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# Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

		zuus calendar ye				D. Francisco de	
_		pplicable Please	C Name of organization PETOSKEY-HARBOR SPRING	S AREA COMMUNITY FOUNDATION		D Employer Ide	entification number
Add	Iress cha	lange use IRS label or	Doing Business As			38-303218 E Telephone nu	
- Nar	ne char	nge <b>print or</b> type. See					
Init	ıal retur		Number and street (or P O	box if mail is not delivered to street addre	ess) Room/suite	(231) 348-	
Ten	mınated		616 PETOSKEY STREET No 3	300		<b>G</b> Gross receipts	\$ 2,300,321
- Am	ended r	return	City or town, state or counti	ry, and ZIP + 4			
– App	lication	pending	PETOSKEY, MI 49770				
		F Na	me and address of principa	al officer	H(a) Is the	I is a group returr	n for
			RLES H GANO PETOSKEY STREET No 309	0	affilia		⊤Yes ▼ No
			SKEY, MI 49770	0	H(b) Are al	l affiliates includ	ed?
					1 ' '		(see instructions)
Tax	x-exem	pt status 🔽 501(	c) (3) <b>4</b> (insert no)	7(a)(1) or	l .	ıp exemption nu	
W	ebsit e	<b>:</b> ► WWW PETOS	SKEY-HARBORSPRINGSFO	OUNDATION ORG	1		
<b>C</b> Form	n of ora	anization 🔽 Cornor	ation Trust Association	Other 🖿	L Year of fo	rmation 1991	State of legal domicile MI
	rt I	Summary	ation in Association	one: P	E rear or to	inidion 1991 P	State of legal dofficie. 141
			he organization's mission (	or most significant activities			
		•		n ever-growing family of funds Eac	ch one is estab	olished by an inc	lividual, family, or
<u> </u>		organization to ca	arry out charitable works ai	nd leave a lasting legacy			
<u> </u>							
sovemance							
3			•	ontinued its operations or disposed			
Ø A		_		body (Part VI, line 1a)			15
<u>≅</u>				he governing body (Part VI, line 1	b)		15
ACUMINES			employees (Part V, line 2a)				
₹			olunteers (estimate if nece			<u>45</u> 0	
		_	ated business revenue from		7a 7t		
	В	Net unrelated bus	Thess taxable income from	n Form 990-T, line 34	Deia	r Year	Current Year
	8	Contributions	nd grants (Part VIII line 1	h)		906,358	831,467
ā	9		e revenue (Part VIII, line 2		900,330	031,407	
Revenue	10		ome (Part VIII, column (A)		565,558	228,464	
Ž	11		Part VIII, column (A), line		000,000	258,145	
	12		add lines 8 through 11 (mu	ne			
				<u> </u>		1,471,916	1,318,076
		Cuanta and aimi			748,863	427,043	
	13		lar amounts paid (Part IX,				,,
	14	Benefits paid to	or for members (Part IX, c	olumn (A), line 4)			0
<b>8</b> 8		Benefits paid to Salaries, other o	or for members (Part IX, c	olumn (A), line 4) enefits (Part IX, column (A), lines	5 –	243,335	0
mses.	14	Benefits paid to Salaries, other o	or for members (Part IX, compensation, employee be	,	5 –	243,335	
xpenses	14 15	Benefits paid to Salaries, other of 10) Professional fun	or for members (Part IX, compensation, employee be	enefits (Part IX, column (A), lines	5 -	243,335	221,587
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#### Part III Statement of Program Service Accomplishments

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

4d	Other program s	ervices (Describe in Sch	edule O ) udıng grants of\$	) (Revenue \$	)							
	Other programs	ervices (Describe in Sch	edule O )									
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
	- Inch inc in Limitet	- Country										
	The Unrestricted Fur number of Emmet C recommended 8 gra	id's Distribution Committee and ounty residents. The advisory on the to organizations in correspo ucation beyond high school. A t	Indation's Board of Directors Donor Advise the Youth Fund's Youth Advisory Committ committee for Field of Interest Funds, inclu- nding fields The Scholarship Committee re total of 267 grants were awarded from Co	tee recommended 71 grants to organization iding funds supporting seniors, children or ecommended various scholarship awards o	ons serving a significant the environment, of 14 grants to local students							
	environment, comm	unity and economic developme	table purposes to various 501(C)(3) organint, health, human services, recreation, his	storic preservation, and youth developmer	it All grant recommendations							
4a	(Code	) (Expenses \$	474,068 including grants of \$	427,043 ) (Revenue \$	)							
4	Section 501(c)(3	) and 501(c)(4) organizati	s for each of the organization's thre ions and section 4947(a)(1) trusts nd revenue, if any, for each program	s are required to report the amoun								
	If "Yes," describe	these changes on Schedu	ıle O									
3		on cease conducting, or n	nake significant changes in how it o	conducts, any program	Yes ▼ No							
	If "Yes," describe	these new services on Sc	hedule O									
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?											

