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Form 990

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017 , and ending 03-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

Doing business as

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

Room/suite

616 PETOSKEY STREET NO 203

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

PETOSKEY, MI 49770

F Name and address of principal officer

MICHAEL EBERHART

616 PETOSKEY STREET NO 203

PETOSKEY, MI 49770

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

38-3032185

E Telephone number

(231) 348-5820

G Gross receipts \$ 6,922,821

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.PHSACF.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1991

M State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE COMMUNITY FOUNDATION IS MADE UP OF AN EVER-GROWING FAMILY OF FUNDS EACH ONE IS ESTABLISHED BY AN INDIVIDUAL, FAMILY, OR ORGANIZATION TO CARRY OUT CHARITABLE WORKS AND LEAVE A LASTING LEGACY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶52,856

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

TODD C WINNELL TREASURER

Type or print name and title

2018-08-09

Date

Paid Preparer Use Only

Print/Type preparer's name

KEVIN R CHRISTMAN CPA

Preparer's signature

KEVIN R CHRISTMAN CPA

Date

2018-08-09

Check ☐ if self-employed

PTIN

P00221723

Firm's name ▶ RASMUSSEN TELLER O'NEIL & CHRISTMAN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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 \$ 2,825,230	including grants of \$ 2,701,415	(Revenue \$)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	2,825,230		
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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>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
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>	3	No
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>	4	No
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
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>	6 Yes	
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>	7	No
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>	8	No
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>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 Yes	
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>	11a Yes	
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>	11b	No
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>	11c	No
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>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
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>	11f	No
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>	12a Yes	
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>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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>	14b	No
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>	15	No
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>	16	No
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)	17	No
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>	18	No
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>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
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>	Yes	
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>		No
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
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>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	9	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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.	5	
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).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O.	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in 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 616 PETOSKEY STREET 203 PETOSKEY, MI 49770 (231) 348-5820	

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) DANA F ANDREWS TRUSTEE	1 00	X						0	0	0
(2) JENNIFER H ATTIE TRUSTEE	1 00	X						0	0	0
(3) STEVEN L BOECKMAN TRUSTEE	1 00	X						0	0	0
(4) ROBERT W CHARLTON TRUSTEE	1 00	X						0	0	0
(5) KATHRYN S ERBER TRUSTEE	1 00	X						0	0	0
(6) WEBB F MARTIN TRUSTEE	1 00	X						0	0	0
(7) EMERSON J MEYER TRUSTEE	1 00	X						0	0	0
(8) EMILY R MEYERSON TRUSTEE	1 00	X						0	0	0
(9) SARAH L SHUMAN TRUSTEE	1 00	X						0	0	0
(10) THOMAS B SMITH TRUSTEE	1 00	X						0	0	0
(11) ANNA M SUMPTER TRUSTEE	1 00	X						0	0	0
(12) MICHAEL D EBERHART PRESIDENT	3 00	X		X				0	0	0
(13) JAMES W FORD VICE PRESIDENT	3 00	X		X				0	0	0
(14) JENNIFER E DEEGAN SECRETARY	3 00	X		X				0	0	0
(15) TODD C WINNELL TREASURER	4 00	X		X				0	0	0
(16) DAVID JONES EXECUTIVE DIRECTOR	40 00			X				89,677	0	7,030

[illegible]

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

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation

Form 990 (2017)

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a 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	3,624,116			
	g Noncash contributions included in lines 1a-1f \$ <u>813,555</u>					
	h Total. Add lines 1a-1f ▶		3,624,116			
Program Service Revenue			Business Code			
	2a _____					
	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) ▶		825,188			825,188
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		2,435,305			
	b Less cost or other basis and sales expenses		931,880			
	c Gain or (loss)		1,503,425			
	d Net gain or (loss) ▶		1,503,425			1,503,425
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . . . a					
	b Less cost of goods sold . . . b					
	c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code				
11a ADMINISTRATIVE FEE INCOME		523920	38,045		38,045	
b REMEASUREMENT OF CHARITABLE GIFT		523920	167		167	
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			38,212			
12 Total revenue. See Instructions ▶			5,990,941	0	0	2,366,825

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.	2,665,915	2,665,915		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	35,500	35,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	96,972		96,972	
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.	171,863	86,520	85,343	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	12,781	4,902	7,879	
9 Other employee benefits.	33,823	12,932	20,891	
10 Payroll taxes.	21,629	7,608	14,021	
11 Fees for services (non-employees):				
a Management.				
b Legal.	16,621		16,621	
c Accounting.	10,316		10,316	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	40,530		40,530	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.				
13 Office expenses.	23,114	6,923	9,573	6,618
14 Information technology.	44,269		44,269	
15 Royalties.				
16 Occupancy.	26,907		26,907	
17 Travel.	7,350	2,360	4,693	297
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	27,615	2,570	8,655	16,390
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,551		4,551	
23 Insurance.	3,960		3,960	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PRINTING AND PUBLICATIONS	16,112			16,112
b PUBLIC RELATIONS	13,439			13,439
c DUES	11,133		11,133	
d BANK SERVICE FEES	1,541		1,541	
e All other expenses	2,077		2,077	
25 Total functional expenses. Add lines 1 through 24e.	3,288,018	2,825,230	409,932	52,856
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).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	112	1	102
	2 Savings and temporary cash investments	2,956,851	2	3,484,359
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 42,792		
	b Less: accumulated depreciation	10b 36,139	10,005	10c 6,653
	11 Investments—publicly traded securities	34,825,640	11	39,373,060
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,792,608	16	42,864,174	
Liabilities	17 Accounts payable and accrued expenses		17	419
	18 Grants payable	164,940	18	172,610
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	4,883,819	25	6,924,976
	26 Total liabilities. Add lines 17 through 25	5,048,759	26	7,098,005
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,743,849	27	35,766,169
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	32,743,849	33	35,766,169	
34 Total liabilities and net assets/fund balances	37,792,608	34	42,864,174	

Part XI Reconciliation of Net AssetsCheck 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	5,990,941
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,288,018
3	Revenue less expenses Subtract line 2 from line 1	3	2,702,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,743,849
5	Net unrealized gains (losses) on investments	5	2,124,041
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 in Schedule O)	9	-1,804,644
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,766,169

