

Public Disclosure Copy

Form 990

*****PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS*****

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.		D Employer identification number 23-7108776
	Doing business as GRAND HAVEN AREA COMMUNITY FOUND		E Telephone number 616-842-6378
	Number and street (or P.O. box if mail is not delivered to street address) ONE SOUTH HARBOR DRIVE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code GRAND HAVEN, MI 49417		G Gross receipts \$ 15,146,732.
	F Name and address of principal officer: RANDY HANSEN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527
J Website: ▶ **WWW.GHACF.ORG**
K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1971** **M** State of legal domicile: **MI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION RECEIVES GIFTS, BEQUESTS, AND DONATIONS TO BE HELD IN TRUST AND ADMINISTERED		
	2 Check this box <input type="checkbox"/> 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)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	76
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,414,576.	Current Year 5,043,866.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,737,519.	8,847,938.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,152,095.	13,891,804.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,625,432.
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)		626,189.	696,187.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 348,561.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		496,120.	715,337.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,747,741.	9,367,510.
19 Revenue less expenses. Subtract line 18 from line 12	2,404,354.	4,524,294.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 127,233,298.	End of Year 116,318,297.
	21 Total liabilities (Part X, line 26)	381,135.	772,126.
	22 Net assets or fund balances. Subtract line 21 from line 20	126,852,163.	115,546,171.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	RANDY HANSEN, CHAIRPERSON Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name VICKI L. VANDENBERG, CPA	Preparer's signature VICKI L. VANDENBERG	Date 08/28/19	Check if self-employed <input type="checkbox"/>	PTIN P00100422
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951	Phone no. (269) 567-4500		
	Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE GRAND HAVEN AREA COMMUNITY FOUNDATION, GOVERNED BY A VOLUNTEER BOARD OF TRUSTEES, ADOPTED NEW MISSION AND VISION STATEMENTS ON AUGUST 8, 2018. MISSION: WE ENHANCE THE QUALITY OF LIFE FOR ALL BY WORKING TOGETHER TO COLLECTIVELY ADDRESS CHALLENGES AND OPPORTUNITIES

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,287,859. including grants of \$ 7,955,986.) (Revenue \$) FOR THE COMPETITIVE GRANT PROGRAM, OUR PROGRAM SERVICE ACCOMPLISHMENTS FOCUS ON THE FOLLOWING PRIORITY AREAS: ARTS & CULTURE, DIVERSITY & INCLUSION, ENVIRONMENT, EDUCATION, ECONOMIC & COMMUNITY BETTERMENT, HEALTH & HUMAN SERVICES. ALL ORGANIZATIONS STATE IN WRITING HOW THEY WILL USE THE FUNDS AWARDED. THEY ARE ALSO REQUIRED TO SUBMIT AN EVALUATION REPORT ON HOW THE FUNDS WERE USED. THE GRANTS COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD OF TRUSTEES AND THE BOARD VOTES ON THE GRANTS FOR APPROVAL OR DENIAL AT THEIR QUARTERLY MEETINGS.

FOR ALL OTHER GRANT AWARDS, A GRANT RECOMMENDATION FORM IS SUBMITTED BY THE APPROPRIATE FUND REPRESENTATIVE. COMMUNITY FOUNDATION STAFF FOLLOW DUE DILIGENCE PROTOCOL IN CONFIRMING THE CHARITABLE STATUS OF THE

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 8,287,859.

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16
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 X	

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 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.	1a	11		
b Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **▶**
PATTY MACDONALD - 616-842-6378
ONE SOUTH HARBOR DRIVE, GRAND HAVEN, MI 49417

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) RANDY HANSEN CHAIRPERSON	1.00 0.00	X		X				0.	0.	0.
(2) CHAD BUSH VICE CHAIRPERSON	1.00 0.00	X		X				0.	0.	0.
(3) NELSON JACOBSON SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) TAMMY BAILEY TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) CINDY ANDERSON TRUSTEE - AS OF MAY 2018	1.00 0.00	X						0.	0.	0.
(6) SANDY HUBER TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) MARK KLEIST TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) ANIL MANDALA TRUSTEE	1.00 1.00	X						0.	0.	0.
(9) MARK PEREIRA TRUSTEE	1.00 1.00	X						0.	0.	0.
(10) BARBARA VANHEEST TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) PAT VERDUIN TRUSTEE - AS OF MAY 2018	1.00 0.00	X						0.	0.	0.
(12) MONICA VERPLANK TRUSTEE - UNTIL MAY 2018	1.00 0.00	X						0.	0.	0.
(13) KIM ZEVALKINK TRUSTEE - UNTIL MAY 2018	1.00 1.00	X						0.	0.	0.
(14) HADLEY STRENG PRESIDENT - AS OF OCTOBER 2018	40.00 0.00			X				25,470.	0.	5,918.
(15) HOLLY JOHNSON PRESIDENT - UNTIL AUGUST 2018	40.00 0.00			X				96,741.	0.	12,745.

