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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 04-01-2020 , and ending 03-31-2021

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

D Employer identification number

38-3032185

E Telephone number

(231) 348-5820

G Gross receipts \$ 7,618,063

F Name and address of principal officer:
JENNIFER DEEGAN
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 ▶

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)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	6
6	Total number of volunteers (estimate if necessary)	73
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,235,057	4,198,128
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,918,490	2,010,273
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,624	17,155
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,190,171	6,225,556

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,148,216	3,892,280
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	361,616	426,748
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶118,958		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	273,344	191,463
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,783,176	4,510,491
19 Revenue less expenses. Subtract line 18 from line 12	1,406,995	1,715,065

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	39,491,856	56,212,807
21 Total liabilities (Part X, line 26)	6,742,759	10,517,180
22 Net assets or fund balances. Subtract line 21 from line 20	32,749,097	45,695,627

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

2021-08-31
Date

MELISSA NGUYEN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2021-08-31

Check ☐ if self-employed

PTIN P01294224

Firm's name ▶ RASMUSSEN TELLER & CARON PC

Firm's EIN ▶ 38-2268582

Firm's address ▶ 555 MICHIGAN STREET
PETOSKEY, MI 49770

Phone no. (231) 347-5555

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 3,972,364 including grants of \$ 3,892,280) (Revenue \$)
See Additional Data



















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

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

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

4e Total program service expenses ▶ 3,972,364

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II 	4 Yes	
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? If "Yes," complete Schedule C, Part III 	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		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.	38	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	1a	9	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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

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	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 40px; text-align: center;">2a</div> <div style="width: 60px;"></div> </div> <div style="text-align: right; margin-top: -10px;">6</div>			
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)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2b</div> <div style="width: 40px; text-align: center;">Yes</div> </div>			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">3a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">3b</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
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)?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">4a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
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).	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"></div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5b</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5c</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
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?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">6a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">6b</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
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?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7b</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7c</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
d If "Yes," indicate the number of Forms 8282 filed during the year				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7e</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7f</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7g</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7h</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
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?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">8</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9b</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				
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.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">13a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
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				
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">14a</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">14b</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;"></div> </div>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">15</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">16</div> <div style="width: 40px;"></div> <div style="width: 40px; text-align: center;">No</div> </div>			

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-A 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) THOMAS B SMITH TRUSTEE	1.00	X						0	0	0
(2) JANET M MANCINELLI TRUSTEE	1.00	X						0	0	0
(3) ROBERT E KEEDY TRUSTEE	1.00	X						0	0	0
(4) JOHN M DAMOOSE TRUSTEE	1.00	X						0	0	0
(5) MARY E RAPIN TRUSTEE	1.00	X						0	0	0
(6) SARAH L SHUMAN TRUSTEE	1.00	X						0	0	0
(7) EMILY R MEYERSON TRUSTEE	1.00	X						0	0	0
(8) PAIGE E SIMARD TRUSTEE	1.00	X						0	0	0
(9) WEBB F MARTIN TRUSTEE	1.00	X						0	0	0
(10) KATHRYN S ERBER TRUSTEE	1.00	X						0	0	0
(11) ROBERT W CHARLTON TRUSTEE	1.00	X						0	0	0
(12) STEVEN L BOECKMAN TRUSTEE	1.00	X						0	0	0
(13) JENNIFER H ATTIE TRUSTEE	1.00	X						0	0	0
(14) EMERSON J MEYER TRUSTEE	1.00	X						0	0	0
(15) MICHAEL D EBERHART PRESIDENT	3.00	X		X				0	0	0
(16) JENNIFER E DEEGAN PRESIDENT	3.00	X		X				0	0	0
(17) JAMES W FORD VICE PRESIDENT	3.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MELISSA A NGUYEN TREASURER	4.00	X		X				0	0	0
(19) DANA F ANDREWS SECRETARY	3.00	X		X				0	0	0
(20) DAVID JONES EXECUTIVE DIRECTOR	40.00			X				99,855	0	7,927
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								99,855	0	7,927

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**

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	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	4,198,128				
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,017,227				
	h Total. Add lines 1a-1f ▶			4,198,128			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		791,132	7,310		783,822	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss) ▶		1,219,141			1,219,141	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses					
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19						
		b Less: direct expenses					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a ADMINISTRATIVE FEE INCOME		523920	38,396			38,396	
b REMEASUREMENT OF CHARITABLE GIFT		523920	-21,241			-21,241	
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			17,155				
12 Total revenue. See instructions ▶			6,225,556	7,310	0	2,020,118	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,840,280	3,840,280		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	52,000	52,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	109,351		82,013	27,338
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	237,311	61,000	115,312	60,999
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	19,402	5,185	9,032	5,185
9 Other employee benefits	34,165	6,595	20,975	6,595
10 Payroll taxes	26,519	4,667	15,374	6,478
11 Fees for services (non-employees):				
a Management				
b Legal	994		994	
c Accounting	14,976		14,976	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,375		43,375	
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	18,174	1,956	10,723	5,495
14 Information technology	49,502		49,502	
15 Royalties				
16 Occupancy	27,881		27,881	
17 Travel	417		417	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,239	681	1,048	510
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,908		2,908	
23 Insurance	4,214		4,214	
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 DUES	13,972		13,972	
b PUBLIC RELATIONS	4,324		2,021	2,303
c PRINTING AND PUBLICATIO	4,055			4,055
d BANK SERVICE FEES	3,058		3,058	
e All other expenses	1,374		1,374	
25 Total functional expenses. Add lines 1 through 24e	4,510,491	3,972,364	419,169	118,958
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	432	1	116
	2 Savings and temporary cash investments	4,203,360	2	4,632,496
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,125	9	19,125
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 63,662		
	b Less: accumulated depreciation	10b 44,568	22,151	10c 19,094
	11 Investments—publicly traded securities	33,992,582	11	51,137,486
	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	1,254,206	15	404,490
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,491,856	16	56,212,807	
Liabilities	17 Accounts payable and accrued expenses	172	17	13,871
	18 Grants payable	256,522	18	126,873
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,486,065	25	10,376,436
	26 Total liabilities. Add lines 17 through 25	6,742,759	26	10,517,180
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,314,997	27	26,840,071
	28 Net assets with donor restrictions	19,434,100	28	18,855,556
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	32,749,097	32	45,695,627	
33 Total liabilities and net assets/fund balances	39,491,856	33	56,212,807	