Part XII Financial Statements and ReportingCheck 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 in 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		No
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	Yes	
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 in Schedule O	Yes	
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?		No
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 in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 38-3032185
Name: PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION MAKES GRANTS FOR CHARITABLE PURPOSES TO VARIOUS 501(C)(3) 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 661 GRANTS TO SUPPORT ORGANIZATIONS THEY VALUE THE UNRESTRICTED FUND'S DISTRIBUTION COMMITTEE AND THE YOUTH FUND'S YOUTH ADVISORY COMMITTEE RECOMMENDED 34 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 39 GRANTS TO ORGANIZATIONS IN CORRESPONDING FIELDS THE SCHOLARSHIP COMMITTEE RECOMMENDED VARIOUS SCHOLARSHIP AWARDS OF 28 GRANTS TO LOCAL STUDENTS WHO ARE PURSUING EDUCATION BEYOND HIGH SCHOOL A TOTAL OF 762 GRANTS WERE AWARDED FROM COMMUNITY FOUNDATION FUNDS DURING THIS TIME PERIOD TO IMPROVE AND ENRICH LIFE IN EMMET COUNTY

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Employer identification number
38-3032185

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	902,563	3,308,084	1,773,521	2,246,297	3,624,116	11,854,581
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	902,563	3,308,084	1,773,521	2,246,297	3,624,116	11,854,581
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)						3,580,666
6	Public support. Subtract line 5 from line 4						8,273,915

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	902,563	3,308,084	1,773,521	2,246,297	3,624,116	11,854,581
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	534,515	631,370	640,773	607,149	825,188	3,238,995
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						15,093,576
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five 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 2017 (line 6, column (f) divided by line 11, column (f))	14 54.820 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 59.630 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 in 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 five 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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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>	1	
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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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>	9a	
b Did one or more disqualified persons (as defined in 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>	9b	
c Did a disqualified person (as defined in 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>	9c	
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>	10a	
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>	10b	

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		

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>		

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 in (2), 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>		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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>		
b Did the activities described in (a) 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 (a) and (b) 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>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>		

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)	1		
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 (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% 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 .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 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)			

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226017058

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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.

1

Total number at end of year

75

67

2

Aggregate value of contributions to (during year)

1,744,787

1,595,061

3

Aggregate value of grants from (during year)

2,237,678

160,474

4

Aggregate value at end of year

14,774,757

9,958,224

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an 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 Year

2a

2b

2c

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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 are a 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 programs

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	26,266,060	24,108,499	26,231,981	25,552,649	25,333,851
b Contributions	433,482	640,285	322,843	747,186	392,981
c Net investment earnings, gains, and losses	3,640,506	3,064,702	-1,009,713	1,550,347	3,856,715
d Grants or scholarships	1,159,442	1,070,821	975,052	1,153,901	579,960
e Other expenditures for facilities and programs					
f Administrative expenses	484,166	476,605	461,560	464,300	494,276
g End of year balance	28,696,440	26,266,060	24,108,499	26,231,981	28,146,245

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

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

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		19,849	16,758	3,091
e Other		22,943	19,381	3,562
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,653

Schedule D (Form 990) 2017

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. (Column (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. (Column (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DISC OBLIG - CHARITABLE GIFT ANNUIT	87,259
FUNDS HELD AS AGENCY ENDOWMENTS	6,837,717
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	6,924,976

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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	6,236,187
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,124,041
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-2,171
e	Add lines 2a through 2d	2e	2,121,870
3	Subtract line 2e from line 1	3	4,114,317
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,876,624
c	Add lines 4a and 4b	4c	1,876,624
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,990,941

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	3,213,866
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	-71,981
e	Add lines 2a through 2d	2e	-71,981
3	Subtract line 2e from line 1	3	3,285,847
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	2,171
c	Add lines 4a and 4b	4c	2,171
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,288,018

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-3032185
Name: PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
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 PERMANENTLY 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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT EXPENSES -2,171

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AGENCY ENDOWMENT GIFT AND INCOME ACTIVITY 1,876,624

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	AGENCY ENDOWMENT GRANT AND EXPENSES ACTIVITY -71,981

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES 2,171

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2

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

86
- 3

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 WERE USED

Additional Data

Software ID:
Software Version:
EIN: 38-3032185
Name: PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALANSON PUBLIC SCHOOLS 7400 NORTH STREET ALANSON, MI 49706	38-6001174	OTHER	9,486				FIELD TRIP TRANSPORTATION FOR STUDENTS TO VISIT OFFIELD FAMILY NATURE PRESERVE, TRANSPORTATION COSTS FOR FIFTH GRADE FIELD TRIP TO GARLYN ZOO, HELP HIGH SCHOOL STUDENTS OBTAIN PRIVATE PILOT LICENSES AND PREPARE FOR CAREERS IN AVIATION, GENERAL SUPPORT FOR THE BOYS GOLF TEAM & ART SUPPLIES
AMERICAN MUSEUM OF NATURAL HISTORY 79TH STREET CENTRAL PARK W NEW YORK, NY 10024	13-6162659	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AYUDAMOS CARIB PO BOX 488 PETOSKEY, MI 49770	26-1539791	501(C)(3)	25,000				GENERAL SUPPORT
BAY BLUFFS EMMET COUNTY MEDICAL CARE FACILITY 750 EAST MAIN STREET PETOSKEY, MI 49770	20-4391082	OTHER	11,049				ANNUAL ALLOCATION FROM THE BOETTGER SENIOR CITIZENS FUND

