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CLIENT'S COPY

September 8, 2026

Mr. David Jones, Executive Director
Petoskey-Harbor Springs Area Community
1349 US-131, Suite A
Petoskey, Michigan 49770

Dear Mr. Jones:

We have prepared your 2025 Exempt Organization return. Please refer to the enclosed filing instructions for specific information regarding this return:

2025 Form 990

The original return should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The return(s) were prepared from the information furnished by you. The tax laws provide that the obligation of a preparer is based only on the information of which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remains your responsibility. Therefore, you should review the return carefully before filing to ensure there are no omissions or misstatements of material facts.

Acceptance and filing of the return is your acknowledgment that this concludes our engagement to prepare the enclosed return.

The return may be selected for review by the tax authorities. We are available upon request to assist you in responding to tax authorities. Please contact us as soon as you receive notice of examination if you wish to employ our services. You must retain the documentation that supports the filed returns.

If you requested to receive your copies electronically, no paper copies will be provided for your records.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,



Hyangsook P. Ostrander, CPA
Rehmann Robson, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

March 31, 2026

Prepared For:

Mr. David Jones, Executive Director
Petoskey-Harbor Springs Area Community
1349 US-131, Suite A
Petoskey, Michigan 49770

Prepared By:

Rehmann Robson LLC
555 Michigan Street
Petoskey, MI 49770

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

We recommend that all mailings to tax authorities be sent using certified mail with a return receipt requested.

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by February 16, 2027.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax-Exempt Entity**

OMB No. 1545-0047

For calendar year 2025, or fiscal year beginning APR 1, 2025, and ending MAR 31, 2026**2025**Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879TE for the latest information.**Name of filer **PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**EIN or SSN
38-3032185Name and title of officer or person subject to tax **DAVID JONES
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>15,988,693.</u>
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **REHMANN ROBSON LLC** to enter my PIN **16230**
ERO firm name Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38823749770**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **REHMANN ROBSON LLC**Date **09/08/26****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8879-TE** (2025) Created 5/1/25

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025Open to Public
Inspection**A** For the **2025** calendar year, or tax year beginning **APR 1, 2025** and ending **MAR 31, 2026****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1349 US-131

Room/suite

A

City or town, state or province, country, and ZIP or foreign postal code

PETOSKEY, MI 49770**F** Name and address of principal officer: **DAVID JONES****SAME AS C ABOVE****D** Employer identification number**38-3032185****E** Telephone number**231-348-5820****G** Gross receipts \$**84,208,975.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.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	1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION IS MADE UP OF AN EVER-GROWING FAMILY OF FUNDS. EACH ONE IS ESTABLISHED BY
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a) 8
	6	Total number of volunteers (estimate if necessary) 15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 6,032,350.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,992,210.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,817.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,074,377.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 523,715.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 137,657.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 376,520.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,905,984.
19		Revenue less expenses. Subtract line 18 from line 12 1,168,393.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 61,985,629.
	21	Total liabilities (Part X, line 26) 12,323,350.
	22	Net assets or fund balances. Subtract line 21 from line 20 49,662,279.

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.

Sign Here	Signature of officer	Date			
	DAVID JONES, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	HYANGSOOK P. OSTRANDER, C		09/08/26		P01294224
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	REHMANN ROBSON LLC	38-3635706	231-347-5555		
	Firm's address				
	555 MICHIGAN STREET				
	PETOSKEY, MI 49770				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532001 12-15-25

Form **990** (2025) Created 4/30/25**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Form 990 (2025)

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 ☒ **X**

1 Briefly describe the organization's mission:

TO IMPROVE THE QUALITY OF LIFE FOR ALL PEOPLE IN EMMET COUNTY BY
CONNECTING DONORS WITH COMMUNITY NEEDS, BUILDING A PERMANENT SOURCE OF
CHARITABLE FUNDS, ADDRESSING A BROAD RANGE OF COMMUNITY ISSUES THROUGH
GRANTMAKING, AND CHAMPIONING PHILANTHROPY.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,584,438. including grants of \$ 5,294,420.) (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 894 GRANTS TO SUPPORT ORGANIZATIONS THEY
VALUE. THE UNRESTRICTED FUND'S DISTRIBUTION COMMITTEE AND THE YOUTH
FUND'S YOUTH ADVISORY COMMITTEE RECOMMENDED 47 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 118 GRANTS

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,584,438.

Form 990 (2025)

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Form 990 (2025)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 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>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	X	

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Form 990 (2025)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 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>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 12	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Form 990 (2025)

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 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? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAVID JONES - 231-348-5820
1349 US-131 SUITE A, PETOSKEY, MI 49770

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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) CLAIRE FORSTER TRUSTEE	1.00	X						0.	0.	0.
(5) JENNIFER H. ATTIE TRUSTEE	1.00	X						0.	0.	0.
(6) EMERSON J. MEYER TRUSTEE	1.00	X						0.	0.	0.
(7) COURTNEY FONT TRUSTEE	1.00	X						0.	0.	0.
(8) WILLIAM HENAGAN TRUSTEE	1.00	X						0.	0.	0.
(9) DOUG LARSON TRUSTEE	1.00	X						0.	0.	0.
(10) AVERY R. SEARS TRUSTEE	1.00	X						0.	0.	0.
(11) TRENT STARK TRUSTEE	1.00	X						0.	0.	0.
(12) DANA F. ANDREWS PRESIDENT	3.00	X		X				0.	0.	0.
(13) STEVEN L. BOECKMAN VICE PRESIDENT	3.00	X		X				0.	0.	0.
(14) MELISSA A. NGUYEN TREASURER	4.00	X		X				0.	0.	0.
(15) SARAH L. SHUMAN SECRETARY	3.00	X		X				0.	0.	0.
(16) DAVID JONES EXECUTIVE DIRECTOR	40.00			X				129,363.	0.	10,418.

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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			
1b Subtotal								129,363.	0.	10,418.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								129,363.	0.	10,418.