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	6,225,556
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,510,491
3	Revenue less expenses. Subtract line 2 from line 1	3	1,715,065
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,749,097
5	Net unrealized gains (losses) on investments	5	12,492,908
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	-1,261,443
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,695,627

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 (2020)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION MAKES GRANTS FOR CHARITABLE PURPOSES TO VARIOUS 501(C)(3) AND GOVERNMENT ORGANIZATIONS IN THE FOLLOWING AREAS: ARTS AND CULTURE, EDUCATION, ENVIRONMENT, COMMUNITY AND ECONOMIC DEVELOPMENT, HEALTH, HUMAN SERVICES, RECREATION, HISTORIC PRESERVATION, AND YOUTH DEVELOPMENT. ALL GRANT RECOMMENDATIONS ARE REVIEWED AND APPROVED BY THE COMMUNITY FOUNDATION'S BOARD OF DIRECTORS. DONOR ADVISED FUNDS RECOMMENDED 813 GRANTS TO SUPPORT ORGANIZATIONS THEY VALUE. THE UNRESTRICTED FUND'S DISTRIBUTION COMMITTEE AND THE YOUTH FUND'S YOUTH ADVISORY COMMITTEE RECOMMENDED 66 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 145 GRANTS TO ORGANIZATIONS IN CORRESPONDING FIELDS. THE SCHOLARSHIP COMMITTEE RECOMMENDED VARIOUS SCHOLARSHIP AWARDS OF 27 GRANTS TO LOCAL STUDENTS WHO ARE PURSUING EDUCATION BEYOND HIGH SCHOOL. A TOTAL OF 1,106 GRANTS WERE AWARDED FROM COMMUNITY FOUNDATION FUNDS DURING THIS TIME PERIOD TO IMPROVE AND ENRICH LIFE IN EMMET COUNTY.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2020

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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,246,297	3,624,116	3,544,362	3,235,057	4,198,128	16,847,960
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	2,246,297	3,624,116	3,544,362	3,235,057	4,198,128	16,847,960
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) . . .						5,281,580
6	Public support. Subtract line 5 from line 4.						11,566,380

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .	2,246,297	3,624,116	3,544,362	3,235,057	4,198,128	16,847,960
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	607,149	825,188	859,770	775,128	783,822	3,851,057
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						20,699,017
12	Gross receipts from related activities, etc. (see instructions)						12

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	55.880 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	54.640 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		99
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			99
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	EXECUTIVE DIRECTOR ATTENDED COUNCIL ON FOUNDATIONS ANNUAL FOUNDATIONS ON THE HILL CONFERENCE VIA ZOOM.

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Employer identification number

38-3032185

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	82	78
2 Aggregate value of contributions to (during year)	2,292,920	1,428,482
3 Aggregate value of grants from (during year)	2,491,997	390,162
4 Aggregate value at end of year	18,439,885	14,527,373

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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3

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

4

Number of states where property subject to conservation easement is located ▶

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

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

1a

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

b

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

(i)

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

(ii)

Assets included in Form 990, Part X ▶ \$

2

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

a

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

b

Assets included in Form 990, Part X ▶ \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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	23,547,110	29,073,399	28,696,440	26,266,060	24,108,499
b Contributions	871,755	822,854	1,050,233	433,482	640,285
c Net investment earnings, gains, and losses	12,708,923	-3,010,801	829,194	3,640,506	3,064,702
d Grants or scholarships	1,630,644	2,813,287	1,002,198	1,159,442	1,070,821
e Other expenditures for facilities and programs					
f Administrative expenses	533,857	525,055	500,270	484,166	476,605
g End of year balance	34,963,287	23,547,110	29,073,399	28,696,440	26,266,060

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

3a

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

(i) Unrelated organizations

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		26,510	22,662	3,848
e Other		37,152	21,906	15,246
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				19,094

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	10,249,677
(3) DISC OBLIG - CHARITABLE GIFT ANNUIT	126,759
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	10,376,436

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	17,195,793
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	12,492,908
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-43,373
e	Add lines 2a through 2d	2e	12,449,535
3	Subtract line 2e from line 1	3	4,746,258
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	1,479,298
c	Add lines 4a and 4b	4c	1,479,298
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,225,556

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

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

1	Total expenses and losses per audited financial statements	1	4,249,263
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	-217,855
e	Add lines 2a through 2d	2e	-217,855
3	Subtract line 2e from line 1	3	4,467,118
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	43,373
c	Add lines 4a and 4b	4c	43,373
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,510,491

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 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 -43,373.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AGENCY ENDOWMENT GIFT AND INCOME ACTIVITY 1,479,298.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	AGENCY ENDOWMENT GRANT AND EXPENSES ACTIVITY -217,855.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES 43,373.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PETOSKEY-HARBOR SPRINGS AREA
COMMUNITY FOUNDATION