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

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BAY VIEW ASSOCIATION PO BOX 583 PETOSKEY, MI 49770	38-0333680	OTHER	10,982				BRIDGE LECTURE SERIES, SCHOLARSHIP FUND, SEARCH AND RESCUE BOAT FOR BAYVIEW SAILING SCHOOL, 2017 ANNUAL ALLOCATION FROM BAY VIEW ASSN ENDOWMENT FUND, PERFORMING ARTS & RECREATION & THEATER ARTS
BOY SCOUTS OF AMERICA PRESIDENT GERALD R FORD FIELD SERVICE COUNCIL 3213 WALKER AVE NW GRAND RAPIDS, MI 49544	38-1359240	501(C)(3)	86,775				2017 FRIENDS OF SCOUTING CENTENNIAL DINING HALL SOUND BOARD PROJECT, BUILDING CHARACTERS DINNER GERBER SCOUT RESERVATION, ELECTRICAL SERVICE PROJECT - APACHE PER JERRY KISTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS TROOP #5 PO BOX 457 PETOSKEY, MI 49770	38-1784822	501(C)(3)	36,050				EQUIPMENT AND CAMPERSHIPS & CAMP SCHOLARSHIPS
BRAVE HEARTS ESTATE 4171 ELY ROAD PELLSTON, MI 49769	74-3220776	501(C)(3)	11,795				GENERAL SUPPORT, ENVIRONMENTAL EDUCATION SUPPLIES & TO STOCK A FISHING POND FOR VETERANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C200 FOUNDATION 980 NORTH MICHIGAN AVENUE SUITE 1575 CHICAGO, IL 60611	43-1438051	501(C)(3)	18,500				GENERAL SUPPORT & PFP COALITION
CAMP DAGGETT 03001 CHURCH ROAD PETOSKEY, MI 49770	38-1617980	501(C)(3)	10,463				GENERAL SUPPORT, CAMPER SCHOLARSHIPS, CAMPER SCHOLARSHIP FUND, SCHOLARSHIPS, INCREASE ENERGY EFFICIENCY AT CAMP DAGGETT & EXPAND RECYCLING EDUCATION AND PRACTICE AT CAMP DAGGETT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL MICHIGAN UNIVERSIT PUBLIC BROADCASTING CENTER 1999 EAST CAMPUS DRIVE MT PLEASANT, MI 48859	38-6004447	501(C)(3)	5,250				TO SUPPORT NPR AND PBS OPERATIONS, CMU PUBLIC MEDIA
CENTRAL MICHIGAN UNIVERSITY FOUNDATION CARLIN ALUMNI HOUSE 524 EAST BELLOWS MT PLEASANT, MI 48859	38-3374363	501(C)(3)	10,000				SUPPORT FOR THE ROBERT AND SUSAN CLARKE SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAR-EM UNITED WAY 480 WEST MITCHELL STREET PETOSKEY, MI 49770	23-7049778	501(C)(3)	12,124				GENERAL SUPPORT, DOLLY PARTON IMAGINATION LIBRARY, COMMUNITY IMPACT FUND, 2017 ANNUAL ALLOCATION, SUPPORT FOR THE UPCOMING 75TH ANNIVERSARY CELEBRATION EVENT & 2018 PROJECT CONNECT
CHARLEVOIX COUNTY COMMUNITY FOUNDATION 301 WATER STREET EAST JORDAN, MI 49727	38-3033739	501(C)(3)	9,000				HESTIA GIVING CIRCLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD & FAMILY SERVICES OF NORTHWESTERN MI 3785 VETERANS DRIVE PETOSKEY, MI 49770	38-2534222	501(C)(3)	11,023				GENERAL SUPPORT & PROVIDE COUNSELING FOR LOW-INCOME CHILDREN FACING SIGNIFICANT TRAUMA
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION 3011 WEST GRAND BOULEVARD SUITE 218 DETROIT, MI 48202	38-1357994	501(C)(3)	15,000				GENERAL SUPPORT & CAMP HOPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF PETOSKEY 101 EAST LAKE STREET PETOSKEY, MI 49770	38-6004583	OTHER	5,099				GRANT FOR WORK COMPLETED AT PETOSKEY COMMUNITY COURTS & REIMBURSEMENT FOR TENNIS WIND SCREENS
CONSERVATION RESOURCE ALLIANCE 10850 TRAVERSE HIGHWAY SUITE 1180 TRAVERSE CITY, MI 49684	38-2181915	501(C)(3)	10,000				RESTORE THE MAPLE RIVER TO A MORE NATURAL AND FREE-FLOWING STATE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROOKED TREE ARTS CENTER 461 E MITCHELL STREET PETOSKEY, MI 49770	23-7187264	501(C)(3)	36,469				IN RECOGNITION OF THE INDIVIDUALS WHO ORGANIZE ARTS EVENTS, SCHOOL OF MUSIC, SCHOOL OF BALLET AND CHILDREN'S PROGRAMS, EXPAND MUSIC EDUCATION IN OUR COMMUNITY, GENERAL SUPPORT FOR NEW YEAR'S EVE EVENT, ANNUAL ALLOCATION FROM CROOKED TREE ARTS COUNCIL CULTURAL FUND, SUSTAINING MEMBERSHIP, SWIRL UNDERWRITING FOR MARCH 1, 2018, ROOF REPAIR, PROTECT THE VICTORIAN CHARM OF THE CENTER'S 117-YEAR OLD HEADQUARTERS & SUPPORT FOR YOUNG WRITER'S EXPOSITION 2018
CYSTIC FIBROSIS FOUNDATION- MICHIGAN CHAPTER 2265 LIVERNOIS ROAD 410 TROY, MI 48083	13-1930701	501(C)(3)	40,000				PETOSKEY GREAT STRIDES, KICKING AND SWINGING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	38-1359510	501(C)(3)	20,000				GENERAL SUPPORT
DETROIT ZOO 8450 W 10 MILE ROAD ROYAL OAK, MI 48067	38-6027356	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EDUCATIONAL FOUNDATION FOR MANCELONA SCHOOLS PO BOX 586 MANCELONA, MI 49659	38-3742366	501(C)(3)	6,900				ANNUAL ALLOCATION FROM THE OTHO J MATHIAS FUND
EMMANUEL EPISCOPAL CHURCH 1020 EAST MITCHELL STREET PETOSKEY, MI 49770	38-2307700	OTHER	50,477				GENERAL SUPPORT, TO SUPPORT THE NORTHMEN DEN, ANNUAL ALLOCATION FROM EMMANUEL EPISCOPAL CHURCH ENDOWMENT FUND TO PURCHASE A NEW PIANO AND TO SUPPORT THE 2018 MUSIC PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRIS FOUNDATION 420 OAK STREET BIG RAPIDS, MI 49307	38-6115813	501(C)(3)	7,500				PGA GOLF MANAGEMENT LEARNING CENTER CAMPAIGN (WOMEN'S HOF)
FIRST PRESBYTERIAN CHURCH OF HARBOR SPRINGS 7940 CEMETERY ROAD HARBOR SPRINGS, MI 49740	38-6120603	OTHER	24,008				2017 ANNUAL ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST PRESBYTERIAN CHURCH OF PETOSKEY 501 EAST MITCHELL STREET PETOSKEY, MI 49770	38-6098294	OTHER	28,000				GENERAL SUPPORT
FIRST TEE OF NORTHERN MICHIGAN PO BOX 613 HARBOR SPRINGS, MI 49740	74-3149490	501(C)(3)	36,800				GENERAL SUPPORT, ANNUAL CAMPAIGN & PROGRAMMING COMMITTEE TO SUPPORT FUNDING FOR REMOTE SITES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON PETOSKEY, MI 49770	23-7000317	501(C)(3)	30,282				GENERAL SUPPORT, SENIOR ESSENTIAL NEEDS UPGRADE THE TECHNOLOGY USED TO PROVIDE SERVICES TO SENIOR CITIZENS, ANNUAL ALLOCATION FROM THE BOETTGER SENIOR CITIZENS FUND & ANNUAL ALLOCATION FROM THE OSBORN MEMORIAL FUND
GENESIS CHURCH PO BOX 2008 PETOSKEY, MI 49770	27-0108468	501(C)(3)	180,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GOLF ASSOCIATION OF MICHIGAN FOUNDATION 24116 RESEARCH DRIVE FARMINGTON HILLS, MI 48335	47-2118531	501(C)(3)	7,500				YOUTH ON COURSE SUPPORT
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	25,250				GENERAL SUPPORT & BRING THE WORLD-CLASS JOFFREY BALLET TO NORTHERN MICHIGAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREAT LAKES CHAMBER ORCHESTRA 219 E LAKE STREET PETOSKEY, MI 49770	30-0084912	501(C)(3)	16,250				GENERAL SUPPORT, BRINGING AWARD-WINNING MUSICIANS TO THE GREAT LAKES CHAMBER ORCHESTRA & GIVE OUR CHAMBER ORCHESTRA A PUBLIC IMAGE "MAKEOVER"
GREAT START COLLABORATIVE OF CHAR-EM AND N ANTRIM CO CHAR-EM ISD 08568 MERCER BLVD CHARLEVOIX, MI 49720	38-2027389	501(C)(3)	13,000				HELP EXPECTANT MOTHERS BUILD, PRESCHOOL SCHOLARSHIPS & ENSURE ALL EMMET COUNTY 3, 4 AND 5-YEAR-OLDS CAN ATTEND PRESCHOOL