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuii eu	ociieuuie:

			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? 🕏	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į	ļ	
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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	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	17		Νο
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

01111	330 (2003)			raye -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) 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
Ь	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		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
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		Νο
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, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

facilities

year

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

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them ) . . . . . . . . . . .

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the

orm	990 (2009)			Page \$
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 8			
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		
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			
Ь	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 this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			

11a

11b

12a

Form **990** (2009)

616 PETOSKEY STREET 300 PETOSKEY, MI 49770 (231) 348-5820

**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.

Se	ction A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the governing body			
1a b	Enter the number of voting members of the governing body 1a 15  Enter the number of voting members that 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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		V	
100	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		INO
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	has the organization provided a copy of this Form 990 to an members of its governing body before ming the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		.,	
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			110
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►MI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply   V Own website. V Another's website. V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n ►
	DAVID JONES			

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

#### 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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( hat a	(che		I		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week    Institutional Trustee   Institutional Trustee		compensation from the organization and related organizations							
CHARLES H GANO PRESIDENT	3 00	х		х				0	0	0
LISA G BLANCHARD VICE-PRESIDENT	2 00	х		х				0	0	0
DAVID T BUZZELLI SECRETARY	2 00	х		х				0	0	0
TODD C WINNELL TREASURER	4 00	х		х				0	0	0
SANDRA T BAKER TRUSTEE	1 00	х						0	0	0
J WILFRED CWIKIEL TRUSTEE	1 00	х						0	0	0
JANE T DAMSCHRODER TRUSTEE	1 00	х						0	0	0
JENNIFER E DEEGAN TRUSTEE	1 00	х						0	0	0
MIKE EBERHART TRUSTEE	1 00	х						0	0	0
EDEN C ERXLEBEN TRUSTEE	1 00	х						0	0	0
MICHAEL J FITZSIMONS TRUSTEE	1 00	х						0	0	0
LOUISE T GRAHAM TRUSTEE	1 00	х						0	0	0
CHARLES W JOHNSON TRUSTEE	1 00	х						0	0	0
VIRGINIA B MCCOY TRUSTEE	1 00	х						0	0	0
PHILIP H MILLARD TRUSTEE	1 00	х						0	0	0
DAVID JONES EXECUTIVE DIRECTOR	40 00			х				63,883	0	11,146
MAUREEN NICHOLSON EXECUTIVE DIRECTOR	20 00			х				54,656	0	6,348

\$100,000 in compensation from the organization  $\blacktriangleright 0$ 

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

<b>(A)</b> Name and Title	(B) Average hours per	1	tion (	che				( <b>D</b> Report compen from	table satıon	(E) Reportable compensation from related		(F) Estimated amount of othe	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organizat 2/1099-	ion (W-	organizations (W- 2/1099- MISC)		from f organizat relat organiza	the on and ed
											4		
					-						+		
											+		
											+		
											_		
											+		
					$\vdash$						+		
											+		
b Total						•	•		118,539		0		17,49
! Total number of individuals (includ \$100,000 in reportable compensa	•					d abov	e) wh	no received	l more th	an			
												Yes	No
Did the organization list any <b>form</b> on line 1a? <i>If</i> " <i>Yes," complete Sche</i>						emplo	yee, •	or highest	compens	sated employee	3		No.
For any individual listed on line 1a													140
organization and related organizat individual	ons greater	tnan \$ 1		•	•	res, c	ompi •	rete Scheau	re ) ror s u		4		No
Did any person listed on line 1a rerendered to the organization? If ")							unr	elated orga	nization • •	for services	5		No
Section B. Independent Conti	actors												
Complete this table for your five h	ıghest comp		dınde	pen	dent	contra	ctor	rs that rece	eived mo	re than			
·	(A) and business								Desc	(B) cription of services		( <b>C</b> Comper	
Total number of independent contra	ctors (inclu	dına but	not l	ımıtı	od to	those	lict	ad abova)	who rece	wed more than			