Employer identification number

38-3032185

Part I General Information on Grants and Assistance

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

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

(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 ▶
- 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
BAY BLUFFS FOUNDATION 750 EAST MAIN STREET PETOSKEY, MI 49770	20-4391082	501(C)(3)	46,727				ANNUAL ALLOCATION FROM THE BOETTGER SENIOR CITIZENS FUND, REFRESH ROOMS, PURCHASE PPE
BAY VIEW ASSOCIATION PO BOX 583 PETOSKEY, IL 49770	38-0333680	501(C)(3)	9,937				WATERFRONT PROJECT, ANNUAL ALLOCATION FROM BAY VIEW ENDOWMENT, VESPER CONCERTS AND PERFORMING ARTS

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
BEAR CREEK TOWNSHIP 373 N DIVISION ROAD PETOSKEY, MI 49770	38-1974089	OTHER	7,000				PLAN FOR BEAR RIVER WATER TRAIL
BIG BROTHERS BIG SISTERS OF NORTHWESTERN MICHIGAN 900 EAST FRONT STREET SUITE 125 TRAVERSE CITY, MI 49686	23-7043163	501(C)(3)	13,500				OPERATIONAL AND 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
BLISSFEST MUSIC ORGANIZATION PO BOX 546 PETOSKEY, MI 49770	38-2848866	501(C)(3)	13,709				OPERATIONAL AND GENERAL SUPPORT, CAMPGROUND
BOY SCOUTS OF AMERICA PRESIDENT GERALD R FORD FIELD SERVICE COUNCIL 3213 WALKER AVE NW GRAND RAPIDS, MI 49544	38-1359240	501(C)(3)	30,000				BUIDLING CHARATERS CELEBRATION-NORTH, COMMUNICATIONS TOWER PROJECT

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)	9,500				GENERAL SUPPORT, TRAILER PROJECT 2020, GERBER SUMMER CAMP
CAMP DAGGETT 03001 CHURCH ROAD PETOSKEY, MI 49770	38-1617980	501(C)(3)	58,180				OPERATIONAL AND GENERAL SUPPORT, BATHHOUSE, EQUIPMENT FOR COVID ADAPTATIONS

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
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48206	38-3429921	501(C)(3)	20,000				GENERAL SUPPORT
CATALYTIC ART & MEDIA 825 FOUNTAIN ST ANN ARBOR, MI 48103	83-2162563	501(C)(3)	10,000				LINE 5 DOCUMENTARY: PART 4

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)	8,800				GENERAL SUPPORT
CHAR-EM UNITED WAY 480 WEST MITCHELL STREET PETOSKEY, MI 49770	23-7049778	501(C)(3)	13,000				GENERAL SUPPORT, DOLLY PARTON IMAGINATION LIBRARY, COVID-19 RESPONSE RELIEF 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
CHARLEVOIX COUNTY COMMUNITY FOUNDATION 301 WATER STREET EAST JORDAN, MI 49727	38-3033739	501(C)(3)	11,000				HESTIA GIVING CIRCLE
CHRIST CHILD SOCIETY OF NORTHERN MICHIGAN PO BOX 132 HARBOR SPRINGS, MI 49740	38-3006148	501(C)(3)	10,450				GENERAL SUPPORT, GROCERY STORE GIFTCARDS FOR FOOD RELIEF

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
CITY OF PETOSKEY 101 EAST LAKE STREET PETOSKEY, MI 49770	38-6004583	OTHER	98,645				SUPPORT DOWNTOWN RESTUARANTS WITH OUTDOOR DINIG PLATFORMS, SUPPORT RIVERBEND PARK PICKLEBALL PRAOJECT, COVID-19 ADAPTATIONS FOR WITNER SPORTS PARK, LIVABLE SHORELINE PROJECT AND EDUCATIONAL SIGNAGE
CONSERVATION RESOURCE ALLIANCE 10850 TRAVERSE HIGHWAY SUITE 1180 TRAVERSE CITY, MI 49684	38-2181915	501(C)(3)	5,500				REPLACE BRIDGE

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 LAKE SAILORS INC PO BOX 195 ODEN, MI 49764	80-0623079	501(C)(3)	6,500				GENERAL SUPPORT, NEW MOORINGS
CROOKED TREE ARTS CENTER 461 E MITCHELL STREET PETOSKEY, MI 49770	23-7187264	501(C)(3)	72,053				GENERAL SUPPORT, ANNUAL ALLOCATION, WRITING EXPO, OPERATIONAL SUPPORT DUE TO COVID-19, SCHOOL OF BALLET, CHILDREN'S PROGRAMS, YOUNG WRITERS JURIED EXPOSITION

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
CYSTIC FIBROSIS FOUNDATION- MICHIGAN CHAPTER 2265 LIVERNOIS ROAD 410 TROY, MI 48083	13-1930701	501(C)(3)	35,100				GENERAL SUPPORT, EVENING WITH THE STARS, GREAT STRIDES
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	38-1359510	501(C)(3)	20,000				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
DETROIT ZOO 8450 W 10 MILE ROAD ROYAL OAK, MI 48067	38-6027356	501(C)(3)	20,000				GENERAL SUPPORT
EDUCATIONAL FOUNDATION FOR MANCELONA SCHOOLS PO BOX 586 MANCELONA, MI 49659	38-3742366	OTHER	7,200				GENERAL SUPPORT FOR SCHOLARSHIP 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
EMMANUEL EPISCOPAL CHURCH 1020 EAST MITCHELL STREET PETOSKEY, MI 49770	38-2307700	OTHER	82,571				GENERAL SUPPORT, ANNUAL ALLOCATION, PROVIDE NOURISHING FOOD TO MIDDLE AND HIGH SCHOOL STUDENTS IN NEED, SCHOOL BASED FOOD PANTRIES, NORTHMEN DEN
EMMET COUNTY RECYCLING DEPARTMENT OF PUBLIC WORKS 200 DIVISION ST STE G-76 PETOSKEY, MI 49770	99-9999999	OTHER	15,000				IMPROVE RECYCLING EFFICIENCY WITH UPGRADES TO CONTAIER SORT LINE