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

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GROUNDWORK CENTER FOR RESILIENT COMMUNITIES 148 EAST FRONT STREET SUITE 301 TRAVERSE CITY, MI 49684	38-2314954	501(C)(3)	31,400				GENERAL SUPPORT, 2017 AROUND THE TABLE WORKSHOP, LOCAL FOOD AND FARMING COORDINATOR - YEAR 2 OF 3, TO SUPPORT THE NORTHERN FARMS FOOD SHED INITIATIVE PROGRAM IN COLLABORATION WITH LOCAL FOOD ALLIANCE OF NORTHERN MICHIGAN, IN PARTICULAR TO HELP FUND A LOCAL FOOD COORDINATOR POSITION LOCATED IN PETOSKEY FOR A SECOND YEAR
HARBOR AREA REGIONAL BOARD OF RESOURCES INC PO BOX 112 HARBOR SPRINGS, MI 49740	38-3602221	501(C)(3)	9,000				GENERAL SUPPORT, 2017 ANNUAL GIFT & BUILD EMMET COUNTY'S CAPACITY TO ATTRACT AND SUPPORT REMOTE OFFICE/HOME OFFICE WORKERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR HALL FOUNDATION PO BOX 376 HARBOR SPRINGS, MI 49740	38-3105589	501(C)(3)	16,750				GENERAL SUPPORT, "EXPANDING OUR REACH" PROJECT
HARBOR HALL INC 704 EMMET PETOSKEY, MI 49770	38-2056071	501(C)(3)	12,000				GENERAL SUPPORT, HEALTH INSURANCE CO-PAY RELIEF FOR CURRENT CLIENTS & HELP INDIVIDUALS AFFORD TREATMENT FOR THEIR SUBSTANCE ABUSE

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

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HARBOR LIGHT CHRISTIAN SCHOOL 8333 CLAYTON ROAD HARBOR SPRINGS, MI 49740	38-2194558	OTHER	8,360				ENHANCE DIGITAL-LITERACY WITH ONE-TO-ONE COMPUTER TECHNOLOGY & PROVIDE A SAFE AND PROFESSIONAL SCORING TABLE FOR HIGH SCHOOL SPORTS
HARBOR SPRINGS AREA HISTORICAL SOCIETY PO BOX 812 HARBOR SPRINGS, MI 49740	38-2934124	501(C)(3)	12,955				GENERAL SUPPORT, TAKE PHYSICAL INVENTORY OF HISTORICAL ARCHIVES, ZORN PARK DAHLGREN CANON PLAQUE, 2017 ANNUAL GIFT, 2017 ANNUAL ALLOCATION FROM HARBOR SPRINGS AREA HISTORICAL SOCIETY ENDOWMENT FUND, CARING FOR AND PRESERVING HISTORICAL COLLECTIONS

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

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HARBOR SPRINGS EDUCATION FOUNDATION PO BOX 561 HARBOR SPRINGS, MI 49740	38-3458936	501(C)(3)	5,221				GENERAL SUPPORT, TO SUPPORT BOYS GOLF AND TO SUPPORT GIRLS GOLF & ANNUAL ALLOCATION FROM HARBOR SPRINGS EDUCATION FOUNDATION FUND
HARBOR SPRINGS FESTIVAL OF THE BOOK PO BOX 766 HARBOR SPRINGS, MI 49740	47-1729627	501(C)(3)	9,100				GENERAL SUPPORT, BRING PUBLISHED WRITERS AND ILLUSTRATORS TO EMMET COUNTY SCHOOLS FOR A DAY OF FUN AND LEARNING & FESTIVAL PROGRAMMING IN EMMET COUNTY SCHOOLS