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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
5 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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,959,237.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,758,898.				
	h Total. Add lines 1a-1f				7,959,237.		
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,610,705.			4610705.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	71,575,931.				
	b Less: cost or other basis and sales expenses	7b	68,220,282.				
	c Gain or (loss)	7c	3,355,649.				
	d Net gain or (loss)			3,355,649.			3355649.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a ADMINISTRATIVE FEE INCOME		523940	63,102.			63,102.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			63,102.			
12 Total revenue. See instructions				15,988,693.	0.	0.	8029456.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,208,670.	5,208,670.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	85,750.	85,750.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,750.	12,375.	24,750.	86,625.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	346,049.	118,712.	227,337.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,765.	9,833.	20,172.	4,760.
9 Other employee benefits	51,772.	41,222.	10,550.	
10 Payroll taxes	37,918.	10,580.	20,346.	6,992.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,866.		2,866.	
c Accounting	18,612.		18,612.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,826.		58,826.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,489.		2,100.	1,389.
13 Office expenses	18,059.		9,272.	8,787.
14 Information technology	83,027.		83,027.	
15 Royalties				
16 Occupancy	75,080.		75,080.	
17 Travel	11,684.	1,420.	3,964.	6,300.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,359.	4,533.	15,258.	11,568.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,333.		1,333.	
23 Insurance	8,495.		8,495.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CFMR EXPENSE	86,735.	86,735.		
b DUES	13,457.		13,457.	
c PRINTING AND PUBLICATIO	6,582.			6,582.
d PUBLIC RELATIONS	4,654.			4,654.
e All other expenses	16,865.	4,608.	12,257.	
25 Total functional expenses. Add lines 1 through 24e	6,329,797.	5,584,438.	607,702.	137,657.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-82,567.	1	1,757.
	2 Savings and temporary cash investments	7,084,444.	2	8,186,886.
	3 Pledges and grants receivable, net	253,264.	3	0.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,030.	9	27,030.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	54,949.		
	b Less: accumulated depreciation	42,057.		
		10,725.	10c	12,892.
	11 Investments - publicly traded securities	54,095,120.	11	61,256,935.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	597,613.	15	723,039.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	61,985,629.	16	70,208,539.	
Liabilities	17 Accounts payable and accrued expenses	-8,207.	17	2,267.
	18 Grants payable	128,511.	18	5,924.
	19 Deferred revenue	86,735.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,116,311.	25	12,007,412.
	26 Total liabilities. Add lines 17 through 25	12,323,350.	26	12,015,603.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,359,347.	27	10,401,171.
	28 Net assets with donor restrictions	21,302,932.	28	47,791,765.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	49,662,279.	32	58,192,936.
	33 Total liabilities and net assets/fund balances	61,985,629.	33	70,208,539.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,988,693.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,329,797.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,658,896.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,662,279.
5	Net unrealized gains (losses) on investments	5	647,483.
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	-1,775,722.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	58,192,936.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	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 _____	3b	

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Schedule A (Form 990) 2025

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3406197.	6484289.	6685954.	6032350.	7959237.	30568027.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3406197.	6484289.	6685954.	6032350.	7959237.	30568027.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8372456.
6 Public support. Subtract line 5 from line 4.						22195571.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	3406197.	6484289.	6685954.	6032350.	7959237.	30568027.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1273921.	911,468.	1138233.	1380593.	4610705.	9314920.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	44,342.	47,026.	49,678.	61,094.	63,102.	265,242.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						40148189.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	55.28 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	60.08 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990) 2025

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Schedule A (Form 990) 2025

38-3032185 Page 3

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. 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 - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Schedule A (Form 990) 2025

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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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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>		

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Schedule A (Form 990) 2025

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Schedule A (Form 990) 2025

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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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Schedule A (Form 990) 2025

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

**Schedule B
(Form 990)**

(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

Name of the organization

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Employer identification number

38-3032185

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) (Rev. 12-2024)

Name of organization

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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
<u>1</u>		\$ <u>297,636.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,669,500.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>20,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>508,455.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>314,884.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>704,032.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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		\$ 306,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 250,207.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 250,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 408,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 215,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 1,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 200,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 170,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 130,372.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 30,342.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number 38-3032185
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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
1	500 SHARES OF MMM, 275 SHARES OF ABBV, 900 SHARES OF MDT, 400 SHARES OF TJX	\$ 297,636.	12/08/25
2	100,000 SHARES OF NU	\$ 1,669,500.	12/23/25
5	900 SHARES OF NVIDIA CORP, 10,000 SHARES OF TERAWULF	\$ 314,884.	12/05/25
16	24 SHARES OF ISHARES CORE S & P 500, 100 SHARES OF DELTA AIRLINES, 50 SHARES OF ISHARES TRUST CORE	\$ 30,342.	02/02/26
		\$	

Name of organization

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

Employer identification number

38-3032185**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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	105	72
2 Aggregate value of contributions to (during year)	5,119,348.	278,651.
3 Aggregate value of grants from (during year)	5,725,773.	564,911.
4 Aggregate value at end of year	26,133,103.	5,264,829.
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? ☒ Yes ☐ 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? ☒ Yes ☐ 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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

PETOSKEY-HARBOR SPRINGS AREA

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

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

- a ☐ Public exhibition d ☐ Loan or exchange program
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,112,051.	34,474,039.	30,529,263.	34,130,770.	34,963,287.
b Contributions	601,501.	1,141,055.	895,719.	736,810.	577,656.
c Net investment earnings, gains, and losses	5,958,706.	1,540,008.	5,188,943.	-2,376,659.	693,028.
d Grants or scholarships	1,087,635.	1,390,985.	1,504,721.	1,337,931.	1,536,456.
e Other expenditures for facilities and programs					
f Administrative expenses	822,931.	652,066.	635,165.	623,727.	566,745.
g End of year balance	39,761,692.	35,112,051.	34,474,039.	30,529,263.	34,130,770.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations? _____
(ii) Related organizations? _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		17,797.	14,530.	3,267.
e Other		37,152.	27,527.	9,625.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,892.

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Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (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	11,627,648.
(3) DISC OBLIG - CHARITABLE GIFT ANNUIT	128,438.
(4) LEASE LIABILITY	251,326.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	12,007,412.

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 ☐

PETOSKEY-HARBOR SPRINGS AREA

Schedule D (Form 990) (Rev. 12-2024) COMMUNITY FOUNDATION

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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	14,742,148.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	647,483.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-58,826.
e	Add lines 2a through 2d	2e	588,657.
3	Subtract line 2e from line 1	3	14,153,491.
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	1,835,202.
c	Add lines 4a and 4b	4c	1,835,202.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,988,693.

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

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

1	Total expenses and losses per audited financial statements	1	6,211,491.
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	-59,480.
e	Add lines 2a through 2d	2e	-59,480.
3	Subtract line 2e from line 1	3	6,270,971.
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	58,826.
c	Add lines 4a and 4b	4c	58,826.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,329,797.