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Form 990 (2018)

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	819,077.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,224,789.				
	g Noncash contributions included in lines 1a-1f: \$		1,093,633.				
	h Total. Add lines 1a-1f		5,043,866.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,735,570.			2,735,570.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a 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)			6,112,368.		6,112,368.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			13,891,804.	0.	0.	8,847,938.	

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Form 990 (2018)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,454,674.	7,454,674.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	501,312.	501,312.		
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	140,874.	42,262.	56,350.	42,262.
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	432,161.	129,966.	162,627.	139,568.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,936.	9,628.	12,981.	14,327.
9 Other employee benefits	43,539.	11,396.	15,359.	16,784.
10 Payroll taxes	42,677.	12,828.	16,283.	13,566.
11 Fees for services (non-employees):				
a Management				
b Legal	12,173.		12,173.	
c Accounting	27,860.		27,860.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	189,741.		189,741.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	54,183.		54,183.	
12 Advertising and promotion	37,709.		23,688.	14,021.
13 Office expenses	21,483.	5,708.	6,386.	9,389.
14 Information technology	48,059.	21,328.	22,801.	3,930.
15 Royalties				
16 Occupancy	43,043.	15,065.	15,603.	12,375.
17 Travel	19,709.	7,001.	10,021.	2,687.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	56,581.	12,840.	41,348.	2,393.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,399.	28,140.	29,144.	23,115.
23 Insurance	3,272.	1,145.	1,186.	941.
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 & SUBSCRIPTIONS	31,074.	1,010.	27,852.	2,212.
b PUBLIC RELATIONS	17,464.			17,464.
c _____				
d _____				
e All other expenses _____	72,587.	33,556.	5,504.	33,527.
25 Total functional expenses. Add lines 1 through 24e	9,367,510.	8,287,859.	731,090.	348,561.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Form 990 (2018)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	889,435.	1	1,550,902.	
	2 Savings and temporary cash investments	5,795,612.	2	4,677,822.	
	3 Pledges and grants receivable, net	862,582.	3	626,270.	
	4 Accounts receivable, net	30,000.	4	0.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	80,761.	7	80,473.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,568.	9	6,623.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,922,569.			
	b Less: accumulated depreciation	518,480.			
	11 Investments - publicly traded securities	1,449,957.	10c	1,404,089.	
	12 Investments - other securities. See Part IV, line 11		11	107,845,139.	
	13 Investments - program-related. See Part IV, line 11	189,405.	12		
	14 Intangible assets		13	126,979.	
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	127,233,298.	15			
17 Accounts payable and accrued expenses	14,924.	16	116,318,297.		
18 Grants payable	14,924.	17	9,028.		
19 Deferred revenue	219,182.	18	654,151.		
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
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	147,029.	24			
26 Total liabilities. Add lines 17 through 25	381,135.	25	108,947.		
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	772,126.		
28 Unrestricted net assets	126,852,163.	27	115,546,171.		
29 Temporarily restricted net assets		28			
30 Permanently restricted net assets		29			
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
32 Capital stock or trust principal, or current funds		30			
33 Paid-in or capital surplus, or land, building, or equipment fund		31			
34 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	126,852,163.	33	115,546,171.		
34 Total liabilities and net assets/fund balances	127,233,298.	34	116,318,297.		