Form 99								Page <b>9</b>
Part \	<b>/1111</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated cam	paigns 1a					
E E	Ь	Membership du	es <b>1b</b>					
કું.≝	C	Fundraising eve	ents 1c					
<u>#</u> ,#	d		rations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants						
E E	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	831,467				
記事	g	4	butions included in 28,120					
S E	h	IIIIes Ia-II \$ _	s 1a-1f	▶	831,467			
				Business Code				+
Program Service Revenue	2a							
98 88	ь	_	_					
93	c							
er E	d							
S =	e							
Š Ē	f	All other progra	am service revenue					
ř	g	Total. Add lines	s 2a-2f					
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		287,837			287,837
	4		stment of tax-exempt bond	· · · · ·				
	5	Royalties	(1) Pool	(II) Personal				
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	<sub>c</sub>	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	989,072					
	ь	Less cost or other basis and	1,048,159	286				
		sales expenses	-59,087	-286				
	d	Gain or (loss)	-59,087 s)		-59,373			-59,373
	8a	Gross income f			02,000			55,515
ë		events (not inc						
Other Revenue		\$of contributions See Part IV , lin	reported on line 1c)					
her	ь	Less directex	penses b					
₹	С		(loss) from fundraising	events				
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inve	entory 🗠				
		Miscellaneous	s Revenue	Business Code				
	11a	Remeasuremen	t of CGA	523,920	236,120			236,120
	Ь	Admin Fee Inco	ome	523,920	22,025			22,025
	C .							
	d	All other reven						<del>                                     </del>
	e	Total. Add lines		•	258,145			
	12	Total revenue.	See Instructions	▶[	1,318,076	0	(	486,609

#### 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) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	404,693	404,693						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,350	22,350						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	22,330	22,330						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	117,454		117,454					
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	70,520	32,600	37,920					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,892	2,771	3,121					
9	Other employee benefits	13,967	6,214	7,753					
10	Payroll taxes	13,754	2,494	11,260					
11	Fees for services (non-employees)								
а	Management								
ь	Legal				_				
С	Accounting	9,082		9,082					
d	Lobbying	-,		-,					
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	17,643		17,643					
g	Other	17,013		17,013	_				
12	Advertising and promotion								
13	Office expenses	17,364	2,946	11,736	2,682				
14	Information technology	14,170	2,540	14,170	2,002				
15		14,170		14,170					
	Royalties	15 700		15 700					
16	Occupancy	15,709		15,709	127				
17 18	Payments of travel or entertainment expenses for any federal,	1,185		1,058	127				
10	state, or local public officials	14.740		10.003	2.040				
19	Conferences, conventions, and meetings  Interest	14,740		10,892	3,848				
20									
21	Payments to affiliates	3.600		3.600					
22	Depreciation, depletion, and amortization	2,689		2,689					
23 24	Other expenses Itemize expenses not covered above (Expenses	3,388		3,388					
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )								
а	Printing and Publicatio	22,378			22,378				
b	Dues	6,970		6,970					
c	Public Relations	3,943			3,943				
d	Subscriptions	660		660	_				
е									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	778,551	474,068	271,505	32,978				
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	32	1	94
	2	Savings and temporary cash investments	936,858	2	1,318,381
	3	Pledges and grants receivable, net	363,935	3	865,162
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	250	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  40,989			
	b	Less accumulated depreciation 10b 37,042	4,871	10c	3,947
	11	Investments—publicly traded securities	10,982,712	11	16,130,193
	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	1,075,065	15	231,680
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,363,723	16	18,549,457
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable	40,350	18	40,405
	19	Deferred revenue		19	
_	20	Tax-exempt bond liabilities		20	_
- Se	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	2,552,780	25	3,210,478
	26	Total liabilities. Add lines 17 through 25	2,593,130	26	3,250,883
م		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
ည		through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	9,695,528		14,260,161
ä	28	Temporarily restricted net assets	1,075,065		1,038,413
Fund Balance	29	Permanently restricted net assets		29	
丑		Organizations that do not follow SFAS 117, check here F and complete			
ō	30	lines 30 through 34.		20	
Assets	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	10 770 500	32	15 200 574
Net	33	Total liabilities and not passets (find belonces	10,770,593	33	15,298,574
	34	Total liabilities and net assets/fund balances	13,363,723	34	18,549,457