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

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HARBOR SPRINGS LIBRARY 206 SOUTH SPRING STREET HARBOR SPRINGS, MI 49740	38-1722820	501(C)(3)	6,000				GENERAL SUPPORT & BUILDING RENOVATIONS
HARBOR SPRINGS PUBLIC SCHOOLS 800 STATE ROAD HARBOR SPRINGS, MI 49740	38-6001172	OTHER	73,300				HARBOR SPRINGS HIGH SCHOOL CASA PROGRAM, GIRLS SOCCER EQUIPMENT, BUSES, TOURNAMENT, AND JERSEYS, SUPPORT FOR THE OUTDOOR ADVENTURE CLUB AT SHAY ELEMENTARY, FOR THE 2017-2018 SCHOOL YEAR, HARBOR SPRINGS SOCCER, SHAY ELEMENTARY PEER 2 PEER YEAR END CELEBRATION & FOR GIRLS GOLF TEAM, FOR BOYS GOLF TEAM

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

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HEALTH DEPARTMENT OF NORTHWEST MICHIGAN 3434 M-119 HWY SUITE A HARBOR SPRINGS, MI 49740	30-0168590	OTHER	19,450				SUPPORTING FAMILIES WITH EARLY CHILDHOOD BEHAVIORAL HEALTH CONCERNS, ESSENTIAL NEEDS FUNDS, GRANT FROM WARD & EIS GALLERY, PREVENT SKIN CANCER FROM AFFECTING OUR RESIDENTS, NEEDS ASSESSMENT FOR SCHOOL BASED HEALTH CENTER (PETOSKEY, HARBOR SPRINGS, ALANSON) & INFANT CARRIERS
HOLY CHILDHOOD CATHOLIC CHURCH 150 WEST MAIN STREET HARBOR SPRINGS, MI 49740	38-2020798	OTHER	8,650				GENERAL SUPPORT, AFTERSCHOOL YOUTH GROUP, LOCAL CHAPTER OF ST VINCENT DEPAUL SOCIETY, AFTER SCHOOL PROGRAMS - HSHS, CSA CONTRIBUTION & SEMINARY FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JUSTICE FOR OUR NEIGHBORS WEST MICHIGAN 222 CASS STREET TRAVERSE CITY, MI 49684	38-1525104	OTHER	1,000				GENERAL SUPPORT
KIERSTEN'S RIDE 04316 COSIER ROAD EAST JORDAN, MI 49727	47-4311739	501(C)(3)	25,000				LEARN TO RECOGNIZE AND HELP RESIDENTS WHO ARE SUICIDAL & SUICIDE PREVENTION CONFERENCE AND AREA PROGRAMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KING HOUSE ASSOCIATION PO BOX 942 GOOD HART, MI 49737	47-2866953	501(C)(3)	12,000				RESTORING THE HISTORIC MIDDLE VILLAGE KING HOUSE
LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 WEST CONWAY ROAD HARBOR SPRINGS, MI 49740	38-1384441	501(C)(3)	5,740				GENERAL SUPPORT, ANNUAL ALLOCATION FROM ANIMAL SECURITY FUND & IN RECOGNITION OF INDIVIDUALS WHO ORGANIZE HOWL AT THE MOON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	46,250				GENERAL SUPPORT, BUILDING ECOLOGICAL STEWARDSHIP THROUGH THE COMMUNITY BIOBLITZ, ALLOCATION FROM LAND & WATER EDUCATION FUND, IN MEMORY OF JAN SWANSON, 2017 ANNUAL GIFT & IMPROVE ACCESS FOR PUBLIC NATURE RECREATION AND EDUCATION
MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740	38-2764533	501(C)(3)	70,200				GENERAL SUPPORT, ESSENTIAL NEEDS FUNDS, MEIJER SIMPLY GIVE CAMPAIGN, FOOD 4 KIDS BACKPACK PROGRAM, PROVIDE RESIDENTS WITH ACCESS TO FRESH, LOCAL PRODUCE, PROVIDING FRESH PRODUCE FOR HUNGRY PEOPLE IN EMMET COUNTY & ANNUAL GIFT