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, SCHOLARSHIP FUNDS, GIVING CIRCLE FUNDS, AND SPECIAL PROJECT FUNDS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -58,826.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GIFT AND INCOME ACTIVITY 1,811,141.
CHANGE IN VALUE OF ANNUITIES 24,061.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,835,202.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANT AND EXPENSES ACTIVITY -59,480.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

INVESTMENT EXPENSES 58,826.

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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
ALANSON PUBLIC SCHOOL 7400 NORTH STREET ALANSON, MI 49706	38-6001174	501(C)1	55,000.	0.			AVIATION FLIGHT PROGRAM, TO SUPPORT THE COMFORT SERVICE ANIMAL PROJECT
ANN'S NEST P.O. BOX 104 HARBOR SPRINGS, MI 49740	99-2599075	501(C)3	12,000.	0.			DEVELOPMENT OF A SITE ENGINEERING PLAN
BAY BLUFFS - EMMET COUNTY MEDICAL CARE FACILITY - 750 EAST MAIN STREET - HARBOR SPRINGS, MI 49740	38-3640112	501(C)3	37,257.	0.			SUPPORT TO OFFSET EXPENSES INCURRED BY THE PURCHASE OF FURNISHINGS AND FIXTURES FOR THE
BAY VIEW ASSOCIATION PO BOX 583 PETOSKEY, MI 49770	38-0333680	501(C)3	54,245.	0.			BAY VIEW ASSOCIATION STORM DAMAGE RECOVERY, 150TH JUBILEE FUND, GENERAL SUPPORT, 2025
BIG WATER CREATIVE ARTS, INC. PO BOX 124 PETOSKEY, MI 49770	81-1815580	501(C)3	12,743.	0.			SPRING 2025 GRANT CYCLE - BUILDING BIG WATER CREATIVE ARTS FUTURE
BLACKBIRD CHILD CARE CENTER 421 E LAKE STREET HARBOR SPRINGS, MI 49740	38-6001172	501(C)1	5,600.	0.			SPRING 2025 GRANT CYCLE - GARDEN AND NATURAL PLAY SPACE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **118.**
- 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) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

PETOSKEY-HARBOR SPRINGS AREA

Schedule I (Form 990)

COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS, TROOP #5 PO BOX 2101 PETOSKEY, MI 49770	38-1784822	501(C)3	120,000.	0.			GENERAL SUPPORT, REGISTRATION SCHOLARSHIP AND TRAILER REPAIR, EAGLE PROJECT SPONSOR
CAMP DAGGETT 03001 CHURCH ROAD PETOSKEY, MI 49770	38-1617980	501(C)3	40,671.	0.			FALL 2025 GRANT CYCLE - CAMP DAGGETT DAY CAMP: OUTDOOR PAVILION, 2025 ANNUAL ALLOCATION,
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	30,000.	0.			2025 PROGRAM PER PROPOSAL OF 8/14/2025
CENTRAL MICHIGAN UNIVERSITY PUBLIC BROADCASTING - 1999 E CAMPUS DR - MOUNT PLEASANT, MI 48859-2029	38-6004447	501(C)3	10,877.	0.			SUPPORT FOR PUBLIC BROADCASTING
CHARLEVOIX AREA COMMUNITY POOL 11905 US 31 N CHARLEVOIX, MI 49720	38-3219489	501(C)3	6,000.	0.			SPRING 2025 GRANT CYCLE - CRITICAL MECHANICAL INVESTMENTS IN CHARLEVOIX AREA COMMUNITY POOL
COMMUNITY HOMES, INC. 3925 ROCHESTER RD. ROYAL OAK, MI 48073	38-2442660	501(C)3	8,100.	0.			SUPPORT THE MISSION OF COMMUNITY HOMES FROM THE CASASANTA FAMILY
CONSERVATION RESOURCE ALLIANCE 10850 E TRAVERSE HWY STE 1180 TRAVERSE CITY, MI 49684	38-2181915	501(C)3	30,000.	0.			MAPLE RIVER RECOVERY - LARGE WOOD
CROOKED TREE ARTS COUNCIL, INC. 461 E MITCHELL ST PETOSKEY, MI 49770	23-7187264	501(C)3	67,000.	0.			FALL 2025 GRANT CYCLE - CTAC'S SCHOOL OF BALLET PRESENTS DANCE LEGENDS: LITTLE TRAVERSE BAY

Schedule I (Form 990)

**PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS OF CHRIST LUTHERAN CHURCH 1450 EAST MITCHELL ROAD PETOSKEY, MI 49770	38-2136316	501(C)3	12,000.	0.			FALL 2025 GRANT CYCLE - COMMUNITY PAPER PANTRY
DETROIT ZOO 8450 W. 10 MILE ROAD ROYAL OAK, MI 48067	38-6027356	501(C)3	15,000.	0.			GENERAL SUPPORT
EDUCATIONAL FOUNDATION FOR MANCERLONA SCHOOLS - PO BOX 586 - MANCERLONA, MI 49659	38-3742366	501(C)3	7,500.	0.			2025 ANNUAL ALLOCATION
EMMANUEL EPISCOPAL CHURCH 1020 E MITCHELL ST PETOSKEY, MI 49770	38-2307700	501(C)3	45,219.	0.			2025 ANNUAL ALLOCATION
EMMET-CHARLEVOIX COUNTY FAIR BOARD PO BOX 496 PETOSKEY, MI 49770	38-6004848	501(C)3	10,000.	0.			GENERAL SPONSOR
EMMET CONSERVATION DISTRICT 3434 HARBOR PETOSKEY RD SUITE E HARBOR SPRINGS, MI 49740	38-2195132	501(C)3	15,000.	0.			GENERAL SUPPORT
EMMET COUNTY MICHIGAN STATE UNIVERSITY EXTENSION - 3434 HARBOR-PETOSKEY RD - HARBOR SPRINGS, MI 49740	38-6005984	501(C)3	10,825.	0.			FALL 2025 GRANT CYCLE - ELEVATING ENGAGEMENT ACROSS EMMET
EMMET COUNTY RECYCLING 736 PLEASANTVIEW ROAD HARBOR SPRINGS, MI 49740	38-6004848	501(C)3	10,000.	0.			TREE DEBRIS AND BRUSH GRINDING SERVICES
FIRST PRESBYTERIAN CHURCH OF HARBOR SPRINGS - 7940 CEMETERY ROAD - HARBOR SPRINGS, MI 49740	38-6120603	501(C)3	36,605.	0.			ALLOCATION REQUEST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF PETOSKEY - 501 E MITCHELL ST - PETOSKEY, MI 49770	38-6098294	501(C)3	12,700.	0.			GENERAL SUPPORT
FIRST TEE - NORTHERN MICHIGAN PO BOX 613 HARBOR SPRINGS, MI 49740	74-3149490	501(C)3	15,000.	0.			HARBOR CUP FUND DONATION - TEAM BOYNE, GENERAL FUND 2,500 SCHOLARSHIP FUND 2,500
FRESHWATER FUTURE P.O. BOX 2479 PETOSKEY, MI 49770	20-5693503	501(C)3	312,750.	0.			FALL 2025 GRANT CYCLE - DEVELOPMENT OF A PETOSKEY WATER AFFORDABILITY PLAN: HELPING LOW-INCOME
FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON RD PETOSKEY, MI 49770-9256	23-7000317	501(C)3	38,352.	0.			2025 ANNUAL ALLOCATION, INDEPENDENCE AND DIGNITY PROGRAM FUNDS
FRIENDS OF THE CHILDREN'S CREATIVE CENTER TRUST FUND - 1600 PAULINE BOULEVARD - ANN ARBOR, MI 48105	45-6383792	501(C)3	50,000.	0.			UNRESTRICTED
GAYLORD EVANGELICAL FREE CHURCH 1649 E M 32 GAYLORD, MI 49735	38-2126356	501(C)3	10,000.	0.			IN-GATHERING DONATION FOR SPECIAL PROJECTS AT GAYLORD EV FREE CHURCH
GENESIS CHURCH 1124 NORTHMEN DRIVE PETOSKEY, MI 49770	27-0108468	501(C)3	10,000.	0.			NEHEMIAH HOUSE PROJECT SUPPORT TO HELP FUND HOTELS FOR OVERFLOW GUESTS.
GOLF ASSOCIATION OF MICHIGAN FOUNDATION - 39255 COUNTRY CLUB DR SUITE B-40 - FARMINGTON HILLS, MI 48331	47-2118531	501(C)3	30,000.	0.			\$5,000 FERRIS STATE UNIV SCHOLARSHIPS; \$15,000 GREATEST NEED, GENERAL FUND 6,000SE TO BE
GOOD HART ARTIST RESIDENCY 910 N LAMKIN RD HARBOR SPRINGS, MI 49740	82-2733769	501(C)3	65,000.	0.			2025 STRATEGIC PLAN, SPRING 2025 GRANT CYCLE - TUNNEL OF TREES ART TRAIL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770-8531	46-4121514	501(C)3	65,000.	0.			JERSEY BOYS SPONSOR, GENERAL SUPPORT, DOROTHY GERBER STRINGS PROGRAM FREE SCHOOL BASED CLASSES
GREAT LAKES CHAMBER ORCHESTRA 219 E LAKE STREET PETOSKEY, MI 49770	30-0084912	501(C)3	31,000.	0.			FALL 2025 GRANT CYCLE - A NEW ALL-INCLUSIVE HOLIDAY TRADITION: FAMILY HOLIDAY POPS, SPRING 2025 GRANT
GREAT START COLLABORATIVE/CHAR-EM ISD - CHAR-EM ISD -- ATTN: LISA KROSNIKI 08568 MERCER BLVD - CHARLEVOIX, MI 49720	38-2027389	501(C)3	17,150.	0.			PER SAVANAH COOL'S REQUEST, SPRING 2025 GRANT CYCLE - GREAT START PRESCHOOL SCHOLARSHIP
HARBOR SPRINGS AREA HISTORICAL SOCIETY - 349 E MAIN STREET PO BOX 812 - HARBOR SPRINGS, MI 49740	38-2934124	501(C)3	6,000.	0.			SPRINGS 2025 GRANT CYCLE - THE SHAY LOCOMOTIVE INTERPRETIVE PANELS
HARBOR SPRINGS COMMUNITY FOOD PANTRY - PO BOX 23 - HARBOR SPRINGS, MI 49740-0023	20-5420180	501(C)3	20,000.	0.			ANNUAL FUND, FOOD REPLACEMENT, SUPPORT TO PURCHASE FOOD FOR NEIGHBORS IN NEED, FALL
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.			CHILDREN BOOKS
HARBOR SPRINGS POP WARNER 2728 E LAKE ST HARBOR SPRINGS, MI 49740	23-1582287	501(C)3	9,500.	0.			FALL 2025 GRANT CYCLE - HARBOR SPRINGS POP WARNER
HARBOR SPRINGS RAM BOOSTERS PO BOX 331 HARBOR SPRINGS, MI 49740	37-1844078	501(C)3	8,000.	0.			FOR THE HS VARSITY BASEBALL TEAM. THE FUNDS ARE TO BE USED FOR THE PURPOSE OF A PORTABLE
HEALTH DEPARTMENT OF NORTHWEST MICHIGAN - 220 W GARFIELD AVE - CHARLEVOIX, MI 49720	30-0168590	501(C)1	12,830.	0.			FALL 2025 GRANT CYCLE - BOTVIN LIFESKILLS TRAINING AT PETOSKEY MIDDLE SCHOOL & MIDDLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF MICHIGAN INC. 199 LONG RAPIDS RD ALPENA, MI 49707	38-2255529	501(C)3	7,000.	0.			FALL 2025 GRANT CYCLE - JO ELYN NYMAN ANCHORS PROGRAMS FOR CHILDREN
HOUSE N2 HOME PO BOX130993 ANN ARBOR, MI 48113	84-5085645	501(C)3	30,000.	0.			GRANT TO SUPPORT 2026 OPERATING BUDGET
IMMIGRATION LAW & JUSTICE MICHIGAN 207 FULTON ST E GRAND RAPIDS, MI 49503-3278	82-2680614	501(C)3	20,000.	0.			GENERAL SUPPORT
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 S STATE STREET - ANN ARBOR, MI 48104	41-2147486	501(C)3	30,000.	0.			TO SUPPORT PHASE I OF JFS MICROLENDING INITIATIVES
JUNIOR ACHIEVEMENT OF NORTHERN MICHIGAN - 4090 LAKE DR SE - GRAND RAPIDS, MI 49546	38-1557861	501(C)3	9,250.	0.			FALL 2025 GRANT CYCLE - EMPOWERING EMMET COUNTY YOUTH FOR FUTURE SUCCESS
KNIGHTS OF COLUMBUS - COUNCIL 923 1106 CHARLEVOIX AVE. PETOSKEY, MI 49770	23-7542924	501(C)3	32,000.	0.			DECK AND PATIO PROJECT AT GRAND UNITY CENTER
LITTLEFIELD TOWNSHIP PO BOX 188 ALANSON, MI 49706	38-2063847	501(C)1	15,000.	0.			FALL 2025 GRANT CYCLE - PURCHASE OF FIRE HOSES FOR THE LITTLEFIELD-ALANSON FIRE
LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS - ADMINISTRATION - ACCOUNTING DEPARTMENT 7500 ODAWA CIRCLE - HARBOR SPRINGS , MI	38-3236295	501(C)3	80,075.	0.			LTBB QUAGGA MUSSEL DENSITY DATA PROJECT, FALL 2025 GRANT CYCLE - NM (LAKE STURGEON) IN THE
LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 WEST CONWAY ROAD HARBOR SPRINGS, MI 49740	38-1384441	501(C)3	11,050.	0.			STORM EMERGENCY RESPONSE, 2025 ANNUAL ALLOCATION