Form **990** (2018)

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	13,891,804.
2 Total expenses (must equal Part IX, column (A), line 25)	2	9,367,510.
3 Revenue less expenses. Subtract line 2 from line 1	3	4,524,294.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,852,163.
5 Net unrealized gains (losses) on investments	5	-15,854,649.
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	24,363.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,546,171.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
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			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

2018

Open to Public Inspection

Name of the organization **GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.** Employer identification number **23-7108776**

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 **section 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4897327.	4500921.	17062698.	5414576.	5043866.	36919388.
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	4897327.	4500921.	17062698.	5414576.	5043866.	36919388.
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)						14177336.
6 Public support. Subtract line 5 from line 4.						22742052.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4897327.	4500921.	17062698.	5414576.	5043866.	36919388.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1333411.	1372099.	1720629.	2279446.	2735570.	9441155.
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.)		3,037.				3,037.
11 Total support. Add lines 7 through 10						46363580.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	49.05 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	48.98 %

16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
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>		
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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

GRAND HAVEN AREA COMMUNITY

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

23-7108776 Page 8

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2015 AMOUNT: \$ 3,037.

SCHEDULE A, PART II, UNUSUAL GRANTS:

THE ORGANIZATION RECEIVED AN UNUSUAL GRANT IN 2016 FOR \$20,217,584.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Employer identification number

23-7108776

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>807,625.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>170,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>225,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>819,077.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>463,228.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>108,479.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	6,500 SHS OF VANGUARD TOTAL STOCK MARKET STOCK _____ _____ _____	\$ 807,625.	12/27/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Employer identification number
23-7108776

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	200	28
2 Aggregate value of contributions to (during year)	2,413,820.	789,835.
3 Aggregate value of grants from (during year)	2,403,862.	3,357,799.
4 Aggregate value at end of year	18,710,943.	4,551,404.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	108,947.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	108,947.

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

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO BUILD A PERMANENT COMMUNITY ENDOWMENT COMMITTED TO IMPROVING AND
ENHANCING THE QUALITY OF LIFE IN THE TRI-CITIES AREA.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

**Employer identification number
23-7108776**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE ALLENDALE, MI 49401	38-1560740	501(C)(3)	56,616.	0.			GENERAL/OPERATING
ALMA COLLEGE 614 W SUPERIOR ST ALMA, MI 48801-1599	38-1359083	501(C)(3)	10,000.	0.			GENERAL/OPERATING
AMERICAN CANCER SOCIETY, INC. P. O. BOX 720366 OKLAHOMA CITY, OK 73162	38-3209120	501(C)(3)	9,177.	0.			GENERAL/OPERATING
AMERICAN HEART ASSOCIATION P. O. BOX 22249 ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	9,177.	0.			GENERAL/OPERATING
ARTHRITIS FOUNDATION MICHIGAN 1050 WILSHIRE DRIVE TROY, MI 48084	38-1366904	501(C)(3)	9,177.	0.			GENERAL/OPERATING
AUTISM FAMILY NETWORK PO BOX 85 LAMONT, MI 49430	46-2325414	501(C)(3)	7,500.	0.			GENERAL/OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 101.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARNABAS FOUNDATION 3801 EAGLE NEST DR# B CRETE, IL 60417-1993	36-2904503	501(C)(3)	10,000.	0.			REV ISAAC JEN CHAIR ENDOWMENT
BE WELL CENTER 336 HALL ST SE GRAND RAPIDS, MI 49507	36-4737541	501(C)(3)	10,000.	0.			GENERAL/OPERATING
BRIDGE STREET HOUSE OF PRAYER 1055 BRIDGE STREET NW GRAND RAPIDS, MI 49504	26-2868231	501(C)(3)	10,000.	0.			GENERAL
CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE GRAND RAPIDS, MI 49546-4387	38-3001876	501(C)(3)	85,000.	0.			SCHOLARSHIP FUND
CAMP BLODGETT 528 BRIDGET STREET NW SUITE 6 GRAND RAPIDS, MI 49504	38-6004379	501(C)(3)	9,300.	0.			SCALING STEM
CHILDREN'S ADVOCACY CENTER 12125 UNION ST HOLLAND, MI 49424	38-3445089	501(C)(3)	20,000.	0.			GENERAL/OPERATING
CHRISTIAN HAVEN HOME 704 PENNOYER AVENUE GRAND HAVEN, MI 49417	38-1658800	501(C)(3)	31,303.	0.			ANNUAL DISTRIBUTION
CHRISTIAN LEADERS INSTITUTE PO BOX 1225 SOUTH HOLLAND, IL 60473	16-1733646	501(C)(3)	60,000.	0.			GENERAL OPERATING
CHRISTIAN REFORMED HOME MISSIONS 1700 28TH ST SE GRAND RAPIDS, MI 49508-1407	38-1505621	501(C)(3)	75,000.	0.			GENERAL/OPERATING

