

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 616 PETOSKEY STREET 203 City or town, state or province, country, and ZIP or foreign postal code PETOSKEY, MI 49770 F Name and address of principal officer: JENNIFER DEEGAN SAME AS C ABOVE	D Employer identification number 38-3032185 E Telephone number 231-348-5820 G Gross receipts \$ 14,315,962. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PHSACF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: MI

Part I Summary

	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	73
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	4,198,128.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,010,273.	4,068,334.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,155.	42,433.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,225,556.	7,516,964.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,892,280.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	426,748.	452,327.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 125,092.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	191,463.	233,316.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,510,491.	4,261,148.
	19	Revenue less expenses. Subtract line 18 from line 12	1,715,065.	3,255,816.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	56,212,807.	56,667,644.
	21	Total liabilities (Part X, line 26)	10,517,180.	10,703,609.
	22	Net assets or fund balances. Subtract line 21 from line 20	45,695,627.	45,964,035.

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 MELISSA NGUYEN, TREASURER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name HYANGSOOK P. OSTRANDER, C	Preparer's signature <i>Sookie Ostrander</i>	Date 08/29/22	Check if self-employed <input type="checkbox"/>	PTIN P01294224
	Firm's name ▶ RASMUSSEN, TELLER & CARON PC	Firm's EIN ▶ 38-2268582			
	Firm's address ▶ 555 MICHIGAN STREET PETOSKEY, MI 49770	Phone no. (231) 347-5555			

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

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COMMUNITY FOUNDATION

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO IMPROVE THE QUALITY OF LIFE FOR ALL PEOPLE IN EMMET COUNTY BY
CONNECTING DONORS WITH COMMUNITY NEEDS, BUILDING A PERMANENT SOURCE OF
CHARITABLE FUNDS, ADDRESSING A BROAD RANGE OF COMMUNITY ISSUES THROUGH
GRANTMAKING, AND CHAMPIONING PHILANTHROPY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 3,672,221. including grants of \$ 3,575,505.) (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 754 GRANTS TO SUPPORT ORGANIZATIONS THEY
VALUE. THE UNRESTRICTED FUND'S DISTRIBUTION COMMITTEE AND THE YOUTH
FUND'S YOUTH ADVISORY COMMITTEE RECOMMENDED 50 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 88 GRANTS TO**

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

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

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

4e Total program service expenses **3,672,221.**

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SEE SCHEDULE O FOR CONTINUATION(S)

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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.</i> See instructions		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	

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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 non-cash 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 8	
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	

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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		6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		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? If "No," provide an explanation on Schedule O	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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?		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**
616 PETOSKEY STREET #203, 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS B. SMITH TRUSTEE	1.00	X						0.	0.	0.
(2) JANET M. MANCINELLI TRUSTEE	1.00	X						0.	0.	0.
(3) ROBERT E. KEEDY TRUSTEE	1.00	X						0.	0.	0.
(4) WILLIAM GOELZ TRUSTEE	1.00	X						0.	0.	0.
(5) MARY E. RAPIN TRUSTEE	1.00	X						0.	0.	0.
(6) SARAH L. SHUMAN TRUSTEE	1.00	X						0.	0.	0.
(7) PAIGE E. SIMARD TRUSTEE	1.00	X						0.	0.	0.
(8) WEBB F. MARTIN TRUSTEE	1.00	X						0.	0.	0.
(9) KATHRYN S. ERBER TRUSTEE	1.00	X						0.	0.	0.
(10) STEVEN L. BOECKMAN TRUSTEE	1.00	X						0.	0.	0.
(11) JENNIFER H. ATTIE TRUSTEE	1.00	X						0.	0.	0.
(12) EMERSON J. MEYER TRUSTEE	1.00	X						0.	0.	0.
(13) JENNIFER E. DEEGAN PRESIDENT	3.00	X		X				0.	0.	0.
(14) JAMES W. FORD VICE PRESIDENT	3.00	X		X				0.	0.	0.
(15) MELISSA A. NGUYEN TREASURER	4.00	X		X				0.	0.	0.
(16) DANA F. ANDREWS SECRETARY	3.00	X		X				0.	0.	0.
(17) DAVID JONES EXECUTIVE DIRECTOR	40.00			X				103,431.	0.	8,231.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	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	3,406,197.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 772,304.				
	h Total. Add lines 1a-1f			3,406,197.			
Program Service Revenue	2 a	Business Code					
	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)		1,281,231.	7,310.		1273921.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,586,101.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	6,798,998.				
	c Gain or (loss)	7c	2,787,103.				
	d Net gain or (loss)			2,787,103.		2787103.	
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	11 a ADMINISTRATIVE FEE INCOME	Business Code	523920	44,342.		44,342.	
	b REMEASUREMENT OF CHARITABLE GIFT		523920	-1,909.		-1,909.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			42,433.			
12 Total revenue. See instructions			7,516,964.	7,310.	0.	4103457.	

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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	3,516,755.	3,516,755.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	58,750.	58,750.		
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	112,432.		84,324.	28,108.
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	256,857.	62,830.	131,197.	62,830.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,023.	5,341.	9,341.	5,341.
9 Other employee benefits	34,946.	6,595.	21,756.	6,595.
10 Payroll taxes	28,069.	4,807.	16,590.	6,672.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,505.		4,505.	
c Accounting	11,663.		11,663.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,560.		48,560.	
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				
13 Office expenses	19,220.	3,263.	10,018.	5,939.
14 Information technology	54,861.		54,861.	
15 Royalties				
16 Occupancy	43,047.	13,460.	29,587.	
17 Travel	653.		653.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,896.	420.	11,620.	1,856.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,610.		2,610.	
23 Insurance	4,335.		4,335.	
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 DUES	15,751.		15,751.	
b PRINTING AND PUBLICATIO	5,390.			5,390.
c PUBLIC RELATIONS	3,849.		1,488.	2,361.
d BANK SERVICE FEES	3,727.		3,727.	
e All other expenses	1,249.		1,249.	
25 Total functional expenses. Add lines 1 through 24e	4,261,148.	3,672,221.	463,835.	125,092.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	116.	1	36,503.
	2 Savings and temporary cash investments	4,632,496.	2	5,544,685.
	3 Pledges and grants receivable, net		3	
	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	19,125.	9	19,125.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 63,662.		
	b Less: accumulated depreciation	10b 47,178.		
	11 Investments - publicly traded securities	19,094.	10c	16,484.
	12 Investments - other securities. See Part IV, line 11	51,137,486.	11	50,940,548.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	404,490.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	56,212,807.	15	110,299.	
		16	56,667,644.	
Liabilities	17 Accounts payable and accrued expenses	13,871.	17	46,913.
	18 Grants payable	126,873.	18	122,936.
	19 Deferred revenue		19	
	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	10,376,436.	25	10,533,760.
	26 Total liabilities. Add lines 17 through 25	10,517,180.	26	10,703,609.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,840,071.	27	26,889,672.
	28 Net assets with donor restrictions	18,855,556.	28	19,074,363.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	45,695,627.	32	45,964,035.
	33 Total liabilities and net assets/fund balances	56,212,807.	33	56,667,644.

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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	7,516,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,261,148.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,255,816.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,695,627.
5	Net unrealized gains (losses) on investments	5	-2,219,232.
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	-768,176.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,964,035.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3624116.	3544362.	3235057.	4198128.	3406197.	18007860.
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	3624116.	3544362.	3235057.	4198128.	3406197.	18007860.
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)						5389885.
6 Public support. Subtract line 5 from line 4.						12617975.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3624116.	3544362.	3235057.	4198128.	3406197.	18007860.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	825,188.	859,770.	775,128.	783,822.	1273921.	4517829.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						22525689.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	56.02	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	55.88	%
16a 33 1/3% support test - 2021. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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>		

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (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 the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number 38-3032185
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization 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
1		\$ 617,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 593,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 119,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 116,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
7	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 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
2	400S OF ACCENTURE PLC, 1,410S OF APPLE	\$ 393,308.	12/20/21
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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 C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number 38-3032185
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		100.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			100.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXECUTIVE DIRECTOR ATTENDED COUNCIL ON FOUNDATIONS ANNUAL FOUNDATIONS ON THE HILL CONFERENCE VIRTUALLY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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	83	23
2 Aggregate value of contributions to (during year)	2,041,200.	232,643.
3 Aggregate value of grants from (during year)	2,328,747.	64,824.
4 Aggregate value at end of year	18,023,240.	2,390,936.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2021

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 on 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	34,963,287.	23,547,110.	29,073,399.	28,696,440.	26,266,060.
b Contributions	577,656.	871,755.	822,854.	1,050,233.	433,482.
c Net investment earnings, gains, and losses	3,008,393.	12,708,923.	-3,010,801.	829,194.	3,640,506.
d Grants or scholarships	1,536,456.	1,630,644.	2,813,287.	1,002,198.	1,159,442.
e Other expenditures for facilities and programs					
f Administrative expenses	566,745.	533,857.	525,055.	500,270.	484,166.
g End of year balance	36,446,135.	34,963,287.	23,547,110.	29,073,399.	28,696,440.