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770	38-2445611	501(C)(3)	165,472				GENERAL SUPPORT, FOR HOSPICE OF LITTLE TRAVERSE BAY, COLLEAGUE EDUCATION, HOSPITEEN PROGRAM AT HILAND COTTAGE, CAPITAL CAMPAIGN, IN MEMORY OF RICHARD AND JANE LENT, BUILDING CAMPAIGN, GENERAL SUPPORT (\$25,000) AND TOST-KALAHAR PEDIATRIC TRAVEL FUND (\$5,000), BUILDING FUND, TOST/KALAHAR PEDIATRIC FUND, UNRESTRICTED FUND TO SUPPORT THE CAPITAL CAMPAIGN, SCHIRMER FAMILY FUND - IN HONOR OF HAM AND BARB SCHIRMER AND ALL THE FINE WORK THEY DO IN THE COMMUNITY, PROVIDING COMFORTS OF HOME FOR HOSPICE PATIENTS, CAPITAL CAMPAIGN, ANNUAL ALLOCATION FROM THE BLUM LODGING ASSISTANCE FUND, 2017 ANNUAL GIFT, CANCER PATIENT SUPPORT GROUP AND CAREGIVER SUPPORT GROUP
MICHIGAN STATE UNIVERSITY-ELI BROAD COLLEGE OF BUSINESS 632 BOGUE ST N505 EAST LANSING, MI 48824	38-6005984	501(C)(3)	6,000				JULIE FASONE HOLDER SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN TECHNOLOGICAL UNIVERSITY - SCHOLARSHIPS FINANCIAL AID OFFICE 1400 TOWNSEND DRIVE HOUGHTON, MI 49931	38-1554664	501(C)(3)	11,500				\$3,000 FOR THE DAVE AND JOY MCBRIDE SCHOLARSHIP FUND, \$5,000 FOR THE MCBRIDE CONSTRUCTION YOUTH SCHOLARSHIP PROGRAM, \$2,500 FOR THE BOB MARK ELEVATOR PITCH COMPETITION, \$1,000 FOR THE APMP DEMAND FUND
MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE MIDLAND, MI 49640	38-2023395	501(C)(3)	21,000				TOM HOLDER GOLF SCHOLARSHIP FUND #692 PAO CONSUMER NEEDS AND DREAMS, GIVE LOCAL MIDLAND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHERS KEEPERS 05675 CHURCH ROAD BOYNE CITY, MI 49712	81-2931650	501(C)(3)	6,500				PROGRAMMING & PROVIDE MUCH-NEEDED RESPITE FOR MOTHERS WITH NEWBORN BABIES
NCMC FOUNDATION 1515 HOWARD ROAD PETOSKEY, MI 49770	38-2910328	501(C)(3)	58,976				GENERAL SUPPORT, ENHANCE STUDENT LEARNING EXPERIENCES WITH TECHNOLOGY UPGRADES, ANNUAL ALLOCATION FROM THE WINNELL SCHOLARSHIP FUND, GENERAL SUPPORT FOR THE GARDEN PARTY EVENT, IN HONOR OF MAX BUNKER, ANNUAL ALLOCATION FROM THE EMER A MATHIAS NCMC FOUNDATION FUND, ANNUAL ALLOCATION FROM THE MATT MATHIAS MEMORIAL SCHOLARSHIP FUND, \$2,000 FOR GENERAL SUPPORT, \$1,000 FOR "NAMED" SCHOLARSHIPS & SMALL-SCALE WASTEWATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEHEMIAH PROJECT 36 BRIDGE STREET PETOSKEY, MI 49770	38-3026718	501(C)(3)	8,495				GENERAL SUPPORT, REPLACE GAS DRYER AT MARY MARGARET HOUSE, REPAIR THE WEATHER-DAMAGED ROOF AT OUR COMMUNITY'S HOMELESS SHELTER & TO SUPPORT CHILDREN & FAMILIES AT MARY MARGARET HOUSE AT THE HOLIDAYS
NORTHERN MICHIGAN EQUINE THERAPY 05025 CHURCH ROAD BOYNE CITY, MI 49712	30-0838013	501(C)(3)	113,420				GENERAL SUPPORT, SCHOLARSHIPS AND DUMP TRUCK, HELP LOW-INCOME FAMILIES TREAT PHYSICAL AND MENTAL DISABILITIES WITH EQUINE THERAPY & TREAT CHILDREN WITH PHYSICAL, MENTAL AND EMOTIONAL CHALLENGES THROUGH EQUINE THERAPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSKY NONPROFIT NETWORK 202 EAST GRANDVIEW PARKWAY SUITE 203 TRAVERSE CITY, MI 49684	38-2170564	501(C)(3)	150,000				SUPPORT FOR A NEW LEADERSHIP LEARNING SERIES DESIGNED FOR EXECUTIVE DIRECTORS AND EMERGING NON-PROFIT LEADERS IN 22 NORTHERN MICHIGAN COUNTIES
NORTHWEST MICHIGAN HABITAT FOR HUMANITY 8460 M119 HARBOR SPRINGS, MI 49740	38-2971056	501(C)(3)	17,500				GENERAL SUPPORT GELP LOW-INCOME HOUSEHOLDS MAKE CRITICAL HOME REPAIRS ALLOCATION FROM FOOD FOR HUMANITY FUND A SAFE PLACE TO CALL HOME - LANTERN WALK OLSON HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN CONSERVANCY INC 1300 19TH STREET NW 8TH FLOOR WASHINGTON, DC 20036	23-7245152	501(C)(3)	9,500				GENERAL SUPPORT
OPERATION INJURED SOLDIERS 10079 COLONIAL IND DRIVE SOUTH LYON, MI 48178	74-3220776	501(C)(3)	20,000				GENERAL SUPPORT FOR BRAVE HEARTS ESTATE IN PELLSTON, MI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PELLSTON PUBLIC SCHOOLS 172 NORTH PARK PELLSTON, MI 49769	38-6001178	OTHER	8,230				LAUNCH A SCHOOL WRESTLING CLUB IN PELLSTON & FRAMES FOR DISPLAYING STUDENT ART
PETOSKEY PUBLIC SCHOOLS 1130 HOWARD STREET PETOSKEY, MI 49770	38-6001179	OTHER	109,022				PETOSKEY MIDDLE SCHOOL \$1, 500 00 FOR 6TH GRADE, \$1, 500 00 FOR 7TH GRADE AND \$1, 500 00 FOR 8TH GRADE TO USE AS NEEDED, 6TH GRADE FIELD TRIP TO MCCUNE NATURE PRESERVE IN FEBRUARY 2018, PETOSKEY MIDDLE SCHOOL WEIGHT ROOM PROJECT, HIGH SCHOOL TENNIS PROGRAM, PRESS BOX COMPUTER EDITING, ATTN HOWARD BATES, BUS TRANSPORTATION FOR LINCOLN ELEMENTARY 3RD GRADE NATURE PROGRAM AT LITTLE TRAVERSE CONSERVANCY, \$2,500 FOR ATHLETIC TRAINER SUPPLIES AND \$2,500 FOR NORTHMEN STADIUM PER DAVE SMITH, WEIGHT ROOM RENOVATION PROJECT AT PETOSKEY HIGH SCHOOL, TRANSPORTATION FOR SPRING FIELD TRIP TO ROUND LAKE, ANNUAL ALLOCATION FROM THE WIL MOYER MUSIC SCHOLARSHIP FUND FOR SHERIDAN ELEMENTARY SCHOOL, TRANSPORTATION FOR WINTER FIELD TRIP TO ROUND LAKE, TWO NORTHMEN NIGHT DISTRICT CHAMPION SPONSORSHIPS, THIS DONOR EXTENDS THEIR CONGRATULATIONS TO THE PETOSKEY PALADINS THIS DONATION IS INTENDED TO COVER EXPENSES FOR ONE PALADINS MEMBER TO ATTEND THE WORLD COMPETITION, NORTHMEN STADIUM SCOREBOARD EXTENDED W