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
FIRST PRESBYTERIAN CHURCH OF HARBOR SPRINGS 7940 CEMETARY ROAD HARBOR SPRINGS, MI 49740	38-6120603	OTHER	14,000				ALLOCATION FROM BEQUEST FUND
FIRST PRESBYTERIAN CHURCH OF PETOSKEY 501 EAST MITCHELL STREET PETOSKEY, MI 49770	38-6098294	OTHER	110,600				GENERAL SUPPORT, BUILDING FUND, SUPPORT FOR WEEKLY SOUP KITCHEN AND RAIN GARDEN PROJECT, RESTAURANT WORKER RELIEF 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
FIRST TEE OF NORTHERN MICHIGAN PO BOX 613 HARBOR SPRINGS, MI 49740	74-3149490	501(C)(3)	32,000				GENERAL AND OPERATIONAL SUPPORT
FLOW (FOR LOVE OF WATER) 153 1/2 E FRONT STREET TRAVERSE CITY, MI 49684	45-4370935	501(C)(3)	15,000				LINE 5 EXPERT ANALYSIS

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)	44,366				GENERAL SUPPORT, ANNUAL ALLOCATION FROM THE BOETTGER SENIOR CITIZENS FUND & ANNUAL ALLOCATION FROM THE OSBORN MEMORIAL FUND, EQUIP LOW INCOME SENIORS WITH EMERGENCY RESPONSE DEVICES, ESSENTIAL NEEDS FUND
FRIENDS OF THE CHILDREN'S CREATIVE CENTER TRUST FUND 1600 PAULINE BOULEVARD ANN ARBOR, MI 48105	45-6383792	501(C)(3)	14,000				GENERAL AND OPERATING SUPPORT, TO DISTRIBUTE FOOD AND OTHER VITAL SUPPORT TO FAMILIES IN CRISIS, HOLIDAY GIVING 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
GOLF ASSOCIATION OF MICHIGAN FOUNDATION 24116 RESEARCH DRIVE FARMINGTON HILLS, MI 48335	47-2118531	501(C)(3)	36,000				YOUTH ON COURSE, SCHOLARSHIP SUPPORT, INTERNSHIP SUPPORT
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	54,100				GENERAL SUPPORT, NATIONALLY TOURING CHILDREN'S MUSICAL, OPERATIONAL SUPPORT DUE TO COVID-19

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
GREAT LAKES CHAMBER ORCHESTRA 219 E LAKE STREET PETOSKEY, MI 49770	30-0084912	501(C)(3)	20,658				GENERAL AND OPERATING SUPPORT, 20 YEAR CELEBRATION WITH COMMUNITY PERFORMANCES, UPDATE TELEPHONE SYSTEM
GREAT LAKES STEWARDSHIP INITIATIVE 8325 TROUP ROAD HARBOR SPRINGS, MI 49740	82-3689165	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREAT START COLLABORATIVE OF CHAR-EM AND N ANTRIM CO CHAR-EM ISD 08568 MERCER BLVD CHARLEVOIX, MI 49720	38-2027389	501(C)(3)	8,500				ENABLE QUALITY PRESCHOOL EXPERIENCES FOR ALL CHILDREN
GROUNDWORK CENTER FOR RESILIENT COMMUNITIES 148 EAST FRONT STREET SUITE 301 TRAVERSE CITY, MI 49684	38-2314954	501(C)(3)	41,000				EMMET COUNTY CLEAN ENERGY WORK, LOCAL FOOD RELIEF FUND, IMPLEMENT PROJECT FOODCORPS AT ALANSON PUBLIC SCHOOLS, GENERAL AND OPERATING 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
HARBOR AREA HOUSING INC 311 W MAIN ST HARBOR SPRINGS, MI 49740	38-2088325	501(C)(3)	20,000				ANNUAL ALLOCATION FROM AGENCY FUND
HARBOR HALL FOUNDATION PO BOX 376 HARBOR SPRINGS, MI 49740	38-3105589	501(C)(3)	6,500				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
HARBOR HALL INC 704 EMMET PETOSKEY, MI 49770	38-2056071	501(C)(3)	18,500				PROVIDE QUALITY, AFFORDABLE TREATMENT FOR DRUG, ALCOHOL AND GAMBLING ADDICTIONS, PURCHASE PPE AND TECHNOLOGY TO ACCOMMODATE TELEMEDICINE, GENERAL SUPPORT
HARBOR INC PO BOX 112 HARBOR SPRINGS, MI 49740	38-3602221	501(C)(3)	7,000				OPERATING 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
HARBOR SPRINGS AREA HISTORICAL SOCIETY PO BOX 812 HARBOR SPRINGS, MI 49740	38-2934124	501(C)(3)	14,382				GENERAL AND OPERATING SUPPORT, ANNUAL FUND ALLOCATION
HARBOR SPRINGS EDUCATION FOUNDATION PO BOX 561 HARBOR SPRINGS, MI 49740	38-3458936	501(C)(3)	5,951				GENERAL SUPPORT, SCHOLARSHIP SUPPORT, ANNUAL ALLOCATION