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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?	3a		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	3b		

Form **990** (2009)

#### OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Employer identification number

				ınstructions))	Yes	No	Yes	No	Yes	No	
	(i) Name suppoi ganiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove	on in ed in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	on in inized S ?	(vii) A mount of support?
h				ed entity of a person g information about t						11g(iii)	
		(ii) a fa	mily membei	r of a person describ	ed ın (ı) abov	e?				11g(ii)	
		• • •		ectly of malrectly co loverning body of the	•			araona uesci	ibed III (II)	11g(i)	1 es No
			g persons? rson who dire	ectly or indirectly co	ntrols either	ralone ortog	iether with na	rsons descr	nhed in (iii)		Yes No
g		check t Since A		006, has the organız	atıon accept	ed any gıft o	r contributioi	n from any of	the		J <sup>-</sup>
f		section If the or	509(a)(2) rganızatıon r	on managers and othe eceived a written det							
e	Г	the box	that describ Type I	the type of suppo b Type II x, I certify that the o	rting organiz <b>c</b> [	Type III -	mplete lines Functionally	11e through ıntegrated	11h <b>d</b>	┌ ⊤ype II	I - Other
L1	Γ	-	-	anized and operated supported organization	•		, ,		•	•	
10	Г			anization after June 3 anized and operated	•			•	•		
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted busines:	s taxable inc	ome (less se	ction 511 tax		
9	ı			t normally receives ties related to its exe							
8				described in <b>section</b>					<b>.</b>		
7	<b> ~</b>	describ	ed ın	t normally receives a <b>\)(vi)</b> (Complete Pa		part of its si	upport from a	government	al unit or fron	tne general	ривнс
6				ocal government or (	_						1.1
5	Γ	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)									
4	'		l's name, cit	organization operate y, and state	ea in conjunc	tion with a n	ospital descr	ibed in <b>secti</b>	ON 170(B)(1)(	, <b>A</b>	r the
3				erative hospital serv						/A \/!!!\	
2				ın <b>section 170(b)(1)</b>			•				
1	Γ			on of churches, or ass					•		
				foundation because						iuctions	
Dai	rt I	Peace	on for Duk	olic Charity State	ue (All orga	anizations i	must compl	ata this nai	38-3032185		
ETOS	KEY-HA	ARBOR SPR	INGS AREA CO	MMUNITY FOUNDATION						_	

Total

## Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5, 7	7, or 8 of Part I.	)			
	ection A. Public Support	T			ı			
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	(e) 2	9	( <b>f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	5,000,30	1,733,168	1,696,023	906,358		831,467	10,167,317
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	5,000,30	1,733,168	1,696,023	906,358		831,467	10,167,317
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							
6	(f) Public Support. Subtract line 5 from	,						
U	line 4							10,167,317
S	ection B. Total Support	•	•	'				
Cale	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 20	ing	<b>(f)</b> Total
	beginning in)							
7	A mounts from line 4	5,000,301	445,913	1,696,023	906,358		831,467	10,167,317
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	362,309	445,913	600,998	428,328		287,837	2,125,385
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part IV ) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7 through 10)							12,292,702
12	Gross receipts from related activiti	ies, etc (See inst	ructions )			12		
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fıf	th tax year as a !	501(c)(3	i) organız	ation, ▶┌
<u></u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (fi)		144		92 710 0/
15	Public Support Percentage for 200			11 column (1))		14		82 710 %
	•	·	·	on line 40	00 14 /0 22 1/00/	15	التاممام	60 400 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a publıcl	y supported orga	nızatıon			•	►V
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization medorganization medorganization	n qualifies as a pu — <b>2009.</b> If the orga tion meets the "fa	iblicly supported anization did not c acts and circumst	organization :heck a box on line :ances" test, chec	: 13, 16a, or 16b k this box and <b>st</b> o	and line	14 Explain	▶┌
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organization part IV how the organization	nızatıon meets the	facts and circu	mstances" test, cl	neck this box and	stop he	re.	
18	supported organization  Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this t	oox and s	see	►⊏ ►⊏

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(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 Gross receipts from activities that						
3	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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	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						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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Open to Public

Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	TOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION		Emp	loyer identification number
			_	3032185
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds	or Accounts. Complete if the
	<u>-</u>	(a) Donor advised funds	(	( <b>b)</b> Funds and other accounts
1	Total number at end of year	45		49
2	Aggregate contributions to (during year)	143,897		411,568
3	Aggregate grants from (during year)	180,245		20,000
4	Aggregate value at end of year	3,367,402		4,646,511
5	Did the organization inform all donors and donor adfunds are the organization's property, subject to the		or advı	sed ✓ Yes ✓ No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit			
Pa	<b>Conservation Easements.</b> Complete	e if the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.
2	Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year			d historic structure
	casement on the last day of the tax year	1		Held at the End of the Year
а	Total number of conservation easements		2a	neid de the End of the Fedi
ь	Total acreage restricted by conservation easement	ts	2b	
С	Number of conservation easements on a certified h	ıstorıc structure ıncluded ın (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, trans	ى ferred, released, extinguished, or terminate	d by th	ne organization during
	the taxable year 🛌	, , ,	•	J J
4	Number of states where property subject to conser	vation easement is located 🕨		
5	Does the organization have a written policy regardi	ng the periodic monitoring, inspection, hand		violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	ents d	uring the year 🛌
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	during	g the year ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tıon	┌ Yes
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial		
Pai	<b>t III</b> Organizations Maintaining Collecti Complete if the organization answered		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or researc	h ın fu	
ь	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo	· ·		·

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

following amounts required to be reported under SFAS 116 relating to these items

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2009

**►**\$\_\_\_\_\_

	Using the organization's accession and othe	r records, check any	of th	e following t	hat are	a significa	nt us			(00)	ntinued)
	ıtems (check all that apply) —			<b>-</b> .							
а	Public exhibition		d	) Loan o	orexch	ange progr	ams				
b	Scholarly research		е	C Other							
c	Preservation for future generations										
4	Provide a description of the organization's contact XIV	ollections and explai	ın how	they furthe	r the or	ganızatıon	's exe	empt purpose	e in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than							lar	ΓYe	:s	Г No
Par	Part IV, line 9, or reported an ar	<b>ements.</b> Comple	te ıf	the organi	zation			es" to Form	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for contribu	tions or	other ass	ets n	ot	ΓYe	:s	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the t	follow	ıng table		Г			mount		
с	Beginning balance						1c		mount		
d	Additions during the year						1d				
e	• ,					-	1e				
f	Distributions during the year					-	1f				
· -	Ending balance		. 242				T1		ΓYe		
2a	Did the organization include an amount on F		217						) Ye	:S	│ No
	If "Yes," explain the arrangement in Part XI\			word "Vo	" to E	orm 000	Dart	· T\/ line 10			
Pa	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Yes</u> )Prior Year				Three Years Bad	_	our Ye	ars Back
1a	Beginning of year balance	9,263,154	(,,	13,258,718	+ ` ′	o rears back	100	Tillee Tears bar	, (C)	our re	dis back
b	Contributions	865,170		386,770			+				
c	Investment earnings or losses	4,460,982		-3,882,519			-				
d	Grants or scholarships	36,196		128,270			+		-		
e	Other expenditures for facilities and programs	12,800		11,260							
f	Administrative expenses	282,628		360,28	5		1				
g	End of year balance	14,257,682		9,263,15	1						
2	Provide the estimated percentage of the year	r end halance held a	15								
– a	Board designated or quasi-endowment	100 000 % %									
		,0									
Ь	Permanent endowment 🕨 %										
b c											
	Permanent endowment  %  Term endowment  %  Are there endowment funds not in the posse	·	ation t	hat are held	and ad	ministered	l for t	he	_		
c	Term endowment  %  Are there endowment funds not in the posse organization by	·	ation t	hat are held	and ad	ministered	l for t			'es	No
c	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza	ation t	hat are held	and ad	ministered	l for t	3	a(i)	'es	No
c 3a	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza					I for t	3	a(i) a(ii)	'es	
c 3a b	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza	 d on S	 chedule R?			l for t 	3	a(i)	'es	Νο
c 3a b	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza 	 d on S lowme	 chedule R?	 			3	a(i) a(ii)	es	No
c 3a b	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza 	 d on S lowme	chedule R? ent funds ee Form 9	   90, Paı	rt X, line	10.	33	a(i) a(ii) 3b	es	Νο
c 3a b	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza 	 d on S lowme	 chedule R?	90, Par			3	a(i) a(ii) 3b		Νο
c 3a b 4 Par	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza 	 d on S lowme	chedule R? ent funds ee Form 9 (a) Cost o	90, Par	rt X, line		(c) Accumula	a(i) a(ii) 3b		N o
c 3a b 4 Par	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza 	 d on S lowme	chedule R? ent funds ee Form 9 (a) Cost o	90, Par	rt X, line		(c) Accumula	a(i) a(ii) 3b		N o
b 4 Par	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza 	 d on S lowme	chedule R? ent funds ee Form 9 (a) Cost o	90, Par	rt X, line		(c) Accumula	a(i) a(ii) 3b		N o
c 3a b 4 Par	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the tyl Investments—Land, Building:  Description of investment  Land	ssion of the organiza 	 d on S lowme	chedule R? ent funds ee Form 9 (a) Cost o	90, Par	rt X, line (b)Cost or basis (oth		(c) Accumula	a(i) a(ii) 3b		N o
c 3a b 4 Par 1a c d	Term endowment  %  Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organiza 	 d on S lowme	chedule R? ent funds ee Form 9 (a) Cost o	90, Par	rt X, line (b)Cost or basis (oth	10. other	(c) Accumula depreciation	a(i) a(ii) 3b ated		N o N o ook value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b</b> )Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	1	Cost or end-of-year market value
		<u> </u>
	<b>•</b>	
Part IX Other Assets. See Form 990, Part X, I	ne 15.	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15. ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, II  (a) Descri	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	ne 15. ption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability	ne 15. ption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	15.)  X, line 25.  (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Disc Oblig - Charitable Gift Annuities	15.) X, line 25. (b) A mount	