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CHRISTIAN REFORMED WORLD MISSIONS 2850 KALAMAZOO AVE. SE GRAND RAPIDS, MI 49502-8033	38-1505621	501(C)(3)	9,177.	0.			GENERAL/OPERATING
CITY OF FERRYSBURG 17290 ROOSEVELT ROAD P. O. BOX 38 FERRYSBURG, MI 49409	38-1724041	115	17,903.	0.			GENERAL/OPERATING
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN, MI 49417	38-6004687	115	2,616,881.	0.			WATERFRONT STADIUM REIMBURSEMENT
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY - 425 WEST WESTERN AVENUE - MUSKEGON, MI 49440	38-6114135	501(C)(3)	57,500.	0.			SHARING THE STAGE
COMMUNITY REFORMED CHURCH 10376 FELCH ST ZEELAND, MI 49464	38-6155592	501(C)(3)	45,000.	0.			CHILDREN'S MINISTRIES
COMMUNITY SPOKE 115 CLOVER ST., SUITE 300 HOLLAND, MI 49423	47-4508043	501(C)(3)	250,000.	0.			LNA SUPPORT
COOPERSVILLE FARM MUSEUM 375 MAIN STREET P. O. BOX 64 COOPERSVILLE, MI 49404	20-2297381	501(C)(3)	56,000.	0.			GENERAL/OPERATING
COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR DRIVE STE L3 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	42,000.	0.			LEARNING TO GIVE - GENERAL OPERATING
COVENANT LIFE CHURCH 101 COLUMBUS AVE GRAND HAVEN, MI 49417-1223	38-2794856	501(C)(3)	8,500.	0.			GENERAL/OPERATING

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CRITTER BARN 9275 ADAMS STREET ZEELAND, MI 49464	32-0028470	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
CROSSWORLD 10000 N OAK TRAFFICWAY KANSAS CITY, MO 64155	23-1352564	501(C)(3)	12,000.	0.			ANNUAL CAMPAIGNS
EXODUS PLACE 322 FRONT AVE SW GRAND RAPIDS, MI 49504	27-0526744	501(C)(3)	15,000.	0.			VAN PURCHASE PROJECT
EXTENDED GRACE 714 COLUMBUS AVE GRAND HAVEN, MI 49417-1019	61-1766666	501(C)(3)	13,700.	0.			AUTOMATIC DOOR OPENER & BEAUTIFICATION OF ANNEX
FAITH IN ACTION INTERNATIONAL PO BOX 171 SPRING LAKE, MI 49456	38-3506259	501(C)(3)	20,000.	0.			GENERAL OPERATING
FIRST CHRISTIAN REFORMED CHURCH 516 S FERRY ST GRAND HAVEN, MI 49417-1965	38-1422422	501(C)(3)	185,500.	0.			ANNUAL CAMPAIGNS
FIRST PRESBYTERIAN CHURCH 508 FRANKLIN AVE GRAND HAVEN, MI 49417-1496	38-1367309	501(C)(3)	11,308.	0.			GENERAL/OPERATING
FIRST PRESBYTERIAN CHURCH BONITA SPRINGS - 9751 BONITA BEACH ROAD - BONITA SPRINGS, FL 34135	23-6393377	501(C)(3)	10,000.	0.			FIRST PRESBYTERIAN "JANUARY SPEAKER"
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN - 508 FRANKLIN - GRAND HAVEN, MI 49417	38-1367309	501(C)(3)	136,160.	0.			GENERAL/OPERATING

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FOOD FOR THE POOR, INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	20,000.	0.			PAZ Y RECONCILLACION ECO-STOVE PROJECT
FREDERIK MEIJER GARDENS AND SCULPTURE PARK FOUNDATION - 2929 WALKER NW - GRAND RAPIDS, MI 49544	38-3118579	501(C)(3)	10,000.	0.			GENERAL/OPERATING
FRIENDS OF KENYAN ORPHANS 18640 MACK AVE. STE. 1294 GROSSE POINTE PARK, MI 48236	26-4047939	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
GHACF ONE SOUTH HARBOR DR. GRAND HAVEN, MI 49417	23-7108776	501(C)(3)	21,441.	0.			GREATEST NEEDS FUND
GLOBAL PARTNERS PO BOX 50434 INDIANAPOLIS, IN 46250-0434	26-4605790	501(C)(3)	6,000.	0.			EMERGENCY FUNDS
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 SOUTH BEECHTREE GRAND HAVEN, MI 49417	38-6003290	115	36,618.	0.			PROGRAM DEVELOPMENT
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVE GRAND HAVEN, MI 49417-1998	38-1467641	501(C)(3)	110,592.	0.			THE ENDOWMENT FUND
GRAND HAVEN HIGH SCHOOL ATHLETIC DEPT - 17001 FERRIS - GRAND HAVEN, MI 49417	38-6003290	115	12,645.	0.			ANNUAL DISTRIBUTION
GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272 GRAND HAVEN, MI 49417-0272	38-3218960	501(C)(3)	106,415.	0.			PROGRAM DEVELOPMENT