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 SPRINGS FESTIVAL OF THE BOOK PO BOX 766 HARBOR SPRINGS, MI 49740	47-1729627	501(C)(3)	19,250				PROVIDE BOOKS TO STUDENTS TO SUPPORT HOME LITERACY, BOOKS FORSCHOOLS PROGRAM, GENERAL SUPPORT, PURCHASE BOOKS FOR LOCAL SCHOOL CHILDREN
HARBOR SPRINGS LIBRARY 206 SOUTH SPRING STREET HARBOR SPRINGS, MI 49740	38-1722820	501(C)(3)	32,252				GENERAL SUPPORT, REPLACE BOILER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARBOR SPRINGS PUBLIC SCHOOLS 800 STATE ROAD HARBOR SPRINGS, MI 49740	38-6001172	OTHER	97,016				PROVIDE HANDS-N LEARNING THROUGH ROBOTICS, TEACH ELEMENTARY SCHOOL STUDENTS HOW TO FISH, VISUAL ARTS SUPPLIES FOR SHAY ELEMENATRY, 2020 BACKYARD ADVENTURES PROJECT, SCHOLARSHIP SUPPORT FOR CHILD CARE
HARBOR SPRINGS RAM BOOSTERS 800 S STATE STREET HARBOR SPRINGS, MI 49740	37-1844078	501(C)(3)	6,000				NEW UNIFORMS AND EQUIPMENT FOR HARBOR SPRINGS HIGH SCHOOL BOYS SOCCER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARVEST HOUSE INC PO BOX 372 DESTIN, FL 32540	59-3255093	501(C)(3)	10,000				GENERAL SUPPORT
HEALTH DEPARTMENT OF NORTHWEST MICHIGAN 3434 M-119 HWY SUITE A HARBOR SPRINGS, MI 49740	30-0168590	OTHER	20,150				ESSENTIAL NEEDS SUPPORT, SAFE IN PLAIN SIGHT TRAILER WRAP, SHARE A SMILE, NOT A TOOTHBRUSH PROJECT, OPERATIONAL SUPPORT FOR SCHOOL BASED HEALTH CENTERS, SUPPORT FOR CORNAVIRUS VACCINATION CLINICS

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
HOLY CHILDHOOD CATHOLIC CHURCH 150 WEST MAIN STREET HARBOR SPRINGS, MI 49740	38-2020798	OTHER	6,600				GENERAL SUPPORT
JUSTICE FOR OUR NEIGHBORS - MICHIGAN 207 FULTON ST E GRAND RAPIDS, MI 49503	82-2680614	501(C)(3)	10,000				GENERAL SUPPORT

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	501(C)(3)	15,000				GENERAL SUPPORT
KIERSTEN'S RIDE 04316 COSIER ROAD EAST JORDAN, MI 49727	47-4311739	501(C)(3)	20,000				SUPPORT FOR REGIONAL SUICIDE PREVENTION CONFERENCE, OPERATIONAL SUPPORT DUE TO COVID-19

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
KNIGHTS OF COLUMBUS - COUNCIL 923 1106 CHARLEVOIX AVE PETOSKEY, MI 49770	23-7542924	OTHER	7,000				FOR CHARITABLE PUPOSES, CHAIR PROJECT
LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 WEST CONWAY ROAD HARBOR SPRINGS, MI 49740	38-1384441	501(C)(3)	18,886				GENERAL SUPPORT, OPERATIONAL SUPPORT FOR FOSTER ANIMAL EXPENSE DUE TO COVID-19, MAKE EMERGENCY VETERINARY CARE AFFORDABLE FOR LOW-INCOME FAMILIES AND THEIR PETS

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 CIVIC THEATRE 461 EAST MITCHELL STREET PETOSKEY, MI 49770	38-2397882	501(C)(3)	5,800				GENERAL SUPPORT, BUILD SAFE STORAGE FOR COMMUNITY THEATER PALY PROPS, OPERATIONAL SUPPORT DUE TO LOST REVENUE FROM CANCELLED PERFORMANCES
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	232,157				GENERAL SUPPORT, THE VIEWLANDS, MAINTAIN EMMET COUNTY NATURES PRESERVES AND WORKING FOREST RESERVES, OPERATIONAL 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
LITTLE TRAVERSE HISTORICAL SOCIETY 100 DEPOT COURT PETOSKEY, MI 49770	38-6107314	501(C)(3)	12,350				GENERAL SUPPORT, OPERATIONAL SUPPORT DUE TO COVID-19
MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740	38-2764533	501(C)(3)	135,227				GENERAL SUPPORT, OFFER NUTRITIOUS FOOD IN AREA FOOD PANTRIES, ADDRESS IMMEDIATE NEEDS ARISING FROM COVID-19, BLOCK GRANT FOR EMMET COUNTY PANTRIES