2 Total expenses (Form 990, Part IX, column (A), line 25)	8,551
Total expenses (Fermi 556) Falletzi, delamin (Fr), mie 257	
3 Excess or (deficit) for the year Subtract line 2 from line 1 5:	39,525
4 Net unrealized gains (losses) on investments 4 4,03	37,369
5 Donated services and use of facilities 5	
6 Investment expenses 6	
7 Prior period adjustments 7	
8 Other (Describe in Part XIV)	8,913
9 Total adjustments (net) Add lines 4 - 8 9 3,98	88,456
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. 10 4,5	27,981
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements	0,436
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	0,717
3 Subtract line <b>2e</b> from line <b>1</b>	39,719
4 A mounts 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 496	
b Other (Describe in Part XIV)	
	8,357
	8,076
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial 50 statements	52,455
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV) 2d	
e Add lines 2a through 2d	0
3 Subtract line <b>2e</b> from line <b>1</b>	2,455
4 A mounts 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 496	
<b>b</b> Other (Describe in Part XIV)	
c Add lines 4a and 4b	6,096
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	8,551

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

#### Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The Community Foundation's endowment funds are used to address a broad range of community needs. The endowment funds are a reservoir of charitable capital that go on giving year after year to improve the community. The endowment funds are permanently invested, and investment income from the funds is used annually for grants to support a broad range of community programs that impact the lives of individuals and families from all walks of life. Each endowment fund is established with the donor intent and charitable purposes in mind. There are several categories of funds within the Community Foundation. They are unrestricted funds, donor advised funds, field of interest funds, designated agency funds and scholarship funds.
Part XI, Line 8 - Other Adjustments		Agency Endowment Grant and Expense Activity 15600 Change in Value of Contributions and Deferred Revenue - 36652 Agency Endowment Gift & Income Activity -77861
Part XII, Line 2d - Other Adjustments		Change In Value Of Contributions And Deferred Revenue - 36652
Part XII, Line 4b - Other Adjustments		Agency Endowment Gift and Income Activity 77861
Part XIII, Line 4b - Other Adjustments		Agency Endowment Grant and Expenses Activity 15600

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Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493224005270

**Inspection** 

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

Employer identification number 38-3032185

ΡĊ	General Information	on Grants and	ASSISTANCE					
1 2	Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizati	rd the grants or ass	ıstance?					∀Yes 「N
Pa	Form 990, Part IV, line Part IV and Schedule I-	21 for any recipie	ent that received m	ore than \$5,000. Ch	eck this box if no one	recipient received	d more than \$5,000.	Use
(	<b>a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See	Addıtıonal Data Table							

Cat No 50055P

Down TITE	Charte and Other Accistance to Individuals in the United States. Complete of the excapitation answered "Vest" to Form O	OO Dort I	V line 22
Late TTT	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Pail I	v, iiile zz
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Ident if ier	Return Reference	Explanation				
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, 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.				