- 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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- 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		26,510.	24,051.	2,459.
e Other		37,152.	23,127.	14,025.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,484.

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	10,422,617.
(3) DISC OBLIG - CHARITABLE GIFT	
(4) ANNUIT	111,143.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,533,760.

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
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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	4,280,537.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,219,232.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-48,560.	
e	Add lines 2a through 2d	2e		-2,267,792.
3	Subtract line 2e from line 1	3		6,548,329.
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	968,635.	
c	Add lines 4a and 4b	4c		968,635.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,516,964.

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	4,012,132.
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	-200,456.	
e	Add lines 2a through 2d	2e		-200,456.
3	Subtract line 2e from line 1	3		4,212,588.
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	48,560.	
c	Add lines 4a and 4b	4c		48,560.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,261,148.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -48,560.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GIFT AND INCOME ACTIVITY 968,635.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANT AND EXPENSES ACTIVITY -200,456.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 48,560.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**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
ALETHA'S LEGACY P O BOX 1824 DESTIN, FL 32540	84-2829402	501(C)3	26,200.	0.			SCHOOL PROJECT/SPONSORSHIP OF TWO CHILDREN
AMERICAN MUSEUM OF NATURAL HISTORY 200 CENTRAL PARK WEST NEW YORK, NY 10024	13-6162659	501(C)3	10,500.	0.			GENERAL SUPPORT
AVALON HEALING CENTER 2727 SECOND AVENUE, SUITE 300 DETROIT, MI 48201	20-0631006	501(C)3	10,000.	0.			TO EDUCATE PUBLIC, STUDENTS, STAFF, ABOUT PAST & CURRENTLY EMPLOYED SEXUAL PERPETRATORS ON U
BAY BLUFFS- EMMET COUNTY MEDICAL CARE FACILITY - 750 EAST MAIN STREET - HARBOR SPRINGS, MI 49740	38-3640112	501(C)3	23,178.	0.			FALL 2021 GRANT CYCLE - BAY BLUFFS TUB REPLACEMENT/GENERAL SUPPORT/AGENCY
BERGMANN CENTER, INC. PO BOX 236 CHARLEVOIX, MI 49720	38-1705860	501(C)3	7,000.	0.			FALL 2021 GRANT CYCLE - WHEEL CHAIR ACCESSIBLE LIFT VAN
BERKSHIRE TACONIC COMMUNITY FOUNDATION - 800 NORTH MAIN STREET - SHEFFIELD, MA 01257	06-1254469	501(C)3	6,000.	0.			GENERAL SUPPORT FOR SCULPTURE NOW

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

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Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	23-7147797	501(C)3	10,500.	0.			GENERAL SUPPORT
BETHANY CHRISTIAN SERVICES 1055 CARRIAGE HILL DR, STE 2 TRAVERSE CITY, MI 49686	38-1405282	501(C)3	8,100.	0.			FALL 2021 GRANT CYCLE - SAFE FAMILIES FOR CHILDREN/IN HONOR OF YOUTH ADVISORY COMMITTEE
BIG BROTHERS BIG SISTERS OF NORTHWESTERN MICHIGAN - 900 EAST FRONT STREET, SUITE 125 - TRAVERSE CITY, MI 49686	23-7043163	501(C)3	16,000.	0.			GENERAL SUPPORT/FALL 2021 GRANT CYCLE - FUND DEVELOPMENT CAPACITY BUILDING
BLISSFEST MUSIC ORGANIZATION PO BOX 546 PETOSKEY, MI 49770	38-2848866	501(C)3	17,300.	0.			GENERAL SUPPORT/BLISSFEST CAMPGROUND/FALL 2021 GRANT CYCLE-BLISS-STRO DOME RENOVATION
BLUE SCHOOL 241 WATER STREET NEW YORK CITY, NY 10038	27-0753913	501(C)3	7,000.	0.			ANNUAL FUND/SPRING FLING FUND
BOYNE CITY PUBLIC SCHOOLS 321 SOUTH PARK BOYNE CITY, MI 49712		OTHER	25,000.	0.			LINEMAN PROGRAM UPGRADES
BOYNE FALLS POLISH FESTIVAL COMMITTEE - PO BOX 187 - BOYNE FALLS, MI 49713	20-4866878	501(C)3	15,000.	0.			2021 SPONSOR
BOY SCOUTS, TROOP #5 PO BOX 457 PETOSKEY, MI 49770	38-1784822	501(C)3	16,000.	0.			GERBER SUMMER CAMP/MEMBERSHIP SCHOLARSHIPS, REPLACEMENT EQUIPMENT/GENERAL SUPPORT
BROTHER DAN'S FOOD PANTRY 415 STATE STREET PETOSKEY, MI 49770	38-1415405	501(C)3	6,500.	0.			GENERAL SUPPORT/THANKSGIVING BASKETS PROJECT/LENTEN FISH DINNERS 2021