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

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MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770	38-2445611	501(C)(3)	182,315				GENERAL SUPPORT, HILAND COTTAGE HOSPICE, HELP WITH COVID-19 NEEDS, PURCHASE POWERED AIR PURIFYING RESPIRATORS, PROVIDE ATIENTS EXPERIENCING CANCER TREATMENT WITH ASSISTANCE FOR UNMET NEEDS, CAPITAL CAMPAIGN, PURCHASE CPR MANNEQUINS, PHYSICIAN RECRUITMENT AND RESIDENCY
MICHIGAN INTERFAITH POWER & LIGHT 1950 TRUMBULL DETROIT, MI 48216	32-0070213	501(C)(3)	7,305				GLOW SOLAR LITTLE TRAVERSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MICHIGAN STATE UNIVERSITY-ELI BROAD COLLEGE OF BUSINESS 632 BOGUE ST N505 EAST LANSING, MI 48824	38-6005984	501(C)(3)	56,000				BROAD COLLEGE GRADUATE PAVILION GRANT, SCHOLARSHIP SUPPORT
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501(C)(3)	35,500				GENERAL SUPPORT, LINE 5 PIPELINE WOLFPACK PUBLIC EDUCATION EFFORT

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

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NATIONAL WILDLIFE FEDERATION - GREAT LAKES REGIONAL CENTER 213 W LIBERTY STREET ANN ARBOR, MI 48103	53-0204616	501(C)(3)	10,000				LINE 5 PIPELINE WOLFPACK PUBLIC EDUCATION EFFORT
NCMC FOUNDATION 1515 HOWARD ROAD PETOSKEY, MI 49770	38-2910328	501(C)(3)	90,653				STUDENT EMERGENCY FUND, COVID-19 RELIEF, GENERAL SUPPORT, BUILDING TOMORROW TOGETHER CAPITAL CAMPAIGN, STUDENT COMMONS LOBBY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW HOPE COMMUNITY CHURCH 316 1/2 HOWARD ST PETOSKEY, MI 49770	27-3542460	501(C)(3)	8,000				GENERAL SUPPORT
NORTH EMMET LITTLE LEAGUE 5550 GRUBAUGH RD ALANSON, MI 49706	38-2509002	501(C)(3)	8,765				IMPROVE SAFETY ON THE GIRLS' SOFTBALL FIELD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHERN COMMUNITY MEDIATION 415 STATE STREET PETOSKEY, MI 49770	38-3161108	501(C)(3)	11,100				GENERAL SUPPORT, OPERATIONAL SUPPORT, TECHNOLOGY PURCHASE FOR VIRTUAL SERVICES
NORTHERN HOMES COMMUNITY DEVELOPMENT CORPORATION 1048 E MAIN STREET BOYNE CITY, MI 49712	38-3395829	501(C)(3)	8,000				OPERATING SUPPORT, RENTAL ASSISTANCE FOR MAPLE VILLAGE RESDENTS DUE TO COVID-19

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

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NORTHERN MICHIGAN EQUINE THERAPY 05025 CHURCH ROAD BOYNE CITY, MI 49712	30-0838013	OTHER	101,830				GENERAL SUPPORT, OPERATIONA SUPPORT TO CARE FOR HORSES AND MAINTAIN FACILITY, PROVIDE SCHOLARSHIPS TO YOUNG PEOPLE BATTLING MENTAL ILLNESS UNDERTAKE EQUINE THERAPY
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY 3963 THREE MILE ROAD TRAVERSE CITY, MI 49686	38-2027389	501(C)(3)	12,000				PROVIDING BASIC NEEDS SUPPORT FOR CLIENTS AT OR BELOW 200% PVERTY LEVEL, NW MICHIGAN COALITION TO END HOMELESSNESS COVID-19 MOTEL VOUCHERS, ESSENTIAL NEEDS

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
NORTHWEST MICHIGAN HABITAT FOR HUMANITY 1840 M 119 UNIT 1 PETOSKEY, MI 49770	38-2971056	OTHER	73,250				OPERATIONAL SUPPORT DUE TO COVID-19, BUILD A HOME FOR ONE LOW-INCOME FAMILY IN EMMET COUNTY, SUPPORT CRITICAL HOME REPAIRS, GENERAL SUPPORT, HOME READY PROGRAM HOUSING CONSTRUCTION COSTS, INFRASTRUCTURE FOR ODEN-ALANSON BUILDS, UPDATE TOOLS TO BUILD AFFORDABLE HOUSING
NOTES FOR NOTES 1900 CHURCH STREET NASHVILLE, TN 37203	20-4875556	501(C)(3)	20,000				GENERAL SUPPORT

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OPERATION INJURED SOLDIERS 10079 COLONIAL IND DRIVE SOUTH LYON, MI 48178	74-3220776	501(C)(3)	10,000				OPERATIONAL AND GENERAL SUPPORT, SUPPORT BRAVE HEART ESTATE
PELLSTON PUBLIC SCHOOLS 172 N PARK ST PELLSTON, MI 497699400	38-6001178	501(C)(3)	21,450				PURCHASE ITEMS NEEDED TO PACKAGE TOGO MEALS, FRAMES, PENCILS AND OTHER VISUAL ARTS SUPPLIES, SOLAR PANEL PROJECT, PURCHASE BOOKS FOR STUDENT USE, RECRUITMENT OF CHEF FOR SCHOOL FOOD SERVICE 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
PETOSKEY AREA GARDEN CLUB INC PO BOX 746 PETOSKEY, MI 49770	38-2168885	501(C)(3)	10,000				GENERAL SUPPORT
PETOSKEY CHILDREN'S NATURE PRESCHOOL 1804 EAST MITCHELL ROAD PETOSKEY, MI 49770	38-1806543	501(C)(3)	8,800				EXPAND SCHOOL DAY TO MEET COMMUNITY NEEDS FOR PRESCHOOL CARE