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETOSKEY YOUTH SOCCER ASSOCIATION PO BOX 751 PETOSKEY, MI 49770	38-3064916	501(C)(3)	12,000				REPLACE WORN-OUT GOALS AT THE COMMUNITY'S BELOVED SOCCER FIELDS ON CLICK ROAD
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	32,783				GENERAL SUPPORT, ANNUAL ALLOCATION FROM THE ANN SMITH CHARITABLE FUND, GENERAL SUPPORT FOR PETOSKEY CLINIC, SUPPORT FOR PETOSKEY CLINIC, PETOSKEY PROGRAMS, ANNUAL ALLOCATION FROM PLANNED PARENTHOOD NORTHERN MICHIGAN FUND, NORTHERN MICHIGAN, PETOSKEY, PROVIDING ACCESS TO SEXUAL HEALTH INFORMATION AND SERVICES FOR LOW-INCOME RESIDENTS & PETOSKEY CLINIC EDUCATION ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN VILLAGES OF MICHIGAN FOUNDATION 26200 LASHER ROAD SUITE 300 SOUTHFIELD, MI 48033	20-2559884	501(C)(3)	15,000				MAKE RELIABLE TRANSPORTATION AND OTHER SERVICES AVAILABLE FOR SENIOR CITIZENS
RAVEN HILL DISCOVERY CENTE 4737 FULLER ROAD EAST JORDAN, MI 49727	38-3032707	501(C)(3)	10,150				GENERAL SUPPORT, UPGRADE THE OUTDATED FURNACE AND WATER HEATER AT RAVEN HILL DISCOVERY CENTER & DESIGN A TEEN ART PROJECT TO EXPLORE OUR RELATIONSHIP WITH TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESORT TOWNSHIP 2232 RESORT PIKE ROAD PETOSKEY, MI 49770	38-6371844	OTHER	25,000				RESORT BEAR CREEK FIRE DEPARTMENT RADIO PROJECT ENGINE 4601
RUDOLPH STEINER SCHOOL OF ANN ARBOR 2775 NEWPORT ROAD ANN ARBOR, MI 48106	38-2242069	501(C)(3)	43,421				TWO GIFTS \$18,000 00 FOR THE ANNUAL FUND AND \$25,420 75 FOR THE CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAME INC 1050 BAY VIEW ROAD PETOSKEY, MI 49770	77-0694742	501(C)(3)	5,400				GENERAL SUPPORT
SPIRIT DAY CAMP CO CHALLENGE MOUNTAIN PO BOX 764 BOYNE CITY, MI 49712	38-2563815	501(C)(3)	12,500				GENERAL SUPPORT & SPIRIT DAY CAMP PROVIDING INCLUSIVE EXPERIENCES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 712 PLEASANT STREET PETOSKEY, MI 49770	13-5562351	501(C)(3)	14,000				OFFER FELLOWSHIP THROUGH COMMUNITY AND ADDICTION RECOVERY SUPPORT DINNERS & PETOSKEY PROGRAMS
TIP OF THE MITT WATERSHED COUNCIL 426 BAY STREET PETOSKEY, MI 49770	38-2361745	501(C)(3)	69,733				GENERAL SUPPORT, ANNUAL ALLOCATION FROM TIP OF THE MITT WATERSHED COUNCIL WATER QUALITY FUND, ENSURE OUR COASTAL COMMUNITIES ARE RESILIENT TO CHANGING CLIMATE, 2017 ANNUAL GIFT, ENGAGING THE PUBLIC ON THE LINE 5 PIPELINE RISK AND ALTERNATIVE REPORTS, LINE 5 PIPELINE EDUCATION & GREEN INFRASTRUCTURE WORKSHOPS FOR GOVERNMENT OFFICIALSM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOP OF MICHIGAN TRAILS COUNCIL 1687 HARBOR-PETOSKEY RD PETOSKEY, MI 49770	38-3263521	501(C)(3)	9,158				GENERAL SUPPORT, GET 4TH GRADERS BIKING AND LEARNING ON OUR TRAILS, LOGO TENT STRUCTURE & ANNUAL ALLOCATION FROM TOP OF MICHIGAN TRAILS COUNCIL FUND
UNIVERSITY OF MICHIGAN HEALTH SYSTEM 1000 OAKBROOK SUITE 100 ANN ARBOR, MI 48104	38-6006309	501(C)(3)	7,000				C S MOTT CHILDREN'S HOSPITAL PEDIATRIC SURGERY & GENETICS RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF PELLSTON 6528 EAST STATE STREET PELLSTON, MI 49769	38-6024624	OTHER	10,000				ATTRACT NORTH WESTERN STATE TRAIL USERS INTO PELLSTON BY PROVIDING CRITICAL TRAILHEAD AMENITIES
VOICES WITHOUT BORDERS INC 1180 WINNELL COURT PETOSKEY, MI 49770	32-0265544	501(C)(3)	51,500				GENERAL SUPPORT & PRODUCE A YOUTH CHOIR CONCERT EXPLORING BRITISH HERITAGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLOON LAKE TRUST AND CONSERVANCY PO BOX 579 WALLOON LAKE, MI 49796	38-3608004	501(C)(3)	14,950				GUARDIAN FUND, PROPERTY ACQUISITION OF M-75 PARCEL, BUILD "GET INVOLVED, \$500 FOR THE GUARDIAN FUND, \$100 FOR THE ENDOWMENT FUND, TO SUPPORT PURCHASE OF A LAND PARCEL OF APPROXIMATELY 3 ACRES WITH 450 FEET OF WALLOON LAKE SHORELINE, LOCATED ON BOTH SIDES OF M-75 JUST SOUTH OF THE WALLOON LAKE VILLAGE LIMITS AT THE CORNER OF JENSEN ROAD AND M-75, FOR THE PURPOSE OF CREATING A NATURE PRESERVE & WALLOON LAKE PROPERTY ACQUISITION FOR ECOLOGICAL CONSERVATION
WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN 423 PORTER STREET PETOSKEY, MI 49770	38-2302164	501(C)(3)	20,642				GENERAL SUPPORT, 40TH ANNIVERSARY FUNDRAISING CHALLENGE, TO SUPPORT SAFE HOME OPERATIONS, ESSENTIAL NEEDS FUNDS, 100 MEN CAMPAIGN, 2017 ANNUAL GIFT, TO SUPPORT CHILDREN AND FAMILIES AT THE HOLIDAYS, WRC SAFE HOUSE, ANNUAL ALLOCATION FROM PETOSKEY BPW FUND FOR SCHOLARSHIP PROGRAM, ANNUAL ALLOCATION FROM THE ANN SMITH CHARITABLE FUND, 2017 ANNUAL ALLOCATION FROM WRC OF NM ENDOWMENT FUND & 100 MEN CAMPAIGN - DR VICTOR KNOWLTON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF NORTHERN MICHIGAN 434 E LAKE STREET PETOSKEY, MI 49770	38-1358418	501(C)(3)	7,950				GENERAL SUPPORT, SCHOLARSHIPS FOR KIDS & EXPLORING THE FUTURE OF THE YMCA IN NORTHERN MICHIGAN
YOUNG LIFE LITTLE TRAVERSE BAY PO BOX 215 PETOSKEY, MI 49770	84-0385934	501(C)(3)	55,000				GENERAL SUPPORT & LOCAL PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALLENGE MOUNTAIN OF WALLOON HILLS INC PO BOX 764 BOYNE CITY, MI 49712	38-2563815	501(C)(3)	9,000				GENERAL SUPPORT, TO SUPPORT PURCHASE OF A REPLACEMENT TRUCK, PURCHASE A MULTIPURPOSE TRUCK TO SUPPORT RECREATION AND MAINTENANCE AT CHALLENGE MOUNTAIN
SMITH COLLEGE STODDARD ANNEX 23 ELM STREET NORTHAMPTON, MA 01063	41-8430400	501(C)(3)	6,000				THE SMITH FUND