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
CAMP DAGGETT 03001 CHURCH ROAD PETOSKEY, MI 49770	38-1617980	501(C)3	21,899.	0.			FALL 2021 GRANT CYCLE - UPGRADES TO CAMP DAGGETT ADVENTURE CENTER (CDAC) CHALLENGE COURSE
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48206	38-3429921	501(C)3	10,500.	0.			GENERAL SUPPORT
CENTRAL MICHIGAN UNIVERSITY PUBLIC BROADCASTING - 1999 EAST CAMPUS DR - MT. PLEASANT, MI 48859	38-6004447	501(C)3	9,000.	0.			GENERAL SUPPORT
CHALLENGE MOUNTAIN PO BOX 764 BOYNE CITY, MI 49712	38-2563815	501(C)3	24,625.	0.			FALL 2021 GRANT CYCLE - CHALLENGE MOUNTAIN ART PROGRAM MATERIALS/GENERAL SUPPORT/MANAGING STORM
CHARLEVOIX AREA COMMUNITY POOL 11905 US 31 N CHARLEVOIX, MI 49720	38-3219489	501(C)3	5,100.	0.			REPAVING PARKING LOT AT CHARLEVOIX AREA COMMUNITY POOL/CAPITAL CAMPAIGN
CHARLEVOIX AREA HUMANE SOCIETY 614 BEARDSLEY STREET BOYNE CITY, MI 49712	38-2107163	501(C)3	40,543.	0.			CAPITAL IMPROVEMENTS/GENERAL SUPPORT
CHARLEVOIX COUNTY COMMUNITY FOUNDATION - PO BOX 718 - EAST JORDAN, MI 49727	38-3033739	501(C)3	12,500.	0.			TO THE HESTIA FUND-WOMEN'S GIVING CIRCLE
CHILD AND FAMILY SERVICES OF NW MI 3785 VETERANS DRIVE TRAVERSE CITY, MI 49684	38-2534222	501(C)3	17,359.	0.			RECRUITMENT AND RETENTION OF EMMET COUNTY FOSTER HOMES/GENERAL SUPPORT FOR SERVICES IN EMMET
CHRIST CHILD SOCIETY OF NORTHERN MICHIGAN - PO BOX 132 - HARBOR SPRINGS, MI 49740	38-3006148	501(C)3	10,100.	0.			SPRING 2021 GRANT CYCLE - LAYETTES/GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HARBOR SPRINGS PO BOX 678 HARBOR SPRINGS, MI 49740	38-6004559	OTHER	8,230.	0.			HALLOWEEN 2021 FESTIVITIES AT THE SKATE PARK/METERIALS FOR 2021 FALL FEST AT MARINA
CITY OF PETOSKEY 101 EAST LAKE STREET PETOSKEY, MI 49770	38-6004583	OTHER	12,100.	0.			WATER FOUNTAIN AND BIKE RACK UPGRADES FOR CITY PARKS/SUPPORT FOR PETOSKEY WINTER SPORTS
COMMUNITY RECOVERY ALLIANCE 407 MICHIGAN ST UNIT A PETOSKEY, MI 49770	83-2500307	501(C)3	16,375.	0.			SPRING 2021 GRANT CYCLE - CAPACITY BUILDING/FALL 2021 GRANT CYLCLE-PROJECT HOW-(HEALING OUR
CONSERVATION RESOURCE ALLIANCE 10850 TRAVERSE HWY, STE 1180 TRAVERSE CITY, MI 49684	38-2181915	501(C)3	10,000.	0.			SPRING 2021 GRANT CYCLE - RESTORING THE EAST BRANCH OF THE MAPLE RIVER - DESIGN PHASE
COUSTEAU SOCIETY INC. P.O. BOX 506 ETNA, NH 03750	23-7337664	501(C)3	10,500.	0.			GENERAL SUPPORT
CROOKED LAKE SAILORS, INC. PO BOX 195 ODEN, MI 49764	80-0623079	501(C)3	11,000.	0.			GENERAL SUPPORT IN 2021 AND 2022
CROOKED TREE ARTS COUNCIL, INC. 461 E MITCHELL ST PETOSKEY, MI 49770	23-7187264	501(C)3	84,407.	0.			2021 ANNUAL ALLOCATION/GENERAL SUPPORT/YOUTH WRITING AWARDS/SCHOOL OF BALLE, T
CROSS OF CHRIST LUTHERAN CHURCH 1450 EAST MITCHELL ROAD PETOSKEY, MI 49770	38-2136316	501(C)3	8,000.	0.			FALL 2021 GRANT CYCLE - PAPER PANTRY
CYSTIC FIBROSIS FOUNDATION - MICHIGAN CHAPTER - 2265 LIVERNOIS ROAD #410 - TROY, MI 48083	13-1930701	501(C)3	35,000.	0.			EVENING WITH THE STARS/GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT ZOO 8450 W. 10 MILE ROAD ROYAL OAK, MI 48067	38-6027356	501(C)3	20,000.	0.			GENERAL SUPPORT
EDUCATIONAL FOUNDATION FOR MANCELONA SCHOOLS - PO BOX 586 - MANCELONA, MI 49659	38-3742366	501(C)3	7,200.	0.			2021 ANNUAL ALLOCATION FROM OTHO J. MATHIAS SCHOLARSHIP FUND
EMMANUEL EPISCOPAL CHURCH 1020 EAST MITCHELL STREET PETOSKEY, MI 49770	38-2307700	501(C)3	138,108.	0.			FALL 2021 GRANT CYCLE - NORTHMEN DEN YOUTH SERVICES AFTER-SCHOOL FREE TUTORING
EMMET COUNTY RECYCLING 200 DIVISION ST STE G-76 PETOSKEY, MI 49770		501(C)3	7,700.	0.			FALL 2021 GRANT CYCLE - PLEASANTVIEW DROP-OFF CENTER PAVEMENT STRIPING, DIRECTIONAL
FAST HELP FOUNDATION 820 SPRUCE STREET PETOSKEY, MI 49770	83-2949957	501(C)3	5,800.	0.			FALL 2021 GRANT CYCLE - COMMUNITY ASSISTANCE ON PERSONAL LEVEL
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)3	10,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF HARBOR SPRINGS - PO BOX 866 - HARBOR SPRINGS, MI 49740	38-6120603	501(C)3	80,000.	0.			ALLOCATION REQUESTS FROM BEQUEST FUND
FIRST PRESBYTERIAN CHURCH OF PETOSKEY - 501 EAST MITCHELL STREET - PETOSKEY, MI 49770	38-6098294	501(C)3	35,575.	0.			GENERAL FUND/CAPITAL CAMPAIGN/BUILDING RENOVATIONS
FIRST TEE - NORTHERN MICHIGAN PO BOX 613 HARBOR SPRINGS, MI 49740	74-3149490	501(C)3	36,400.	0.			DONOR DATABASE REPLACEMENT/GENERAL SUPPORT/PGA JUNIOR LEAGUE SUPOORT, EQUIPMENT,

Schedule I (Form 990)

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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
FRIENDSHIP CENTER OF HARBOR SPRINGS - 305 WEST MAIN STREET - HARBOR SPRINGS, MI 49740	38-2205586	501(C)3	6,200.	0.			SENIOR NUTRITION PROGRAM
FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON PETOSKEY, MI 49770	23-7000317	501(C)3	24,014.	0.			GENERAL SUPPORT/ANNUAL ALLOCATION FROM AGENCY FUNDS/MEALS ON WHEELS PROGRAM/2022 SENIOR
FRIENDS OF THE CHILDREN'S CREATIVE CENTER TRUST FUND - 1600 PAULINE BOULEVARD - ANN ARBOR, MI 48105	45-6383792	501(C)3	7,000.	0.			GENERAL SUPPORT/HOLIDAY ASSISTANCE FUND
GOLF ASSOCIATION OF MICHIGAN FOUNDATION - 39255 COUNTRY CLUB DR, STE B-40 - FARMINGTON HILLS, MI 48331	47-2118531	501(C)3	39,500.	0.			YOUTH ON COURSE CELEBRATION DAY AND YOC INTERN GOLF OUTING/TO SUPPORT INCREASING THE
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)3	49,500.	0.			CAPITAL CAMPAIGN/GENERAL SUPPORT/AN EVENING WITH ANA MARIA MARTINEZ
GREAT LAKES CHAMBER ORCHESTRA 219 E LAKE STREET PETOSKEY, MI 49770	30-0084912	501(C)3	22,479.	0.			MICROPHONE, SPEAKER AND 2 STANDS TO USE DURING SUMMER SERIES PERFORMANCES/GENERAL
GREAT START COLLABORATIVE/CHAR-EM ISD - 08568 MERCER BLVD - CHARLEVOIX, MI 49720	38-2027389	501(C)3	9,000.	0.			GREAT START PRESCHOOL SCHOLARSHIP FUND/GENERAL SUPPORT
GROUNDWORK CENTER FOR RESILIENT COMMUNITIES - 148 E FRONT ST STE 301 - TRAVERSE CITY, MI 49684	38-2314954	501(C)3	14,412.	0.			BUILDING RESILIENT COMMUNITIES THROUGH INFRASTRUCTURE AND EDUCATION IN EMMET
HARBOR HALL FOUNDATION PO BOX 376 HARBOR SPRINGS, MI 49740	38-3105589	501(C)3	38,250.	0.			GENERAL SUPPORT/WOMEN'S ADDICTION SERVICES/HARBOR HALL EXPANSION AND RENOVATION

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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
HARBOR LIGHT CHRISTIAN SCHOOL 8333 CLAYTON ROAD HARBOR SPRINGS, MI 49740	38-2194558	OTHER	11,239.	0.			POTTERY SUPPLIES FOR STUDENTS, PER MS. MROZINSKI'S GRANT APPLICATION/FALL 2021
HARBOR SPRINGS AREA HISTORICAL SOCIETY - PO BOX 812 - HARBOR SPRINGS, MI 49740	38-2934124	501(C)3	15,955.	0.			FALL 2021 GRANT CYCLE - HSAHS TECHNOLOGY UPGRADES/ AHA EXHIBIT IN SHAY PARK/GENERAL
HARBOR SPRINGS FESTIVAL OF THE BOOK - PO BOX 766 - HARBOR SPRINGS, MI 49740	47-1729627	501(C)3	16,500.	0.			GENERAL SUPPORT/BOOKS FOR SCHOOLS PROJECT/2021 FESTIVAL SUPPORT
HARBOR SPRINGS LIBRARY 206 S SPRING ST HARBOR SPRINGS, MI 49740	38-1722820	501(C)3	18,250.	0.			GENERAL SUPPORT/CAPITAL CAMPAIGN
HARBOR SPRINGS PUBLIC SCHOOLS 800 STATE ST HARBOR SPRINGS, MI 49740	38-6003042	OTHER	15,376.	0.			OUTDOOR ADVENTURE CLUB STIPENDS AND EQUIPMENT REPLACEMENT/GIRLS SOCCER UNIFORMS/FALL 2021 GRANT
HEALTH DEPARTMENT OF NORTHWEST MICHIGAN - 3434 M-119 HWY, SUITE A - HARBOR SPRINGS, MI 49740	30-0168590	501(C)3	23,000.	0.			FALL 2021 GRANT CYCLE - ENGAGING PETOSKEY STUDENTS WITH FARM TO SCHOOL/2022 ESSENTIAL
HOUSING NORTH PO BOX 1434 TRAVERSE CITY, MI 49685	83-3499967	501(C)3	25,000.	0.			EMMET HOUSING READY DIRECTOR
JUSTICE FOR OUR NEIGHBORS - MICHIGAN - 207 FULTON ST E - GRAND RAPIDS, MI 49503	82-2680614	501(C)3	10,000.	0.			GENERAL SUPPORT
KNIGHTS OF COLUMBUS - COUNCIL 923 1106 CHARLEVOIX AVE. PETOSKEY, MI 49770	23-7542924	501(C)3	8,500.	0.			BATHROOM RECONSTRUCTION PROJECT 2022/SUPPORT FOR SAUSAGE DINNER

