSHIP ACCOUNT.

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 ANNUAL ALLOCATION FROM PLANNED  
PARENTHOOD OF NORTHERN MICHIGAN FUND. PETOSKEY OFFICE PROGRAMS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC SCHOOLS OF PETOSKEY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$1,000 FOR EACH BUILDING PRINCIPAL

(HIGH SCHOOL, MIDDLE SCHOOL, OTTAWA, LINCOLN, CENTRAL AND SHERIDAN) TO BE

USED FOR TEACHER APPRECIATION FOR THIS CURRENT 23/24 SCHOOL YEAR. PHS AUX

GYM BLACKBOARD PROJECT. NORTHMEN STADIUM RIBBON BOARD PROJECT. GIRLS

BASKETBALL COACH SPONSOR. 2023 COLOR RUN SUPPORT \$1000 TO SHERIDAN

SCHOOL \$1000 TO OTTAWA SCHOOL ACCOUNT #562 \$10,000

NAME OF ORGANIZATION OR GOVERNMENT: REGENTS OF THE UNIVERSITY OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF,

MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO BE USED FOR THE

BENEFIT OF THE COLLEGE OF LITERATURE, SCIENCE AND ARTS DEPARTMENT OF

MATHEMATICS TO ESTABLISH THE "MARTHA CAVANAGH CAMERON ENDOWED

UNDERGRADUATE SCHO

NAME OF ORGANIZATION OR GOVERNMENT: RUDOLPH STEINER SCHOOL OF ANN ARBOR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SEMIS PROGRAM AT

STEINER IN 2024 AND ASSOCIATED STAFF PROFESSIONAL DEVELOPMENT PER

FEBRUARY 2024 REPORT AND PROPOSAL

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY, THE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT. FALL 2023 GRANT

CYCLE - EMERGENCY FINANCIAL ASSISTANCE PROGRAM - INCREASED NEED

NAME OF ORGANIZATION OR GOVERNMENT: SANSUM CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF,

MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO BE USED AT THE

DIRECTION OF KURT N. RANSOHOFF, M. D., CEO AND PRESIDENT OF THE CLINIC,

**Part IV** Supplemental Information

TO FURTHER THE CLINIC'S MEDICAL SERVICES OR RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF, AND IN MEMORY OF,  
MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, TO THE BURNAM WOOD  
HELPING HANDS FUND

NAME OF ORGANIZATION OR GOVERNMENT: SIGMA CHI FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF MICHAEL THAIN CAMERON,  
FOR THE ALPHA CHAPTER (MIAMI UNIVERSITY) SCHOLARSHIP FUND TO BE USED FOR  
THE SCHOLASTIC AND EDUCATIONAL PURSUITS OF THE UNDERGRADUATE MEMBERS OF  
THE ALPHA CHAPTER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANNE'S CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF MICHAEL THAIN CAMERON  
AND MARTHA CAVANAGH CAMERON - TO BE USED FOR CAPITAL IMPROVEMENT  
PROJECTS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. CLAIR COUNTY LIBRARY SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR YALE LIBRARY: IN MEMORY OF  
HERBERT ALAN CAVANAGH AND MILDRED PATTERSON CAVANAGH, AND MAX H. CAVANAGH  
AND RITA CAVANAGH TO BE USED FOR THE CITY OF YALE, MICHIGAN LIBRARY  
MEMORIAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF MICHAEL THAIN  
CAMERON AND MARTHA CAVANAGH CAMERON IN MEMORY OF MICHAEL THAIN CAMERON,  
TO BE USED FOR THE ST. PAUL EDUCATIONAL TRUST.

**Part IV** Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FINAL DISTRIBUTION TO CLOSE OUT LAND AND WATER EDUCATION FUND - TOMWC. IN THE NAMES OF, AND IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR OPERATIONAL PROGRAMMING. SPRING 2023 GRANT CYCLE - COMMUNITY RAIN GARDEN MURAL. \$5,000 FOR PET WASTE PROGRAM - \$5,000 FOR GENERAL SUPPORT. 2023 ANNUAL ALLOCATION FROM TIP OF THE MITT WATERSHED COUNCIL WATER QUALITY FUND. LOCAL REALTOR EDUCATION AND OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT: WHEELER HOUSE OPERA HOUSE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF, MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON TO BE USED FOR CAPITAL IMPROVEMENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO THE "EMPOWERING BRIGHT FUTURES" CAMPAIGN. \$5000 TO GENERAL FUND; \$2000 TO EMERGENCY FUND. FOR THE EXPANSION AND RENOVATION PROJECT IN PETOSKEY. CAPITAL CAMPAIGN. FALL 2023 GRANT CYCLE - EMPOWERING BRIGHT FUTURES - FACILITY TECHNOLOGY INFRASTRUCTURE. ALLOCATION REQUEST FROM WRC OPERATIONS FUND. \$5000 TO GENERAL FUND; \$2000 TO EMERGENCY FUND.

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST PRESBYTERIAN CHURCH OF ROYAL OAK

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE NAMES OF MICHAEL THAIN CAMERON AND MARTHA CAVANAGH CAMERON, IN MEMORY OF HERBERT ALAN CAVANAGH, MILDRED PATTERSON CAVANAGH AND MAITHA CAVANAGH CAMERON, TO BE USED FOR



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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	38	1,851,287.	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	

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

Schedule M (Form 990) 2023

**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

**2023**

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:  
 TO ORGANIZATIONS IN CORRESPONDING FIELDS. THE SCHOLARSHIP COMMITTEE  
 RECOMMENDED VARIOUS SCHOLARSHIP AWARDS OF 52 GRANTS TO LOCAL STUDENTS  
 WHO ARE PURSUING EDUCATION BEYOND HIGH SCHOOL. A TOTAL OF 1,095 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 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:  
 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

Name of the organization <b>PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-3032185</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AGENCY ENDOWMENT GRANT AND EXP ACTI	382,876.
AGENCY ENDOWMENT GIFT & INCOME ACTI	-785,190.
TOTAL TO FORM 990, PART XI, LINE 9	-402,314.

PART XII, LINE 2C

FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

NO CHANGE IN PROCESS FROM PRIOR YEAR.