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PETOSKEY DISTRICT LIBRARY 500 EAST MITCHELL STREET PETOSKEY, MI 49770	38-6004583	501(C)(3)	10,673				24/7 LOCKER ACCESS, GENERAL SUPPORT, SUPPORT FOR FOUNDATION DIRECTORY ONLINE SUBSCRIPTION
PETOSKEY EDUCATION FOUNDATION PO BOX 697 PETOSKEY, MI 49770	38-2950493	501(C)(3)	25,896				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
PETOSKEY FOOTBALL BOOSTERS 405 N DIVISION RD STE 1 PETOSKEY, MI 497709046	84-2755970	OTHER	15,000				SUPPORT DUE TO LOSS OF CONCESSIONS, UPGRADING EQUIPMENT
PETOSKEY MONTESSORI CHILDREN'S HOUSE 1560 E MITCHELL PETOSKEY, MI 49770	35-1269818	501(C)(3)	7,500				OPERATING 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
PETOSKEY PUBLIC SCHOOLS 1130 HOWARD STREET PETOSKEY, MI 49770	38-6001179	501(C)(3)	373,453				MUSIC SCHOLARSHIP FOR SHERIDAN ELEMENTARY, ENCOURAGE AND EMPOWER STUDENTS TO BE KINDER TO EACH OTHER, DAKTRONICS HORDWARE AND EQUIPMENT INSTALLATION, TWO REFEREE CLOCKS FOR GYN, FOOTBALL STADIUM CONTROL UPGRADE FOR PRESS BOX, REPLACEMENT OF VOLLEYBALL NET SYSTEMS, SUPPORT FOR CHEETOS CLUB, ASSIST IN FUNDING PPE AND DISINFECTING SUPPLIES FOR STUDENTS AND STAFF AT CENTRAL ELEMENTARY, FOR INK AND OTHER VISUAL ARTS SUPPLIES AT MIDDLE SCHOOL, OTTAWA SCHOOL FENCING PROJECT, ALL NIGHT SENIOR PARTY, ATLAS SERVICES FOR GYM SCOREBOARD PROJECT
PETOSKEY YOUTH SOCCER ASSOCIATION PO BOX 751 PETOSKEY, MI 49770	38-3064916	OTHER	12,500				OPERATIONAL SUPPORT DUE TO COVID-19, COVID-19 ATHLETE TERTING EXPENSES

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
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	34,890				GENERAL AND OPERATING SUPPORT, PROMOTE SEXUAL AND REPRODUCTIVE HEALTH IN EMMET COUNTY
RAVEN HILL DISCOVERY CENTER 4737 FULLER ROAD EAST JORDAN, MI 49727	38-3032707	501(C)(3)	13,750				OPERATION SUPPORT TO CARE FOR ANIMALS AND CONTINUE ESSENTIAL OPERATIONS, SMITHSONIAN MUSEUM ON MAIN STREET PROGRAM, OPERATING 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
RIP MEDICAL DEBT 80 THEODORE FREMD AVE RYE, NY 10580	47-1442997	501(C)(3)	10,000				TO SUPPORT THE HELPING COVID HEROES FUND
ROTARY CLUB OF LITTLE TRAVERSE BAY SUNSET PO BOX 2101 PETOSKEY, MI 49770	46-1455569		60,000				SUPPORT SCHOLARSHIPS/COMPUTER GRANT/SUPPORT FOR GRANTS TO COMMUNITY ORGANIZATIONS

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
RUDOLPH STEINER SCHOOL OF ANN ARBOR 2775 NEWPORT ROAD ANN ARBOR, MI 48103	38-2242069		12,500				PLACE-BASED EDUCATION TRAININGS IN PARTNERSHIP WITH GLSI AND SEMIS
ST FRANCIS XAVIER CHURCH 513 HOWARD ST PETOSKEY, MI 49770	38-1960458		10,671				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
THE CHILDREN'S FOUNDATION 3011 WEST GRAND BOULEVARD DETROIT, MI 48202	38-1357994		15,000				GENERAL SUPPORT
THE FOUNDATION FIGHTING BLINDNESS PO BOX 45740 BALTIMORE, MD 21297	23-7135845		6,000				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
THE SALVATION ARMY 712 PLEASANT STREET PETOSKEY, MI 49770	36-2167910		62,277				GENERAL SUPPORT/BREAK THE CYCLE OF POVERTY IN EMMET COUNTY FAMILIES/COVID-19 RELIEF EFFORTS/AFTER SCHOOL PROGRAM/PATHWAY OF HOPE PROGRAM/TO FEED THE HOMELESS
THE SMALLSLIVE FOUNDATION INC 183 WEST 10TH STREET BASEMENT NEW YORK, NY 10014	38-4083862		10,000				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
TIP OF THE MITT WATERSHED COUNCIL 426 BAY STREET PETOSKEY, MI 49770	38-2361745		79,049				GENERAL SUPPORT/OPERATIONAL SUPPORT DUE TO LOST STATE AND FEDERAL GRANT REVENUE/FOR WATER QUALITY TESTING EQUIPMENT AND PROGRAM MANAGEMENT EDUCATION FOR PETOSKEY AREA STUDENTS/GREEN STORMWATER INFRASTRUCTURE
TOP OF MICHIGAN TRAILS COUNCIL 1687 HARBOR-PETOSKEY RD PETOSKEY, MI 49770	38-3263521		41,944				GENERAL SUPPORT/TO SUPPORT REBUILDING OF THE LITTLE TRAVERSE WHEELWAY/OPERATIONAL SUPPORT DUE TO LOST REVENUE/INCREASED DEMAND/FOUNDER'S TERRACE PROJECT