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LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 WEST CONWAY ROAD HARBOR SPRINGS, MI 49740	38-1384441	501(C)3	35,484.	0.			2021 ANNUAL ALLOCATIONS/GENERAL SUPPORT/COVID-19 RESPONSE AND RECOVERY, PPE FOR
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)3	188,998.	0.			FALL 2021 GRANT CYCLE - BARRIER FREE TRAILS AND A MORE ACCESSIBLE OFFFIELD FAMILY VIEWLANDS
MACKINAC STRAITS RAPTOR WATCH PO BOX 465 PETOSKEY, MI 49770	83-1936124	501(C)3	5,750.	0.			GENERAL SUPPORT/COVID-19 RECOVERY INFORMATION TECHNOLOGY INSTRUCTION/ RED-TAILED HAWK
MACKINAW AREA PUBLIC LIBRARY PO BOX 67 MACKINAW CITY, MI 49701		501(C)3	8,900.	0.			SPRING 2021 GRANT CYCLE - PELLSTON LIBRARY REFRESH/GROWING READERS TOGETHER PROGRAM AT
MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740	38-2764533	501(C)3	135,750.	0.			SPRING 2021 GRANT CYCLE - MANNA REFRIGERATED BOX TRUCK/GENERAL SUPPORT/TRUCK REPAIR
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)3	141,238.	0.			GENERAL SUPPORT/FINAL CONTRIBUTION TO CAPITAL CAMPAIGN/PHYSICIAN RECRUITMENT, RETENTION,
MELROSE TOWNSHIP P.O. BOX 189 WALLOON LAKE, MI 49796		OTHER	14,750.	0.			STORM WATER MANAGEMENT/ THIRD STREET AREA
MICHIGAN DEPARTMENT OF NATURAL RESOURCES, FISHERIES DIVISION - PO BOX 30451 - LANSING, MI 48909		OTHER	16,000.	0.			TO SUPPORT MICHIGAN ARCTIC GRAYLING INITIATIVE, STREAM INCUBATOR RESEARCH AND
MICHIGAN LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 3029 MILLER ROAD - ANN ARBOR, MI 48103	37-1430158	501(C)3	21,500.	0.			GENERAL SUPPORT/FOR MICHIGAN LCV EDUCATION FUND

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MICHIGAN STATE UNIVERSITY-ELI BROAD COLLEGE OF BUSINESS - 632 BOGUE ST., N505 - EAST LANSING, MI 48824	38-6005984	501(C)3	6,000.	0.			JULIE FASONE HOLDER AND JOHN HOLDER SCHOLARSHIP
MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE MIDLAND, MI 48640	38-2023395	501(C)3	20,000.	0.			TOM HOLDER GOLF SCHOLARSHIP FUND #692
NCMC FOUNDATION 1515 HOWARD ST PETOSKEY, MI 49770	38-2910328	501(C)3	430,035.	0.			2021 ANNUAL ALLOCATION FROM MATHIAS MEMORIAL SCHOLARSHIP FUND/GENERAL SUPPORT/TO BE USED AT THE
NORTHERN MICHIGAN EQUINE THERAPY 05025 CHURCH ROAD BOYNE CITY, MI 49712	30-0838013	501(C)3	9,350.	0.			FALL 2021 GRANT CYCLE - NORTHERN MICHIGAN EQUINE THERAPY - HORSESENSE PROGRAM DEVELOPMENT
NORTHWEST MICHIGAN HABITAT FOR HUMANITY - 1840 M 119 UNIT 1 - PETOSKEY, MI 49770	38-2971056	501(C)3	174,000.	0.			FALL 2021 GRANT CYCLE - A NEW HOME ON LANTERN LANE/SITE WORK AND HOME CONSTRUCTION FOR 3 HOMES
ORPHAN HELPERS 727 J. CLYDE MORRIS BLVD., STE D NEWPORT NEWS, VA 23601	54-1995429	501(C)3	10,000.	0.			GENERAL SUPPORT
PELLSTON AREA FOOD PANTRY 155 S US 31 HWY, PO BOX 467 PELLSTON, MI 49769	47-3741320	501(C)3	15,200.	0.			SPRING 2021 GRANT CYCLE - PELLSTON AREA FOOD PANTRY COMMUNITY KITCHEN PROJECT/IN HONOR OF GAME
PELLSTON PUBLIC SCHOOLS 172 N PARK ST PELLSTON, MI 49769	38-6001178	OTHER	31,740.	0.			FOR THE PELLSTON EDUCATION FOUNDATION: \$2,000 FOR SCHOLARSHIPS AND \$1,000 FOR OPERATING
PETOSKEY AREA GARDEN CLUB, INC. PO BOX 746 PETOSKEY, MI 49770	38-2168885	501(C)3	10,000.	0.			ALLOCATION REQUEST FROM PETOSKEY AREA GARDEN CLUB ENDOWMENT FUND

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PETOSKEY PUBLIC SCHOOLS 1130 HOWARD STREET PETOSKEY, MI 49770	38-6001179	OTHER	139,683.	0.			OTTAWA SCHOOL FINAL FENCING PROJECT/CONCESSION FOOD START UP, \$5,000;
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)3	33,518.	0.			SPRING 2021 GRANT CYCLE - SEXUAL HEALTH OUTREACH AND PREVENTION EDUCATION PROJECT /SPRING 2021
RAVEN HILL DISCOVERY CENTER 4737 FULLER ROAD EAST JORDAN, MI 49727	38-3032707	501(C)3	10,000.	0.			FALL 2021 GRANT CYCLE - LABOR DAYS: HISTORY, HERITAGE AND STEAM OF WORK/SPRING 2021 GRANT
READING UNITED METHODIST CHURCH 312 MICHIGAN STREET READING, MI 49274		501(C)3	25,000.	0.			GENERAL SUPPORT
ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET - PO BOX 2101 - PETOSKEY, MI 49770	46-1455569	501(C)3	58,500.	0.			FOR CHARITABLE PURPOSES ONLY/SCHOLARSHIPS/FOR CHARITABLE PURPOSES/SCHOLARSHIP AND
SALVATION ARMY, THE 712 PLEASANT STREET PETOSKEY, MI 49770	36-2167910	501(C)3	30,300.	0.			TO PURCHASE CHRISTMAS GIFTS FOR THE CHILDREN YOU SERVE/ANNUAL DONATION/GENERAL
S.O.S. VERMILION PO BOX 68634 GRAND RAPIDS, MI 49516	81-4996824	501(C)3	55,000.	0.			GENERAL SUPPORT/UNRESTRICTED FUNDS
ST. FRANCIS XAVIER CHURCH 513 HOWARD ST. PETOSKEY, MI 49770		501(C)3	12,624.	0.			MONTHLY DONATION/CATHOLIC SERVICES APPEAL (CSA) 2021/2021 ANNUALL ALLOCATION FROM GERMOND
ST. MICHAEL ACADEMY 2225 SUMMIT PARK DR PETOSKEY, MI 49770	83-1363787	OTHER	7,579.	0.			SPRING 2021 GRANT CYCLE - TECHNOLOGY UPGRADE