DLN: 93493224005270

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

**Employer identification number** 

38-3032185

Pa	rt I Types of Property				38-3032185			
	- Types er treperty	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of de reven	etermı	nıng	
1	Art—Works of art	аррисави						
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	4	128,120	MARKET QUOTE			
	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							
	Drugs and medical supplies .							
	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()				1			
29	Number of Forms 8283 received for which the organization compl		= -		29			
3∩≈	During the year, did the organiza	ation receiv	e hy contribution any prope	rty reported in Part I lines	1 - 28 that it		Yes	No
500	must hold for at least three year							
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangem					Jua		
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II							

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Third Party Use	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.

Schedule M (Form 990) 2009

OMB No 1545-0047

### **Supplemental Information to Form 990**

**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Name of the organization

PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION

**Employer identification number** 

38-3032185

		<del> </del>
ldentifier	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 organizations and businesses
Form 990, Part VI, Section A, line 7a		The members shall hold an annual meeting the purpose of which is to review the activities of the Foundation for the preceding year - including distributions for charitable purposes, and gifts and other support received from the public, to review its financial condition, to elect directors, and to conduct such other business as properly might come before the members
Form 990, Part VI, Section A, line 7b		The bylaws of the Foundation may be amended, altered, changed added to or replaced by the affirmative vote of a majority of the members entitled to vote at any regular or special meeting of the members
Form 990, Part VI, Section B, line 11		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 management and board treasurer
Form 990, Part VI, Section B, line 12c		A conlict of interest disclosure statement covering potential conflicts in all areas of the Foundation's operations is completed by each board member, staff and volunteer annually. In such cases where an apparent conflict of interest arises, board, staff and volunteers are expected to disclose relevant interest prior to discussion or debate on related grant decisions, whereupon the non-interested board members shall decide if there is a conflict of interest requiring abstinence from discussion and voting. Grant applications are also requested to disclose potential conflicts of interest with staff or directors of the Foundation.
Form 990, Part VI, Section B, line 15a		The Community Foundation's President and Executive Committee annually review the CEO's performance and make a recommendation for compensation to the full Board of Directors. The process includes an independent review by members of the committee, a review of comparability data from the Council on Foundations, Michigan Nonprofit Association, Council of Michigan Foundations and local nonprofit organizations. The Executive Committee's recommendation with substantiation is made to the full Board of Directors for its approval and documented in the meeting minutes.
Form 990, Part VI, Section C, line 19		The Community Foundation is confirmed in compliance with nationals 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 and Form 990 are available on the Foundation's website. Copies are available on request and for inspection in the office during normal business hours. Copies of the governing documents, audit and all Community Foundation policies are available upon request or are available for inspection in the office during normal business hours.
		Form 990, Part XI, Line 2c Finance Committee assumes responsibility for oversight of the audit. No change in process from prior year
F B	4 A - 4 N - 4	a the Instructions for Form 990 Cat. No. 51.056K Schedule O. (Form 990) 2009

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 Governments and Organizations in the United States