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 non-cash assistance
SCHOLARSHIP FOR STUDENT ATTENDING ALPENA COMMUNITY COLLEGE	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING CENTRAL MICHIGAN UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING FERRIS STATE UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING GRAND RAPIDS COMMUNITY COLLEGE	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING GRAND VALLEY STATE UNIVERSITY	5	9,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 non-cash assistance
SCHOLARSHIP FOR STUDENT ATTENDING KETTERING UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING LAKE SUPERIOR STATE UNIVERSITY	1	500			
SCHOLARSHIP FOR STUDENT ATTENDING LIBERTY UNIVERSITY	1	1,500			
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN STATE UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN TECHNOLOGICAL UNIVERSITY	2	2,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 non-cash assistance
SCHOLARSHIP FOR STUDENT ATTENDING NORTH CENTRAL MICHIGAN COLLEGE	2	2,500			
SCHOLARSHIP FOR STUDENT ATTENDING NORTHERN MICHIGAN UNIVERSITY	1	2,000			
SCHOLARSHIP FOR STUDENT ATTENDING OAKLAND UNIVERSITY	1	2,000			
SCHOLARSHIP FOR STUDENT ATTENDING SAGINAW VALLEY STATE UNIVERSITY	1	500			
SCHOLARSHIP FOR STUDENT ATTENDING SAINT MARY'S COLLEGE	1	2,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 non-cash assistance
SCHOLARSHIP FOR STUDENT ATTENDING ST OLAF COLLEGE	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING THE UNIVERSITY OF CHICAGO	1	1,500			
SCHOLARSHIP FOR STUDENT ATTENDING THE UNIVERSITY OF MICHIGAN	2	3,000			
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF NOTRE DAME	1	1,000			

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Employer identification number
38-3032185

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	813,555	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 IV, 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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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?

31

Yes

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

32a

Yes

b If "Yes," describe in Part II

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	THE COMMUNITY FOUNDATION WORKS CLOSELY WITH FINANCIAL, LEGAL AND TAX ADVISORS TO EDUCATE THEM AND THEIR CLIENTS REGARDING THE POTENTIAL BENEFITS OF NONCASH CONTRIBUTIONS, SPECIFICALLY SECURITIES IN INSTANCES OF CONTRIBUTIONS IN THE FORM OF SECURITIES, THE COMMUNITY FOUNDATION HOLDS ACCOUNTS WITH DIFFERENT FINANCIAL ADVISORS TO FACILITATE SUCH GIFTS WHEN THE COMMUNITY FOUNDATION IS NOTIFIED OF A POTENTIAL GIFT OF SECURITIES, THE SECURITIES ARE TRANSFERRED FROM THE DONOR'S ACCOUNT TO ONE OF THE FINANCIAL ADVISOR ACCOUNTS HELD BY THE COMMUNITY FOUNDATION THE FINANCIAL ADVISOR IS INSTRUCTED TO SELL THE SECURITIES UPON RECEIPT THE COMMUNITY FOUNDATION'S GIFT ACCEPTANCE GUIDELINES OUTLINE THE POLICIES AND PROCEDURES FOR CASH AND NONCASH GIFTS THE AMOUNT REPORTED IN PART I, COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION**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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

38-3032185

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 ORGANIZATIO NS AND BUSINESSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 VOTE AT ANY REGULAR OR SPECIAL M EETING OF THE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMMUNITY FOUNDATION'S PRESIDENT AND EXECUTIVE COMMITTEE ANNUALLY REVIEW THE CEO'S PER FORMANCE AND MAKE A RECOMMENDATION FOR COMPENSATION TO THE FULL BOARD OF DIRECTORS THE PR OCCESS INCLUDES AN INDEPENDENT REVIEW BY MEMBERS OF THE COMMITTEE, A REVIEW OF COMPARABILIT Y DATA FROM THE COUNCIL ON FOUNDATIONS, MICHIGAN NONPROFIT ASSOCIATION, COUNCIL OF MICHIGA N FOUNDATIONS AND LOCAL NONPROFIT ORGANIZATIONS THE EXECUTIVE COMMITTEE'S RECOMMENDATION WITH SUBSTANTIATION IS MADE TO THE FULL BOARD OF DIRECTORS FOR ITS APPROVAL AND DOCUMENTED IN THE MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 C 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AGENCY ENDOWMENT GRANT AND EXP ACTIVITY 71,980 AGENCY ENDOWMENT GIFT & INCOME ACTIVITY -1,876,624

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT NO CHANGE IN PROCESS FROM PRIOR YEAR