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
TRUENORTH COMMUNITY SERVICES 6308 S WARNER AVENUE FREMONT, MI 49412	38-6158533		57,500				ESTABLISH UTILITY AND HOUSING RELIEF FUND FOR EMMET COUNTY
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309		25,100				POVERTY SOLUTIONS-EMMET COUNTY/SCHOLARSHIP 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
VENTURE NORTH FUNDING AND DEVELOPMENT 202 E GRANDVIEW PKWY TRAVERSE CITY, MI 49684	38-2857500		64,000				REGIONAL RESILENCY PROGRAM FOR EMMET COUNTY
VILLAGE OF ALANSON PO BOX 425 ALANSON, MI 49706	38-1916237		15,000				DEVELOP AN AGE APPROPRIATE PLAY SPACE IN CIVIC PARK FOR YOUNG CHILDREN

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
VOICES WITHOUT BORDERS INC 320 CROWN POINTE DR PETOSKEY, MI 49770	32-0265544		13,500				GENERAL SUPPORT/OPERATIONAL SUPPORT DUE TO COVID-19
VSA ARTS OF MICHIGAN - CHAR-EM 911 LOCKWOOD AVE PETOSKEY, MI 49770	38-2690117		11,173				OFFER MUSIC PROGRAMMING TO SPECIAL EDUCATION STUDENT IN PETOSKEY

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 ASSOCIATION AND CONSERVANCY PO BOX 579 WALLOON LAKE, MI 49796	38-3608004		19,670				SUPPORT THE GUARDIAN FUND
WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN 423 PORTER STREET PETOSKEY, MI 49770	38-2302164		51,350				GENERAL SUPPORT/OPERATIONAL SUPPORT DUE TO COVID-19/100 MEN 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
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862	95-1831097		7,500				GENERAL SUPPORT
YMCA OF NORTHERN MICHIGAN 523 W JEFFERSON STREET PETOSKEY, MI 49770	38-1709640		15,860				OPERATIONAL SUPPORT DUE TO COVID-19/SCHOLARSHIP 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
YOUNG LIFE LITTLE TRAVERSE BAY PO BOX 215 PETOSKEY, MI 49770	84-0385934		20,883				GENERAL SUPPORT/SUPPORT FOR STAFF TO WORK WITH HIGH SCHOOL STUDENTS

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

SCHOLARSHIP FOR STUDENT ATTENDING ALBION COLLEGE	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING ALBION COLLEGE	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING CENTRAL MICHIGAN UNIVERSITY	2	3,500			
SCHOLARSHIP FOR STUDENT ATTENDING FERRIS STATE UNIVERSITY	3	6,000			
SCHOLARSHIP FOR STUDENT ATTENDING GRAND VALLEY STATE UNIVERSITY	2	3,500			
SCHOLARSHIP FOR STUDENT ATTENDING HOPE COLLEGE	1	2,500			

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

SCHOLARSHIP FOR STUDENT ATTENDING LAKE SUPERIOR STATE UNIVERSITY	2	5,000			
SCHOLARSHIP FOR STUDENT ATTENDING LAKE SUPERIOR STATE UNIVERSITY	2	5,000			
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN STATE UNIVERSITY	5	5,500			
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN TECHNOLOGICAL UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING NORTH CENTRAL MICHIGAN COLLEGE	2	5,500			
SCHOLARSHIP FOR STUDENT ATTENDING NORTHERN MICHIGAN UNIVERSITY	2	2,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
SCHOLARSHIP FOR STUDENT ATTENDING SAGINAW VALLEY STATE UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING SAGINAW VALLEY STATE UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING TAYLOR UNIVERSITY	1	500			
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF MICHIGAN	3	3,000			
SCHOLARSHIP FOR STUDENT ATTENDING UNIVERSITY OF NOTRE DAME	1	2,000			
SCHOLARSHIP FOR STUDENT ATTENDING ALMA COLLEGE	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
SCHOLARSHIP FOR STUDENT ATTENDING BROWN UNIVERSITY	1	2,000			
SCHOLARSHIP FOR STUDENT ATTENDING BROWN UNIVERSITY	1	2,000			
SCHOLARSHIP FOR STUDENT ATTENDING AQUINAS COLLEGE	2	3,000			
SCHOLARSHIP FOR STUDENT ATTENDING CEDARVILLE UNIVERSITY	1	1,500			
SCHOLARSHIP FOR STUDENT ATTENDING EASTERN MICHIGAN UNIVERSITY	1	1,000			
SCHOLARSHIP FOR STUDENT ATTENDING GRAND RAPIDS COMMUNITY COLLEGE	1	1,500			

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

OMB No. 1545-0047

2020

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	21	1,017,227	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 isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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 Service

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.

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

OMB No. 1545-0047

2020

**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 MEETING 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 PERFORMANCE AND MAKE A RECOMMENDATION FOR COMPENSATION TO THE FULL BOARD OF DIRECTORS. THE PROCESS INCLUDES AN INDEPENDENT REVIEW BY MEMBERS OF THE COMMITTEE, A REVIEW OF COMPARABILITY DATA FROM THE COUNCIL ON FOUNDATIONS, MICHIGAN NONPROFIT ASSOCIATION, COUNCIL OF MICHIGAN FOUNDATIONS AND LOCAL NONPROFIT ORGANIZATIONS. THE EXECUTIVE COMMITTEE'S RECOMMENDATION WITH SUBSTANTIATION IS MADE TO THE FULL BOARD OF DIRECTORS FOR ITS APPROVAL AND DOCUMENTED IN THE MEETING MINUTES.

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 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 ACTI 217,855. AGENCY ENDOWMENT GIFT & INCOME ACTI -1,479,298.

990 Schedule O, Supplemental Information

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