Form 990,3chedule 1, Pa	it II, Grants an	u Other Assistance	to dovernments	and Organizations	s in the officed Sta	ies	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD & FAMILY SERVICS OF NW MI3434 HARBOR PETOSKEY RD SUITE F HARBOR SPRINGS, MI 49740	38-2534222	501(C)(3)	9,604				FAMILY PRGM SUPPORT, GEN SUPPORT
COMMUNITY FREE CLINIC 820 ARLINGTON AVE SUITE 6 PETOSKEY,MI 49770	38-2445613	501(C)(3)	10,500				ESSENTIAL NEEDS FUNDING, GEN SUPPORT
CROOKED TREE ARTS COUNCIL461 EAST MITCHELL STREET PETOSKEY,MI 49770	23-7187264	501(C)(3)	7,775				ARTS PROGRAMS, GENERAL SUPPORT
CROSS VILLAGE RUG WORKSPO BOX 197 CROSS VILLAGE, MI 49743	26-0741530	501(C)(3)	8,200				WEAVING CERT PRGRM, GEN SUPPORT
EMMANUEL EPISCOPAL CHURCH1020 EAST MITCHELL STREET PETOSKEY,MI 49770	38-2307700	501(C)(3)	27,600				GENERAL SUPPORT
THE FIRST TEE OF BOYNE HIGHLANDSPO BOX 613 HARBOR SPRINGS, MI 49740	74-3149490	501(C)(3)	5,500				GOLF PRGRMS, GEN SUPPORT
FRIENDSHIP CENTERS OF EMMET COUNTY1322 ANDERSON ROAD PETOSKEY,MI 49770	23-7000317	501(C)(3)	13,100				MEALS ON WHEELS PRGR, GEN SUPPORT
GREAT LAKES CHAMBER ORCHESTRA438 E LAKE STREET PETOSKEY,MI 49770	38-0084912	501(C)(3)	11,700				CONCERT SERIES, GEN SUPPORT
HARBOR SPRINGS CHAMBER OF COMMERCE 368 EAST MAIN STREET HARBOR SPRINGS, MI 49740	38-3150489	501(C)(6)	29,287				FIREWORKS, STREET MUSIQUE PRGRM
HARBOR-PETOSKEY AREA AIRPORT AUTHORITY8479 M-119 HWY PO BOX 274 CONWAY, MI 49722	38-2783902	A IRPORT A UTHORITY	10,000				TERMINAL BUILDING PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) THE MANNA PROJECT8791 38-2764533 501(C)(3) GENERAL SUPPORT MCBRIDE PARK COURT 13,571 HARBOR SPRINGS, MI 49740 NEHEMIAH PROJECT 38-3026718 501(C)(3) SOAR PROJECT, GEN HOSPITALITY HOUSE36 SUPPORT 5,350 **BRIDGE ST** PETOSKEY, MI 49770 NORTH CENTRAL 38-1586760 COMMUNITY STORM WATER MICHIGAN COLLEGE1515 COLLEGE RETENTION POND 7,500 HOWARD STREET PETOSKEY, MI 49770 NORTH COUNTRY KIDS930 26-1257100 501(C)(3) **TECHNOLOGY** S STATE RD 15 PURCHASES, GENL 10,200 SUPPORT HARBOR SPRINGS, MI 49740 NORTHERN LAKES 38-2616982 501(C)(3) ENTREPRENEURIAL DIVISION ECONOMIC ALLIANCE 15,000 1048 E MAIN ST PO BOX 8 BOYNE CITY, MI 49712 NORTHWEST MICHIGAN 38-2027389 501(C)(3) FAMILY PROGRAM COMMUNITY ACTION SUPPORT, GENL 13,896 SUPPORT AGENCY2202 MITCHELL PARK DR SUITE 4 PETOSKEY, MI 49770 TIP OF THE MITT 38-2361745 501(C)(3) PROTECT WATER WATERSHED COUNCIL426 RESOURCES, GENL 10,175 SUPPORT **BAY STREET** PETOSKEY, MI 49770 WOMEN'S RESOURCE 38-2302164 501(C)(3) ROOF REPAIR, CENTER OF NORTHERN MI PRGRM SUPPORT, 21,330 **423 PORTER STREET** GENL SUPPORT PETOSKEY, MI 49770 38-1358418 501(C)(3) YMCA OF NORTHERN SUMMER DAY CAMP, MICHIGAN622 HOWARD Y-CENTER, GENL 15,000 SUPPORT STREET PETOSKEY, MI 49770

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

101111 2207 00110 1110 1111 1111 1111	<del> </del>			<del></del>	
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIP FOR STUDENT ATTENDING NEW YORK UNIV	1	2,000			
SCHOLARSHIPS FOR STUDENTS - UNIV OF MICHIGAN	4	6,500			
SCHOLARSHIPS FOR STUDENTS - NORTHERN MICHIGAN UNIV	2	850			
SCHOLARSHIP FOR STUDENT ATTENDING TUFTS UNIV	1	1,000			
SCHOLARSHIPS FOR STUDENTS - CENTRAL MICHIGAN UNIV	2	3,000			
SCHOLARSHIP FOR STUDENT ATTENDING DEPAUW UNIV	1	500			
SCHOLARSHIP FOR STUDENT ATTENDING MICHIGAN STATE UNIV	1	500			
SCHOLARSHIP FOR STUDENT ATTENDING DARTMOUTH COLLEGE	1	5,000			
SCHOLARSHIP FOR STUDENT ATTENDING KALAMAZOO COLLEGE	1	2,000			
SCHOLARSHIP FOR STUDENT	1	1,000			