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LITTLE TRAVERSE CHORAL SOCIETY 7901 EAGLE NEST CIR CHARLEVOIX, MI 49720	38-2867108	501(C)3	10,000.	0.			SPRING 2025 GRANT CYCLE - MUSICAL REFLECTIONS: CHANGING SEASONS, FALL 2025 GRANT CYCLE -
LITTLE TRAVERSE CIVIC THEATRE 461 EAST MITCHELL STREET PETOSKEY, MI 49770	38-2397882	501(C)3	30,125.	0.			GENERAL SUPPORT
LITTLE TRAVERSE CONSERVANCY 3264 POWELL RD HARBOR SPRINGS, MI 49740	23-7267810	501(C)3	169,705.	0.			RESTORATION AND RECOVERY OF CONSERVANCY TRAILS DUE TO ICE STORM, RETIREMETN OF THE LAND AND WATER
LITTLE TRAVERSE SAILORS PO BOX 583 HARBOR SPRINGS, MI 49740	38-1982686	501(C)3	5,113.	0.			FALL 2025 GRANT CYCLE - NORTH OF THE 45TH PARALLEL
MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740	38-2764533	501(C)3	299,114.	0.			GENERAL SUPPORT, FOOD 4 KIDS BACKPACK PROGRAM, WINTER STORM RELIEF
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)3	146,275.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, C-ARM FOR ORTHOPEDICS, 2025 HARVESTING HEALTH
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 ATTN: ERIC HALONEN 1400 TOWNSEND DR HOUGHTON, MI 49931	38-1554664	501(C)3	20,000.	0.			DONATION TO SUPPORT THE DAVID AND JOY MCBRIDE ENDOWED FACULTY FELLOW IN THE COLLEGE 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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCMC FOUNDATION 1515 HOWARD ST PETOSKEY, MI 49770	38-2910328	501(C)3	188,500.	0.			SUPPORT OF THE CAREER AND TECHNICAL EDUCATION ENHANCEMENT (CATEE) PROJECT, CHILDCARE
NEHEMIAH PROJECT 36 BRIDGE ST PETOSKEY, MI 49770-2907	38-3026718	501(C)3	25,000.	0.			GENERAL SUPPORT
NEW DAY FOUNDATION FOR FAMILIES 245 BARCLAY CIRCLE SUITE 300 ROCHESTER HILLS, MI 48307	26-0609040	501(C)3	7,371.	0.			SPRING 2025 GRANT CYCLE - CANCER SUPPORT SERVICES FOR EMMET COUNTY RESIDENTS
NORTHERN HOMES COMMUNITY DEVELOPMENT CORPORATION - 1048 E MAIN ST PO BOX 86 - BOYNE CITY, MI 49712	38-3395829	501(C)3	40,000.	0.			NEW HOME-829 N TRAVERSE STREET WITH HARBOR AREA RESIDENTIAL TRUST(HART) A PROGRAM OF NORTHERN
NORTHERN INITIATIVES 101 W WASHINGTON STE 9 MARQUETTE, MI 49855	47-3130767	501(C)3	10,000.	0.			FALL 2025 GRANT CYCLE - SUPPORT THE START AND GROWTH OF SMALL BUSINESSES IN EMMET
NORTHERN MICHIGAN EQUINE THERAPY 5025 CHURCH STREET BOYNE CITY, MI 49712	30-0838013	501(C)3	20,000.	0.			GENERAL SUPPORT
NORTHMEN DEN YOUTH PANTRIES INC. PO BOX 2085 PETOSKEY, MI 49770	86-2073121	501(C)3	55,050.	0.			ADDITIONAL EMERGENCY FOOD FOR 2ND DAYS UNTIL THE END OF SCHOOL YEAR (5 WEEKS) FOR 8 YOUTH
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 2240 MITCHEL PARK DR SUITE A - PETOSKEY, MI 49770	38-2027389	501(C)3	20,000.	0.			NMCAA ICE STORM HOME REPAIR FUND
NORTHWEST MICHIGAN HABITAT FOR HUMANITY - 1840 M 119 UNIT 1 - PETOSKEY, MI 49770	38-2971056	501(C)3	238,525.	0.			SUPPORT FOR LAND PURCHASE, AFFORDABLE HOMEOWNERSHIP IN MEADOWLANDS, SUPPORT FOR

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ODEN COMMUNITY ASSOCIATION PO BOX 217 ODEN, MI 49764	38-6095981	501(C)3	33,026.	0.			TEMPLE BALLFIELD PROJECT
PELLSTON PUBLIC SCHOOLS 172 N PARK ST PELLSTON, MI 49769-9400	38-6001178	501(C)1	15,000.	0.			PELLSTON PUBLIC SCHOOL SCHOOL SIGNAGE, SUPPORT TO TEACHERS FOR CLASSROOM AND EDUCATIONAL SUPPLIES.
PETOSKEY AREA GARDEN CLUB, INC. PO BOX 746 PETOSKEY, MI 49770	38-2168885	501(C)3	15,000.	0.			ALLOCATION REQUEST FROM PETOSKEY AREA GARDEN CLUB
PETOSKEY MONTESSORI CHILDREN'S HOUSE - 1560 E MITCHELL RD - PETOSKEY, MI 49770	35-1269818	501(C)3	24,000.	0.			SPRING 2025 GRANT CYCLE - YOUNG CHILDREN'S COMMUNITY PLAYGROUND, FALL 2025 GRANT CYCLE -
PGA REACH MICHIGAN P.O. BOX 4399 EAST LANSING, MI 48826	38-2432039	501(C)3	15,000.	0.			HARBOR CUP FUND DONATION - BOYNE GOLF
PLANNED PARENTHOOD OF MICHIGAN 1003 SPRING ST PETOSKEY, MI 49770	38-1707521	501(C)3	30,807.	0.			2025 ANNUAL ALLOCATION
POPPS PACKING 12138 ST AUBIN ST HAMTRAMCK, MI 48212	47-1339566	501(C)3	25,000.	0.			FOR ONE YEAR, \$1,000/MONTH FOR RESIDENT ARTIST FOR ARTIST-RELATED EXPENSES. THE REMAINDER
POWER BOOK BAGS PO BOX 533 SUTTONS BAY, MI 49682	81-2406342	501(C)3	7,650.	0.			FALL 2025 GRANT CYCLE - LITTLE LEARNERS AT THE HARBOR SPRINGS/PETOSKEY HEALTH DEPARTMENT
PUBLIC SCHOOLS OF PETOSKEY 1130 HOWARD STREET PETOSKEY, MI 49770	38-6001179	501(C)1	66,620.	0.			PMS SKI CLUB \$3,000.00 PRINCIPAL APPRECIATE BUDGET SUPPORT \$1,000.00 EACH SCHOOL (OTTAWA,