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THE CHILDREN'S FOUNDATION 3011 WEST GRAND BOULEVARD, STE 218 DETROIT, MI 48202	38-1357994	501(C)3	15,000.	0.			\$5,000 CAMP HOPE; \$10,000 GENERAL SUPPORT
THE SMALLSLIVE FOUNDATION, INC 183 WEST 10TH STREET, BASEMENT NEW YORK, NY 10014	38-4083862	501(C)3	10,000.	0.			GENERAL SUPPORT
TIP OF THE MITT WATERSHED COUNCIL 426 BAY STREET PETOSKEY, MI 49770	38-2361745	501(C)3	102,206.	0.			SEPTIC LAW ADVOCACY AND EDUCATION ABOUT DOG WASTE ON BEACHES/FOR USE TO IMPROVE SEPTIC LAWS/RULES
TOP OF MICHIGAN TRAILS COUNCIL 1687 M 119 PETOSKEY, MI 49770	38-3263521	501(C)3	34,300.	0.			FOUNDERS' TERRACE PROJECT, IN HONOR OF RIC AND LISA LOYD/GENERAL SUPPORT/GENERAL
UNIVERSITY OF MICHIGAN ATHLETICS DEVELOPMENT OFFICE - 1000 S. STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	10,000.	0.			GENERAL SUPPORT
VENTURE NORTH FUNDING & DEVELOPMENT - 202 EAST GRANDVIEW PARKWAY - TRAVERSE CITY, MI 49684	38-2857500	501(C)3	15,000.	0.			REGIONAL RESILIENCE PROGRAM FOR EMMET COUNTY
VILLAGE OF PELLSTON 6528 EAST STATE STREET, PO BOX 468 PELLSTON, MI 49769	38-6024624	OTHER	22,000.	0.			MILTON ST. LAND PURCHASE/CREATE OUTDOOR SPACE AT PELLSTON LIBRARY/MURAL PROJECT
VOICES WITHOUT BORDERS, INC. 320 CROWN POINTE DR. PETOSKEY, MI 49770	32-0265544	501(C)3	8,000.	0.			FALL 2021 GRANT CYCLE - SPRING PROGRAM/GENERAL SUPPORT
WALLOON LAKE ASSOCIATION AND CONSERVANCY - PO BOX 579 - WALLOON LAKE, MI 49796	38-3608004	501(C)3	45,300.	0.			FALL 2021 GRANT CYCLE - JONES LANDING PERMANENT BOAT WASH STATION INSTALLATION, PHASE

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

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WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN - 423 PORTER STREET - PETOSKEY, MI 49770	38-2302164	501(C)3	60,033.	0.			2021 ANNUAL ALLOCATION FROM WRCNM ENDOWMENT FUND/2021 ANNUAL ALLOCATION FROM BPW
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)3	10,000.	0.			GENERAL SUPPORT
YMCA OF NORTHERN MICHIGAN 523 W. JEFFERSON STREET PETOSKEY, MI 49770	38-1709640	501(C)3	21,750.	0.			SPRING 2021 GRANT CYCLE - STEM ACCESS/FALL 2021 GRANT CYCLE - AUXILIARY PROGRAM
YWCA OF GREATER FLINT 801 S. SAGINAW STREET FLINT, MI 48501	38-1360597	501(C)3	10,000.	0.			SUPPORT FOR THE PAST PRESIDENTS GIVING CIRCLE, IN MEMORY OF ELIZABETH NEITHERCUT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR STUDENT ATTENDING ALBION COLLEGE	2	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING CENTRAL MICHIGAN UNIVERSITY	4	4,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING FERRIS STATE UNIVERSITY	3	6,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING LAKE SUPERIOR STATE UNIVERSITY	1	3,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN STATE UNIVERSITY	7	10,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN TECHNOLOGICAL UNIVERSITY	6.	8,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING NORTH CENTRAL MICHIGAN COLLEGE	4.	5,250.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING SAGINAW VALLEY STATE UNIVERSITY	2.	4,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF MICHIGAN	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING ALMA COLLEGE	1.	2,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING AQUINAS COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING CALVIN UNIVERSITY	1.	500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING COLUMBIA UNIVERSITY	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING DOUGLAS J AVEDA INSTITUTE	1.	2,000.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR STUDENT ATTENDING ILLINOIS WESLEYAN UNIVERSITY	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING MARYMOUNT CALIFORNIA UNIVERSITY	1.	1,000.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING OHIO UNIVERSITY	1.	2,500.	0.		
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF NORTHWESTERN OHIO	2.	2,000.	0.		

Part IV Supplemental Information

WERE USED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AVALON HEALING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE PUBLIC, STUDENTS, STAFF,
ABOUT PAST & CURRENTLY EMPLOYED SEXUAL PERPETRATORS ON U OF M ANN ARBOR
CAMPUS. TO COVER PR AND EDUCATION VIA FLYERS, SHIRTS, SIGNAGE, BUTTONS,
T-SHIRTS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

BAY BLUFFS- EMMET COUNTY MEDICAL CARE FACILITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - BAY BLUFFS
TUB REPLACEMENT/GENERAL SUPPORT/AGENCY ALLOCATION/BOETTGER FUND ANNUAL
ALLOCATION

NAME OF ORGANIZATION OR GOVERNMENT: BETHANY CHRISTIAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - SAFE
FAMILIES FOR CHILDREN/IN HONOR OF YOUTH ADVISORY COMMITTEE MEMBER KYLA
WANG; FOR SAFE FAMILIES IN NORTHERN MICHIGAN

NAME OF ORGANIZATION OR GOVERNMENT: CAMP DAGGETT

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - UPGRADES TO
CAMP DAGGETT ADVENTURE CENTER (CDAC) CHALLENGE COURSE ELEMENTS/GENERAL
SUPPORT/TO BUY COVID RELATED SUPPLIES FOR CAMPER SAFETY/ANNUAL ALLOCATIONS
FROM AGENCY FUNDS/REPLACE OLD AND UNSAFE RAFT/GLAD THE KIDS ARE BACK AT
CAMP!

NAME OF ORGANIZATION OR GOVERNMENT: CHALLENGE MOUNTAIN

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - CHALLENGE
MOUNTAIN ART PROGRAM MATERIALS/GENERAL SUPPORT/MANAGING STORM WATER
RUN-OFF AT THE CM RESALE STORE/SUMMER FUNDRAISING CAMPAIGN

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

(H) PURPOSE OF GRANT OR ASSISTANCE: RECRUITMENT AND RETENTION OF EMMET
COUNTY FOSTER HOMES/GENERAL SUPPORT FOR SERVICES IN EMMET COUNTY/PAPER
ANGELS PROJECT/EMMET COUNTY FAMILY VACATION PROJECT/ANNUAL ALLOCATION
FROM AGENCY FUND

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HARBOR SPRINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: HALLOWEEN 2021 FESTIVITIES AT THE
SKATE PARK/MATERIALS FOR 2021 FALL FEST AT MARINA PARK/JANUARY 2022
WINTER FESTIVAL AT KIWANIS PARK/PICKLEBALL NETS, CENTER STRAPS AND POSTS
AT THE SKATE PARK

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF PETOSKEY

(H) PURPOSE OF GRANT OR ASSISTANCE: WATER FOUNTAIN AND BIKE RACK
UPGRADES FOR CITY PARKS/SUPPORT FOR PETOSKEY WINTER SPORTS PARK
RENOVATIONS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RECOVERY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2021 GRANT CYCLE - CAPACITY
BUILDING/FALL 2021 GRANT CYCLE-PROJECT HOW-(HEALING OUR
WORKFORCE)/INTERNATIONAL OVERDOSE AWARENESS BUTTERFLY RELEASE
EVENT/GENERAL SUPPORT

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 ANNUAL ALLOCATION/GENERAL
SUPPORT/YOUTH WRITING AWARDS/SCHOOL OF BALLET, CHILDREN'S PROGRAMS/SPRING
2021 GRANT CYCLE-CTAC "KINDRED" EXHIBIT PROJECT/CHILDREN'S VISUAL ARTS
PROGRAMMING/FALL 2021 GRANT CYCLE-AUDIO/VISUAL TECHNOLOGY FOR
GALLERIES/NEW YEARS EVE CELEBRATION

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - NORTHMEN DEN
YOUTH SERVICES AFTER-SCHOOL FREE TUTORING CLASSES/NORTHMEN DEN YOUTH
SERVICES/ANNUAL ALLOCATION FROM AGENCY FUND/GENERAL SUPPORT/ALLOCATION
FROM BEQUEST FUND/TO LAUNCH A FREE AFTER-SCHOOL PROFESSIONAL MENTORING
AND TUTORING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: EMMET COUNTY RECYCLING

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - PLEASANTVIEW
DROP-OFF CENTER PAVEMENT STRIPING, DIRECTIONAL SIGNAGE/GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FIRST TEE - NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DATABASE REPLACEMENT/GENERAL
SUPPORT/PGA JUNIOR LEAGUE SUPOORT, EQUIPMENT, COACHES, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDSHIP CENTERS OF EMMET COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/ANNUAL ALLOCATION
FROM AGENCY FUNDS/MEALS ON WHEELS PROGRAM/2022 SENIOR ESSENTIAL NEEDS
FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

GOLF ASSOCIATION OF MICHIGAN FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH ON COURSE CELEBRATION DAY AND
YOC INTERN GOLF OUTING/TO SUPPORT INCREASING THE PERCENTAGE OF GIRL
PARTICIPANTS DURING THE CALENDAR YEAR 2022/SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: GREAT LAKES CHAMBER ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: MICROPHONE, SPEAKER AND 2 STANDS TO
USE DURING SUMMER SERIES PERFORMANCES/GENERAL SUPPORT/FALL 2021 GRANT
CYCLE-BEETHOVEN 9TH SYMPHONY CONCERT/ANNUAL ALLOCATION FROM AGENCY
FUND/SPRING 2021 GRANT CYCLE-AMERICANA CONCERT

NAME OF ORGANIZATION OR GOVERNMENT:

GROUNDWORK CENTER FOR RESILIENT COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING RESILIENT COMMUNITIES
THROUGH INFRASTRUCTURE AND EDUCATION IN EMMET COUNTY/GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR LIGHT CHRISTIAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: POTTERY SUPPLIES FOR STUDENTS, PER
MS. MROZINSKI'S GRANT APPLICATION/FALL 2021 GRANT CYCLE-COMMUNITY WALKING
TRACK INSIDE THE SOLID ROCK CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

HARBOR SPRINGS AREA HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - HSAHS
TECHNOLOGY UPGRADES/ AHA EXHIBIT IN SHAY PARK/GENERAL SUPPORT/FALL 2021
GRANT CYCLE-HSAHS TECHNOLOGY UPGRADES/ANNUAL ALLOCATION FROM AGENCY FUND

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR SPRINGS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTDOOR ADVENTURE CLUB STIPENDS AND

Part IV Supplemental Information

EQUIPMENT REPLACEMENT/GIRLS SOCCER UNIFORMS/FALL 2021 GRANT CYCLE-SILENT
DISCO SET FOR POSITIVE BEHAVIOR PROGRAM/BUILDING BALANCE, BUILDING
FITNESS FOR LIFE/SCHOLARSHIP FOR CHILDCARE/SUPPORT BOYS AND GIRLS HIGH
SCHOOL GOLF PROGRAMS/JEWELRY MAKING SUPPLIES FOR SHAY ELEMENTARY STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - ENGAGING

PETOSKEY STUDENTS WITH FARM TO SCHOOL/2022 ESSENTIAL NEEDS

FUNDING/GENERAL SUPPORT FOR CHILDREN'S SPECIAL HEALTH CARE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE BAY HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 ANNUAL ALLOCATIONS/GENERAL

SUPPORT/COVID-19 RESPONSE AND RECOVERY, PPE FOR VETERINARY CLINIC/SPRING

2021 GRANT CYCLE+-INTAKE FACILITY/HOWL AT THE MOON

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE TRAVERSE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - BARRIER FREE

TRAILS AND A MORE ACCESSIBLE OFFIELD FAMILY VIEWLANDS RESERVE/DAVID H

IRISH NATURE PRESERVE/GENERAL SUPPORT/SPRING 2021 GRANT CYCLE-NEW

SNOWSHOES TO ENHANCE THE LTC ENVIRONMENTAL EDUCATION DEPARTMENT SNOWSHOE

PROGRAM/AED PROJECT/ANNUAL ALLOCATION FROM AGENCY FUND

NAME OF ORGANIZATION OR GOVERNMENT: MACKINAC STRAITS RAPTOR WATCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/COVID-19 RECOVERY

INFORMATION TECHNOLOGY INSTRUCTION/ RED-TAILED HAWK TRANSMITTER PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: MACKINAW AREA PUBLIC LIBRARY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2021 GRANT CYCLE - PELLSTON
LIBRARY REFRESH/GROWING READERS TOGETHER PROGRAM AT PELLSTON LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: MANNA FOOD PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2021 GRANT CYCLE - MANNA
REFRIGERATED BOX TRUCK/GENERAL SUPPORT/TRUCK REPAIR DONATION/FALL 2021
GRANT CYCLE-NUTRITION FIRST: PROTEIN AND PRODUCE/TO OFFER FULL CHRISTMAS
DINNER FIXINGS TO THE FAMILIES YOU SERVE/2022 ESSENTIAL NEEDS FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: MCLAREN NORTHERN MICHIGAN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/FINAL CONTRIBUTION
TO CAPITAL CAMPAIGN/PHYSICIAN RECRUITMENT, RETENTION, AND RESIDENCY
PROGRAM; IRISH BOAT SHOP WILL PROVIDE A DOUBLE MATCH./\$500 FOR HOSPICE OF
LITTLE TRAVERSE BAY AND \$1,000 FOR GENERAL SUPPORT/PROVIDING THE BEST
START: UPDATING

NAME OF ORGANIZATION OR GOVERNMENT:

MICHIGAN DEPARTMENT OF NATURAL RESOURCES, FISHERIES DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MICHIGAN ARCTIC GRAYLING
INITIATIVE, STREAM INCUBATOR RESEARCH AND ASSOCIATED COSTS

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL WILDLIFE FEDERATION - GREAT LAKES REGIONAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT LEGAL ACTIONS TO DO
WITH LINE 5 INITIATIVE AND TO HONOR THE LEADERSHIP AND COMMITMENT OF
RIYAZ KANJI

NAME OF ORGANIZATION OR GOVERNMENT: NCMC FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 ANNUAL ALLOCATION FROM MATHIAS MEMORIAL SCHOLARSHIP FUND/GENERAL SUPPORT/TO BE USED AT THE DISCRETION OF NCMC PRESIDENT, DR. DAVID ROLAND FINLEY, PER CORRESPONDENCE WITH MR. FREY ABOUT BOARD DEVELOPMENT/TO SUPPORT NCMC'S CHILD CARE INITIATIVE, AS DESCRIBED IN NCMC'S JANUARY 2022 GRANT APPLICATION/2021 ANNUAL ALLOCATION FROM MATHIAS NCMC FOUNDATION FUND/GENERAL SUPPORT/BUILDING TOMORROW TOGETHER CAMPAIGN/FOR THE NCMC CAMPUS CUPBOARD, IN HONOR OF GAME DINNER ORGANIZERS DAVID AND DALE MEYER OR MEYER ACE HARDWARE/\$1000 TO "NAMED SCHOLARSHIPS"; \$1000 TO THE GENERAL FUND/TO BE USED AT THE DISCRETION OF NCMC PRESIDENT, DR. DAVID ROLAND FINLEY/GENERAL SUPPORT/THE BUILDING TOMORROW TOGETHER CAMPAIGN/BUILDING TOMORROW TOGETHER CAPITAL CAMPAIGN/UNRESTRICTED GIFT/2021 ANNUAL ALLOCATION FROM GERMOND FUND FOR SCHOLARSHIPS/2021 ANNUAL ALLOCATION FROM WINNELL SCHOLARSHIP FUND/STUDENT COMMONS LOBBY/BUILDING TOMORROW TOGETHER CAMPAIGN - 2ND OF 4 ANNUAL INSTALLMENTS/BUILDING TOMORROW TOGETHER/BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: NORTH CENTRAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESIDENTS CLUB: \$3,000 FOR FIRST GENERATION ANNUAL SCHOLARSHIP FUND; \$1,000 FOR NORTH CENTRAL COLLEGE FUND SCHOLARSHIPS; \$1,000 FOR NORTH CENTRAL COLLEGE FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN MICHIGAN EQUINE THERAPY

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - NORTHERN MICHIGAN EQUINE THERAPY - HORSESENSE PROGRAM DEVELOPMENT PROJECT/SPRING 2021 GRANT CYCLE - WEBSITE REDESIGN SUPPORT/UNRESTRICTED GIFT TO AREA OF GREATEST NEED/IN HONOR OF YOUTH ADVISORY COMMITTEE MEMBER ELLIE JONES