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAVEN HILL DISCOVERY CENTER 04503 FULLER ROAD EAST JORDAN, MI 49727	38-3032707	501(C)3	9,090.	0.			FALL 2025 GRANT CYCLE - BUILDING ON A STRONG FOUNDATION
REGENTS OF THE UNIVERSITY OF MICHIGAN - MICHIGAN MEDICINE OFFICE OF DEVELOPMENT, UNIVERSITY OF MICHIGAN 777 E. EISE - ANN	38-6006309	501(C)3	10,000.	0.			INTENDED FOR THE BENIGN URETERAL PATHOLOGY RESEARCH FUND - 393097
RESORT-BEAR CREEK FIRE DEPARTMENT 373 N. DIVISION RD PETOSKEY, MI 49770	38-1555360	501(C)3	10,000.	0.			FILL STATION & CASCADE SYSTEM
RONALD MCDONALD HOUSE OF WESTERN MICHIGAN - 1323 CEDAR STREET NE - GRAND RAPIDS, MI 49503	38-2781170	501(C)3	6,100.	0.			SPRING 2025 GRANT CYCLE - FAMILY SUPPORT PROGRAM
ROTARY CHARITIES OF TRAVERSE CITY 800 COTTAGEVIEW DRIVE SUITE 1090 TRAVERSE CITY, MI 49684	38-2170564	501(C)3	5,832.	0.			LEADERSHIP LEARNING LAB 2025-2026
ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET - PO BOX 2101 - PETOSKEY, MI 49770	46-1455569	501(C)3	140,000.	0.			FOR CHARITABLE PURPOSES ONLY, CHRISTMANS PROGRAMS FOR VETERANS, LOVE OF LAUNDRY, SANTA,
RUDOLPH STEINER SCHOOL OF ANN ARBOR - 2230 PONTIAC TRAIL - ANN ARBOR, MI 48105	38-2242069	501(C)3	76,000.	0.			SEMIS PROGRAM AT RSSAA TO FUND 3 SPECIFIC USES IN 2025, SENIOR LEGACY GIFT INITIATIVE CLASS OF 2025
SAINT VINCENT DE PAUL - ST. KATERI TEKAKWITHA CONFERENCE - 150 W. MAIN ST. - HARBOR SPRINGS, MI 49740	46-3290767	501(C)3	10,000.	0.			ICE STORM 2025, ST. KATERI TEKAKWITHA CONFERENCE 2026
SALVATION ARMY, THE 2350 MITCHELL PARK DR. PETOSKEY, MI 49770	36-2167910	501(C)3	10,000.	0.			EMERGENCY FINANCIAL ASSISTANCE PROGRAM, 2025 ICE STORM EDS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL RESPONSIBILITY FOUNDATION 5132 7 MILE POINT RIDGE DR HARBOR SPRINGS, MI 49740	26-3126067	501(C)3	19,500.	0.			GRANT PROPOSAL FOR ADULT ONLINE EDUCATION PROGRAM FOR MANNA FOOD PROJECT, FALL 2025 GRANT CYCLE -
THE CHILDREN'S FOUNDATION 3011 WEST GRAND BOULEVARD SUITE 218 DETROIT, MI 48202	38-1357994	501(C)3	8,000.	0.			\$8,000 GENERAL SUPPORT
TIP OF THE MITT WATERSHED COUNCIL 426 BAY ST PETOSKEY, MI 49770	38-2361745	501(C)3	81,341.	0.			2025 ANNUAL ALLOCATION, RESTORING HABITAT IN THE BEAR RIVER WATERSHED THROUGH CROSSING
TOP OF MICHIGAN TRAILS COUNCIL 1687 M 119 PETOSKEY, MI 49770-8388	38-3263521	501(C)3	12,200.	0.			SPRING 2025 GRANT CYCLE - TOP OF MICHIGAN TRAILS COUNCIL FUND DEVELOPMENT PLANING
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET SUITE 8000 ANN ARBOR, MI 48109	38-6006309	501(C)3	8,500.	0.			324377 - MBA GENERAL SUPPORT - FROM THE SEBASTIANIS
VENTURE NORTH FUNDING & DEVELOPMENT - 414 E EIGHTH ST UNIT 201 - TRAVERSE CITY, MI 49686	38-2857500	501(C)3	72,000.	0.			SMALL BUSINESS RELIEF FOR EMMET COUNTY DUE TO ICE STORM, CAPACITY FOR VENTURE NORTH
VILLAGE OF ALANSON PO BOX 425 ALANSON, MI 49706	38-1916237	501(C)3	10,000.	0.			COMMUNITY DEBRIS REMOVAL, ICE STORM SEWER BILL
VILLAGE OF PELLSTON 175 N MILTON ST PO BOX 468 PELLSTON, MI 49769	38-6024624	501(C)3	15,000.	0.			SPRING 2025 GRANT CYCLE - PELLSTON TRAIL HEAD RESTROOM/PAVILLION PROJECT
WALLOON LAKE ASSOCIATION AND CONSERVANCY - 4060 M-75 STE 102 - WALLOON LAKE, MI 49796	38-3608004	501(C)3	26,843.	0.			FIELDS PRESERVE TRAIL RESTORATION PROJECT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR STUDENT ATTENDING CENTRAL MICHIGAN UNIVERSITY	4	7,750.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING HOPE COLLEGE	1	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN STATE UNIVERSITY	6	10,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN TECHNOLOGICAL UNIVERSITY	4	5,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING NORTH CENTRAL MICHIGAN COLLEGE	8	12,000.	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:

THE COMMUNITY FOUNDATION HAS A PRE-GRANT PHONE CALL WITH EACH APPLICANT TO DETERMINE THE PURPOSE AND SCOPE OF THE PROJECT. THROUGHOUT THE GRANT PERIOD, STAFF WILL COMMUNICATE WITH GRANT RECIPIENTS AS NEEDED, 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 OR CONDUCT AN IN-PERSON VISIT DETAILING THE OUTCOMES COMPARED TO THE INTENDED OBJECTIVES OF THE GRANT. EACH GRANTEE IS ALSO REQUIRED TO SUBMIT A FINAL PROJECT BUDGET FORM DETAILING THE EXPENDITURE OF GRANT DOLLARS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BAY BLUFFS - EMMET COUNTY MEDICAL CARE FACILITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO OFFSET EXPENSES INCURRED BY THE PURCHASE OF FURNISHINGS AND FIXTURES FOR THE HILAND SUITES AND APPLEBLOSSOM COMMUNITY DINING ROOM AND COMMON AREA, FURNISHINGS AND FIXTURES FOR THREE NEW SUITES, 2025 ANNUAL ALLOCATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR STUDENT ATTENDING NORTHERN MICHIGAN UNIVERSITY	8.	10,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING NORTHWESTERN MICHIGAN COLLEGE	2.	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF MICHIGAN	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING ALMA COLLEGE	2.	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING GRAND RAPIDS COMMUNITY COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING GRAND VALLEY STATE UNIVERSITY	9.	17,500.	0.		
SCHOLARSHIP FOR CEDARVILLE UNIVERSITY	2.	4,500.	0.		
SCHOLARSHIP FOR GENEVA COLLEGE	2.	2,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF ALABAMA	2.	4,000.	0.		

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SCHOLARSHIP FOR UNIVERSITY OF NOTRE DAME	1.	1,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PENNSYLVANIA	1.	1,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF VERMONT	1.	1,000.	0.		

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Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BAY VIEW ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BAY VIEW ASSOCIATION STORM DAMAGE RECOVERY, 150TH JUBILEE FUND, GENERAL SUPPORT, 2025 ALLOCATION REQUEST, SPRING 2025 GRANT CYCLE - EXPANDING ACCESS TO BAY VIEWS AMERICAN SPIRITUALS INTENSIVE AND RAGTIME PRODUCTION

NAME OF ORGANIZATION OR GOVERNMENT: CAMP DAGGETT

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - CAMP DAGGETT DAY CAMP: OUTDOOR PAVILION, 2025 ANNUAL ALLOCATION, GENERAL SUPPORT, CAMP DAGGETT FROG POND RESTORATION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - CTAC'S SCHOOL OF BALLET PRESENTS DANCE LEGENDS: LITTLE TRAVERSE BAY CELEBRATES GRAHAM100, SUPPORT THE MISSION OF CTAC FOR FUNDING THE FOLLOWING PROGRAMS: 1. ADULTS WITH DISABILITIES (WEDNESDAY) 2. DROP-IN ART CLASS (SATURDAY) PROVIDED BY DAN & LINDA CASASANTA FAMILY FUND, SPRING 2025 GRANT CYCLE - THE ART OF WELLBEING - CREATIVITY, CONNECTION & COMMUNITY, \$4,000 SCHOOL OF BALLET; \$2,000 CHILDREN'S PROGRAMS, NEW YEARS EVE

NAME OF ORGANIZATION OR GOVERNMENT: FRESHWATER FUTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - DEVELOPMENT OF A PETOSKEY WATER AFFORDABILITY PLAN: HELPING LOW-INCOME RESIDENTS AND WATER UTILITY, TECHINCAL ASSISTANCE TO BOOST GREAT LAKES COMMUNICATION, WATER IS LIFE FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT:

GOLF ASSOCIATION OF MICHIGAN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FERRIS STATE UNIV SCHOLARSHIPS; \$15,000 GREATEST NEED, GENERAL FUND 6,000SE TO BE DIRECTED TO THE FERRIS STATE UNIVERSITY PROFESSIONAL GOLF MANAGEMENT PROGRAM. MICHIGAN COMMUNITY FOUNDATION 4,000

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

(H) PURPOSE OF GRANT OR ASSISTANCE: JERSEY BOYS SPONSOR, GENERAL SUPPORT, DOROTHY GERBER STRINGS PROGRAM FREE SCHOOL BASED CLASSES IN EMMET COUNTY SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: GREAT LAKES CHAMBER ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - A NEW ALL-INCLUSIVE HOLIDAY TRADITION: FAMILY HOLIDAY POPS, SPRING 2025 GRANT CYCLE - THE WORK THAT CAUSED A RIOT: RITE OF SPRING COMES TO NORTHERN MICHIGAN!, JUNE CONCERT: DEOS BALLET RITE OF SPRING EVENT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PER SAVANAH COOL'S REQUEST, SPRING 2025 GRANT CYCLE - GREAT START PRESCHOOL SCHOLARSHIP PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR SPRINGS COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL FUND, FOOD REPLACEMENT, SUPPORT TO PURCHASE FOOD FOR NEIGHBORS IN NEED, FALL 2025 GRANT CYCLE - PANTRY FREEZER/REFRIGERATOR REPLACEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR SPRINGS RAM BOOSTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HS VARSITY BASEBALL TEAM.

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Part IV Supplemental Information

THE FUNDS ARE TO BE USED FOR THE PURPOSE OF A PORTABLE BATTING CAGE AND ANY REMAINING FUNDS IS FOR ADDITIONAL BASEBALL EQUIPMENT NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - BOTVIN LIFESKILLS TRAINING AT PETOSKEY MIDDLE SCHOOL & MIDDLE SCHOOL PREVENTION ASSEMBLIES, PILOT FOR ADDING & TRAINING EMERGENCY PREPAREDNESS STRIKE TEAM

NAME OF ORGANIZATION OR GOVERNMENT: LITTLEFIELD TOWNSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - PURCHASE OF FIRE HOSES FOR THE LITTLEFIELD-ALANSON FIRE DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT:

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS - ADMINISTRATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LTBB QUAGGA MUSSEL DENSITY DATA PROJECT, FALL 2025 GRANT CYCLE - NM (LAKE STURGEON) IN THE CLASSROOM PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE CHORAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2025 GRANT CYCLE - MUSICAL REFLECTIONS: CHANGING SEASONS, FALL 2025 GRANT CYCLE - BECOMING AMERICANS: CELEBRATING 250 YEARS OF PERSISTENCE