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

NORTHWEST MICHIGAN HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - A NEW HOME
ON LANTERN LANE/SITE WORK AND HOME CONSTRUCTION FOR 3 HOMES IN ODEN AND 1
HOME IN ALANSON. /AN AFFORDABLE HOME ON LUCE STREET 2021/FOUNDATIONS FOR
OUR FUTURE INFRASTRUCTURE COSTS/CONTRIBUTION TO THE FOUNDATIONS FOR OUR
FUTURE CAMPAIGN/GENERAL SUPPORT/AN AFFORDABLE HOME ON LUCE STREET 2021/AN
AFFORDABLE HOME ON LUCE STREET 2021/AN AFFORDABLE HOME ON LUCE STREET
2021/GENERAL SUPPORT/AN AFFORDABLE HOME ON LUCE STREET 2021/GENERAL
SUPPORT/GENERAL SUPPORT/FALL 2021 GRANT CYCLE - A NEW HOME ON LANTERN
LANE/CONTRIBUTION TO THE "FOUNDATION FOR OUR FUTURES" CAMPAIGN/FALL 2021
GRANT CYCLE - A NEW HOME ON LANTERN LANE/FALL 2021 GRANT CYCLE - A NEW
HOME ON LANTERN LANE/GENERAL SUPPORT/ALLOCATION REQUEST FROM NWM
HABITAT/FALL 2021 GRANT CYCLE - A NEW HOME ON LANTERN LANE/

NAME OF ORGANIZATION OR GOVERNMENT: PELLSTON AREA FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2021 GRANT CYCLE - PELLSTON
AREA FOOD PANTRY COMMUNITY KITCHEN PROJECT/IN HONOR OF GAME DINNER
ORGANIZERS TOM BEHAN AND TOM BEHAN II OF PUMCO INTERIORS

NAME OF ORGANIZATION OR GOVERNMENT: PELLSTON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PELLSTON EDUCATION
FOUNDATION: \$2,000 FOR SCHOLARSHIPS AND \$1,000 FOR OPERATING COSTS/TO
HIRE A CHEF TO INSTITUTE 'FROM SCRATCH' MEAL PREPARATION/PAINT BRUSHES
AND COLORED PENCILS, PER MS. FAUST'S GRANT APPLICATION/ALLOCATION REQUEST
FROM PETOSKEY AREA GARDEN CLUB ENDOWMENT FUND/

NAME OF ORGANIZATION OR GOVERNMENT: PETOSKEY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: OTTAWA SCHOOL FINAL FENCING

Part IV Supplemental Information

PROJECT/CONCESSION FOOD START UP, \$5,000; ATHLETIC SPONSORSHIP 2021-2022,
\$5,000/SUPPORT AND ASSIST IN IMPLEMENTATION OF SCIENCE AND SOCIAL STUDIES
PROGRAMMING AT CENTRAL ELEMENTARY./OTTAWA SCHOOL FENCING PROJECT GATE
ADDITION/PETOSKEY BASEBALL BATTING NET PROJECT /GYM AUDIO PROJECT/GENERAL
SUPPORT FOR THE CHEETOS CLUB AT PETOSKEY HIGH SCHOOL/LED LIGHT PROJECT
HIGH SCHOOL MAIN GYMNASIUM /2021 ALL NIGHT SENIOR PARTY GIFT
CHAIRS/MONOPRINTING SUPPLIES FOR LINCOLN AND OTTAWA ELEMENTARY SCHOOLS,
PER MS. KEENE'S GRANT APPLICATION/TO PURCHASE SKI EQUIPMENT FOR CROSS
COUNTRY SKI CLUB/2021 ANNUAL ALLOCATION FROM WIL MOYER MUSIC SCHOLARSHIP
FUND /562 DONATIONS ATHLETICS/SCOREBOARD - \$20,000; PMS BASKETBALL
BACKBOARD AND RIMS, PLUS INSTALL - \$8,100; PMS SKI CLUB BUSES -
\$1,200/GYM AUDIO PROJECT INSTALLATION/TO SUPPORT THE HIGH SCHOOL BOYS AND
GIRLS GOLF PROGRAMS/FINAL 50% OF DAKTRONICS AUDIO PROJECT/NORTHMEN
NIGHT/CENTRAL ELEMENTARY SCHOOL GARDEN PROJECT/COLORED PENCIL

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2021 GRANT CYCLE - SEXUAL
HEALTH OUTREACH AND PREVENTION EDUCATION PROJECT /SPRING 2021 GRANT CYCLE
- SEXUAL HEALTH OUTREACH AND PREVENTION EDUCATION PROJECT /PETOSKEY
PLANNED PARENTHOOD OFFICE FOR SEXUAL HEALTH OUTREACH AND PREVENTION
EDUCATION PROJECT /GENERAL SUPPORT/PETOSKEY OFFICE PROGRAMS/GENERAL
SUPPORT/GENERAL SUPPORT/SUPPORT FOR PETOSKEY CLINIC/PLEASE DIRECT MY
DONATION TO PLANNED PARENTHOOD OF WEST AND NORTHERN MICHIGAN/2021 ANNUAL
ALLOCATION/SPRING 2021 GRANT CYCLE - SEXUAL HEALTH OUTREACH AND
PREVENTION EDUCATION PROJECT /2021 ANNUAL ALLOCATION FROM ANN SMITH
CHARITABLE FUND/GENERAL SUPPORT FOR THE PETOSKEY BRANCH/SPRING 2021 GRANT
CYCLE - SEXUAL HEALTH OUTREACH AND PREVENTION EDUCATION PROJECT /

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RAVEN HILL DISCOVERY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - LABOR DAYS:

HISTORY, HERITAGE AND STEAM OF WORK/SPRING 2021 GRANT CYCLE - RAVEN HILL
CONNECTIONS TRAIL

NAME OF ORGANIZATION OR GOVERNMENT:

ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHARITABLE PURPOSES

ONLY/SCHOLARSHIPS/FOR CHARITABLE PURPOSES/SCHOLARSHIP AND

SPONSORSHIPS/DESTIN CRAWFISH SPONORSHIP/THE PARKER ROSE VOCATIONAL

SCHOLARSHIP FUND/

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY, THE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE CHRISTMAS GIFTS FOR THE

CHILDREN YOU SERVE/ANNUAL DONATION/GENERAL SUPPORT/FALL 2021 GRANT CYCLE

- SCHOLARSHIPS FOR AFTER SCHOOL PROGRAM/GENERAL SUPPORT/GENERAL

SUPPORT/FALL 2021 GRANT CYCLE - SCHOLARSHIPS FOR AFTER SCHOOL

PROGRAM/SUPPORT FOR PETOSKEY BRANCH/FALL 2021 GRANT CYCLE - SCHOLARSHIPS

FOR AFTER SCHOOL PROGRAM/MEALS TO THE PETOSKEY COMMUNITY /FALL 2021 GRANT

CYCLE - SCHOLARSHIPS FOR AFTER SCHOOL PROGRAM/GENERAL SUPPORT/FOR THE

SALVATION ARMY OF PETOSKEY - UNRESTRICTED GIFT FOR AREA OF GREATEST

NEED/FALL 2021 GRANT CYCLE - SCHOLARSHIPS FOR AFTER SCHOOL

PROGRAM//PATHWAY OF HOPE/FALL 2021 GRANT CYCLE - SCHOLARSHIPS FOR AFTER

SCHOOL PROGRAM/GENERAL SUPPORT FOR PETOSKEY OFFICE PROGRAMS/AREA OF

GREATEST NEED/FALL 2021 GRANT CYCLE - SCHOLARSHIPS FOR AFTER SCHOOL

PROGRAM/

NAME OF ORGANIZATION OR GOVERNMENT: ST. FRANCIS XAVIER CHURCH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MONTHLY DONATION/CATHOLIC SERVICES
APPEAL (CSA) 2021/2021 ANNUALL ALLOCATION FROM GERMOND FUND/WEEKLY
OFFERTORY/2021 ANNUAL ALLOCATION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: SEPTIC LAW ADVOCACY AND EDUCATION
ABOUT DOG WASTE ON BEACHES/FOR USE TO IMPROVE SEPTIC LAWS/RULES AND DOG
WASTE POLICIES ON LAKE MICHIGAN. GOAL OF CLEANER WATER ON LAKE MI
SHORELINE TOWNSHIPS, CONSIDER USING WEST TRAVERSE TOWNSHIP AS A MODEL
PROJECT. /USE WHERE MOST NEEDED/GENERAL SUPPORT/IN MEMORY OF LYNN D.
BUFFINGTON AND IN RECOGNITION AND GRATITUDE FOR THE LONG AND OUTSTANDING
LEADERSHIP OF GRENETTA THOMASSEY AND GAIL GRUENWALD/SPRING 2021 GRANT
CYCLE - VEHICLE PURCHASE FOR WATER QUALITY MONITORING WORK/FALL 2021
GRANT CYCLE - DIVERSITY, EQUITY, INCLUSION, AND JUSTICE
PROJECT/STORMWATER SOLUTIONS: LOCAL GOVERNMENT OPTIONS FOR THE LITTLE
TRAVERSE BAY WATERSHED/ANNUAL MEMBERSHIP CAMPAIGN - KEY SPONSOR/FOUNDERS'
TERRACE PROJECT, IN HONOR OF RIC AND LISA LOYD/KIOSK PANEL & MAP & PARK
BENCH FOR THE PACKY OFFIELD TRAIL CENTER/