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORATION AND RECOVERY OF CONSERVANCY TRAILS DUE TO ICE STORM, RETIREMETN OF THE LAND AND WATER EDUCATION FUND, RESTRICTED FOR FARMLAND CONSERVATION INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: MCLAREN NORTHERN MICHIGAN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN, C-ARM FOR ORTHOPEDICS, 2025 HARVESTING HEALTH PROGRAM, CARDIAC CATHLAB, LUCAS DEVICE, FRIENDS OF THE HOSPITAL ANNUAL SUPPORT, 2025 EMERGENCY RADIO SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: NCMC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE CAREER AND TECHNICAL EDUCATION ENHANCEMENT (CATEE) PROJECT, CHILDCARE INITIATIVE, JEWEL PROGRAM ANNUAL GIFT, FAST TRACK SCHOLARSHIPS, RESTORING THE STORMWATER WETLANDS AT NORTH CENTRAL.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN HOMES COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW HOME-829 N TRAVERSE STREET WITH HARBOR AREA RESIDENTIAL TRUST(HART) A PROGRAM OF NORTHERN HOMES.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN INITIATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - SUPPORT THE START AND GROWTH OF SMALL BUSINESSES IN EMMET COUNTY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDITIONAL EMERGENCY FOOD FOR 2ND DAYS UNTIL THE END OF SCHOOL YEAR (5 WEEKS) FOR 8 YOUTH PANTRIES, GENERAL SUPPORT, MARQUEE SPONSOR FOR ADULT PROM.

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Schedule I (Form 990)

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Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST MICHIGAN HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LAND PURCHASE, AFFORDABLE HOMEOWNERSHIP IN MEADOWLANDS, SUPPORT FOR PREDEVELOPMENT EXPENSES OF THE BAY SHORE PROJECT, GENERAL SUPPORT, CREATING LIFELONG HOUSING STABILITY FOR NINE MORE HOUSEHOLDS, STORM RECOVERY FOR HABITAT FOR HUMANITY.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2025 GRANT CYCLE - 2026 ARTS & CULTURE SUMMIT STRENGTHENING THE EMMET COUNTY CREATIVE SECTOR

NAME OF ORGANIZATION OR GOVERNMENT: PETOSKEY MONTESSORI CHILDREN'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2025 GRANT CYCLE - YOUNG CHILDREN'S COMMUNITY PLAYGROUND, FALL 2025 GRANT CYCLE - PETOSKEY MONTESSORI OUTDOOR EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: POPPS PACKING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ONE YEAR, \$1,000/MONTH FOR RESIDENT ARTIST FOR ARTIST-RELATED EXPENSES. THE REMAINDER FOR OPERATIONAL SUPPORT PER THE PROPOSED. CAMP CARPENTER SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC SCHOOLS OF PETOSKEY

(H) PURPOSE OF GRANT OR ASSISTANCE: PMS SKI CLUB \$3,000.00 PRINCIPAL APPRECIATE BUDGET SUPPORT \$1,000.00 EACH SCHOOL (OTTAWA, LINCOLN, CENTRAL, SHERIDAN, PMS AND PHS), NORTHMEN ANGLERS, ALL NIGHT SENIOR PARTY, PETOSKEY BANDS STEEL DRUM - PHILADELPHIA'S SEMIQUINCENTENNIAL CELEBRATION, PETOSKEY GIRLS SOCCER CHARTER BUSES.

NAME OF ORGANIZATION OR GOVERNMENT:

ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHARITABLE PURPOSES ONLY, CHRISTMANS PROGRAMS FOR VETERANS, LOVE OF LAUNDRY, SANTA, SCHOLARSHIP, GENERAL SUPPORT, SCHOLARSHIP AND AED PROJECT FOR STADIUM

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL RESPONSIBILITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT PROPOSAL FOR ADULT ONLINE EDUCATION PROGRAM FOR MANNA FOOD PROJECT, FALL 2025 GRANT CYCLE - MANNA ADULT ONLINE EDUCATION PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: 2025 ANNUAL ALLOCATION, RESTORING HABITAT IN THE BEAR RIVER WATERSHED THROUGH CROSSING REPLACEMENTS ON CHANDLER HILL ROAD, FALL 2025 GRANT CYCLE - ADVANCING EDUCATION AND ORGANIZATIONAL CAPACITY THROUGH STRATEGIC ALIGNMENT, RETIREMENT OF THE LAND AND WATER EDUCATION FUND

NAME OF ORGANIZATION OR GOVERNMENT: VENTURE NORTH FUNDING & DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SMALL BUSINESS RELIEF FOR EMMET COUNTY DUE TO ICE STORM, CAPACITY FOR VENTURE NORTH LENDING/CONSULTING TO UNDERSERVED BUSINESSES IN EMMET/SOURROUNDING COS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERING BRIGHT FUTURES, GENERAL SUPPORT, EMERGENCY FUND, FALL 2025 GRANT CYCLE - CHILDREN'S ADVOCACY

Schedule I (Form 990)

532291
04-01-25

Part IV	Supplemental Information
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CENTER SERVICES FOR CHILD SURVIVORS IN EMMET COUNTY, STORM CLEANUP AND RECOVERY AT EMMET COUNTY WRCNM FACILITIES

NAME OF ORGANIZATION OR GOVERNMENT: ZIIBIMIJWANG INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2025 GRANT CYCLE - EGG-STRA
LOVE FOR ZIIBIMIJWANG, PLANT START REPLACEMENT FOR GARDEN KITS (KIITIGAN)
AND COMMUNITY FARMERS DUE TO OUTAGES

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public
Inspection

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	28	2,758,898.	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 Acknowledgment

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?

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?

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

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	
33		

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

Schedule M (Form 990) 2025 Created 12/29/25

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, PART I, 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)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 56 GRANTS TO LOCAL STUDENTS
WHO ARE PURSUING EDUCATION BEYOND HIGH SCHOOL. A TOTAL OF 1,293 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. 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
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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATIONEmployer identification number
38-3032185

FOR INSPECTION IN THE OFFICE DURING NORMAL BUSINESS HOURS.

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

AGENCY ENDOWMENT GRANT AND EXP ACTI	59,480.
AGENCY ENDOWMENT GIFT & INCOME ACTI	-1,811,141.
CHANGE IN VALUE OF ANNUITIES	-24,061.
TOTAL TO FORM 990, PART XI, LINE 9	-1,775,722.

PART XII, LINE 2C

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