NAME OF ORGANIZATION OR GOVERNMENT: TOP OF MICHIGAN TRAILS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOUNDERS' TERRACE PROJECT, IN HONOR
OF RIC AND LISA LOYD/GENERAL SUPPORT/GENERAL SUPPORT/ANNUAL MEMBERSHIP &
SUPPORT/SPRING 2021 GRANT CYCLE - TRAIL USE AND ECONOMIC IMPACT
ASSESSMENT/GENERAL SUPPORT/GENERAL SUPPORT/GENERAL SUPPORT - MATCH WILL
BE PROVIDED BY IRISH BOAT SHOP/FALL 2021 GRANT CYCLE - TRAIL ETIQUETTE
AND SAFETY PILOT PROGRAM/GENERAL SUPPORT/GENERAL SUPPORT/GENERAL
SUPPORT/FOUNDERS' TERRACE PROJECT/KIOSK PANEL & MAP & PARK BENCH FOR THE
PACKY OFFIELD TRAIL CENTER/

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WALLOON LAKE ASSOCIATION AND CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FALL 2021 GRANT CYCLE - JONES

LANDING PERMANENT BOAT WASH STATION INSTALLATION, PHASE 1/\$2500 TO

GUARDIAN FUND; \$75.00 ANNUAL DUES/SPRING 2021 GRANT CYCLE - WALLOON LAKE

WATERSHED PRESERVE GUIDE /JONES LANDING PERMANENT BOAT WASH STATION

INSTALLATION - PHASE II/AREA OF GREATEST NEED/PRIMARY GUARDIAN

FUND/MEMORIAL TO JEAN BUDDEN/FALL 2021 GRANT CYCLE - JONES LANDING

PERMANENT BOAT WASH STATION INSTALLATION, PHASE 1/CONSERVANCY & WATER

QUALITY DONATION/

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 ANNUAL ALLOCATION FROM WRCNM

ENDOWMENT FUND/2021 ANNUAL ALLOCATION FROM BPW SCHOLARSHIP FUND/2021

ANNUAL ALLOCATION FROM ANN SMITH CHARITABLE FUND/PASS THROUGH GIFT

RECEIVED FOR WRCNM/2022 ESSENTIAL NEEDS FUNDING//AREA OF GREATEST

NEED/GENERAL SUPPORT/SPRING 2021 GRANT CYCLE - ENHANCED SECURITY MEASURES

FOR EMMET COUNTY WRCNM LOCATION /COUNSELING AND ADVOCACY FOR YOUTH

AFFECTED BY PHYSICAL AND SEXUAL ABUSE/TO BRIGHTEN THE HOLIDAYS OF THE

CHILDREN AND FAMILIES YOU WORK WITH/100 MEN CAMPAIGN/2021 ANNUAL

ALLOCATION FROM WRCNM ENDOWMENT FUND/2021 ANNUAL ALLOCATION FROM BPW

SCHOLARSHIP FUND/2021 ANNUAL ALLOCATION FROM ANN SMITH CHARITABLE

FUND/PASS THROUGH GIFT RECEIVED FOR WRCNM/2022 ESSENTIAL NEEDS

FUNDING/////

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF NORTHERN MICHIGAN

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	18	772,304.	MARKET QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

THE COMMUNITY FOUNDATION WORKS CLOSELY WITH FINANCIAL, LEGAL AND TAX ADVISORS TO EDUCATE THEM AND THEIR CLIENTS REGARDING THE POTENTIAL BENEFITS OF NONCASH CONTRIBUTIONS, SPECIFICALLY SECURITIES. IN INSTANCES OF CONTRIBUTIONS IN THE FORM OF SECURITIES, THE COMMUNITY FOUNDATION HOLDS ACCOUNTS WITH DIFFERENT FINANCIAL ADVISORS TO FACILITATE SUCH GIFTS. WHEN THE COMMUNITY FOUNDATION IS NOTIFIED OF A POTENTIAL GIFT OF SECURITIES, THE SECURITIES ARE TRANSFERRED FROM THE DONOR'S ACCOUNT TO ONE OF THE FINANCIAL ADVISOR ACCOUNTS HELD BY THE COMMUNITY FOUNDATION. THE FINANCIAL ADVISOR IS INSTRUCTED TO SELL THE SECURITIES UPON RECEIPT.

THE COMMUNITY FOUNDATION'S GIFT ACCEPTANCE GUIDELINES OUTLINE THE POLICIES AND PROCEDURES FOR CASH AND NONCASH GIFTS.

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Employer identification number
38-3032185

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

AN INDIVIDUAL, FAMILY, OR ORGANIZATION TO CARRY OUT CHARITABLE WORKS
AND LEAVE A LASTING LEGACY.

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

ORGANIZATIONS IN CORRESPONDING FIELDS. THE SCHOLARSHIP COMMITTEE
RECOMMENDED VARIOUS SCHOLARSHIP AWARDS OF 47 GRANTS TO LOCAL STUDENTS
WHO ARE PURSUING EDUCATION BEYOND HIGH SCHOOL. A TOTAL OF 992 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 6:

THE COMMUNITY FOUNDATION HAS 44 MEMBERS WHICH, AS SET OUT IN THE ARTICLES
OF INCORPORATION, SHALL CONSIST OF THE PERSONS HOLDING LEADERSHIP OFFICES
IN VARIOUS COMMUNITY ORGANIZATIONS AND BUSINESSES.

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

THE MEMBERS SHALL HOLD AN ANNUAL MEETING THE PURPOSE OF WHICH IS TO REVIEW
THE ACTIVITIES OF THE FOUNDATION FOR THE PRECEDING YEAR - INCLUDING
DISTRIBUTIONS FOR CHARITABLE PURPOSES, AND GIFTS AND OTHER SUPPORT RECEIVED
FROM THE PUBLIC; TO REVIEW ITS FINANCIAL CONDITION; TO ELECT DIRECTORS; AND
TO CONDUCT SUCH OTHER BUSINESS AS PROPERLY MIGHT COME BEFORE THE MEMBERS.

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

THE BYLAWS OF THE FOUNDATION MAY BE AMENDED, ALTERED, CHANGED ADDED TO OR
REPLACED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS ENTITLED TO

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

Schedule O (Form 990) 2021

Name of the organization	PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number	38-3032185
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VOTE AT ANY REGULAR OR SPECIAL MEETING OF THE MEMBERS.

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

EACH MEMBER OF THE GOVERNING BOARD RECEIVES A COPY OF THE FORM 990 VIA E-MAIL BEFORE IT IS FILED WITH THE IRS. THE COMMUNITY FOUNDATION RECEIVES A DRAFT FORM 990 AND REQUIRED SCHEDULES FROM OUR AUDITOR. IMMEDIATELY FOLLOWING RECEIPT OF THE DRAFT AND PRIOR TO FILING WITH THE IRS, THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE COMMUNITY FOUNDATION STAFF.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST DISCLOSURE STATEMENT COVERING POTENTIAL CONFLICTS IN ALL AREAS OF THE FOUNDATION'S OPERATIONS IS COMPLETED BY EACH BOARD MEMBER, STAFF AND VOLUNTEER ANNUALLY. IN SUCH CASES WHERE AN APPARENT CONFLICT OF 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

Name of the organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Employer identification number 38-3032185
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FOR ITS APPROVAL AND DOCUMENTED IN THE MEETING MINUTES.

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

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

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

AGENCY ENDOWMENT GRANT AND EXP ACTI	200,459.
AGENCY ENDOWMENT GIFT & INCOME ACTI	-968,635.
TOTAL TO FORM 990, PART XI, LINE 9	-768,176.

PART XII, LINE 2C

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 38-3032185
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 616 PETOSKEY STREET, 203	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PETOSKEY, MI 49770	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DAVID JONES

- The books are in the care of ▶ **616 PETOSKEY STREET #203 - PETOSKEY, MI 49770**

Telephone No. ▶ **231-348-5820** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **APR 1, 2021**, and ending **MAR 31, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.