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GRAND RAPIDS CHILDREN'S MUSEUM 11 SHELDON AVE NE GRAND RAPIDS, MI 49503	38-3088234	501(C)(3)	6,267.	0.			TRAVELING STEAM EXPLORATION
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 49503	38-2877959	501(C)(3)	75,000.	0.			LGBT FUND
GRAND RAPIDS OPPORTUNITIES FOR WOMEN - 25 SHELDON BLVD. SE. 210 - GRAND RAPIDS, MI 49503	38-2886028	501(C)(3)	10,000.	0.			LAKESHORE EXPANSION
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE SUITE 100 GRAND RAPIDS, MI 49503	38-6005447	501(C)(3)	20,500.	0.			GENERAL/OPERATING
GRAND RAPIDS/MUSKEGON YOUTH FOR CHRIST - 1345 MONROE SUITE 320 - GRAND RAPIDS, MI 49505	38-6033586	501(C)(3)	5,879.	0.			GENERAL/OPERATING
GRAND VALLEY STATE UNIVERSITY FOUNDATION - 301 FULTON ST W - GRAND RAPIDS, MI 49504-6430	38-6086770	501(C)(3)	55,000.	0.			GENERAL/OPERATING
GREATER EUROPE MISSION PO BOX 1669 MONUMENT, CO 80132-1669	36-2345199	501(C)(3)	8,000.	0.			ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY, INC. - P. O. BOX 1349 - HOLLAND, MI 49422-1349	38-3522782	501(C)(3)	597,707.	0.			HOUSING NEXT/ANNUAL CAMPAIGN
HARBOR HUMANE SOCIETY 14345 BAGLEY STREET WEST OLIVE, MI 49460	38-1623660	501(C)(3)	29,029.	0.			GENERAL/OPERATING

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HEAVEN CAN WAIT ANIMAL HAVEN 511 SEMINOLE RD NORTON SHORES, MI 49444-3719	26-1869768	501(C)(3)	10,000.	0.			1/2 OF DONATION IS TO BE USED TO PAY DOWN VET BILLS AND SPAY AND NEUTER BILLS
HELEN DEVOS CHILDREN'S HOSPITAL SPECTRUM HEALTH FOUNDATION - 100 MICHIGAN ST NE - GRAND RAPIDS, MI 49503-2560	38-2752328	501(C)(3)	10,000.	0.			PEDIATRIC CARDIOLOGY
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND, MI 49423	38-1416520	501(C)(3)	10,000.	0.			TUITION GRANT
HOPE COLLEGE ADVANCEMENT SERVICES 141 E 12TH ST HOLLAND, MI 49423-3663	38-1381271	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGNS
INTERNATIONAL AID, INC. 17011 HICKORY STREET SPRING LAKE, MI 49456-9712	38-2323550	501(C)(3)	15,879.	0.			GENERAL/OPERATING
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES, INC - 741 KENMOOR AVE SE STE C - GRAND RAPIDS, MI 49546-2304	38-1557861	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
KAUFMAN INTERFAITH INSTITUTE 301 MICHIGAN ST NE STE 100 GRAND RAPIDS, MI 49503-3314	38-1684280	501(C)(3)	6,000.	0.			GENERAL OPERATIONS
LAKE VIEW CAMP & CONFERENCE CENTER P.O. BOX 836 PELLA, IA 50219	42-1509942	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
LAMONT CHRISTIAN SCHOOL 5260 LEONARD ROAD COOPERSVILLE, MI 49404	38-1558421	501(C)(3)	7,001.	0.			GENERAL/OPERATING

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LAND CONSERVANCY OF WEST MICHIGAN 400 ANN ST NW SUITE 102 GRAND RAPIDS, MI 49504	38-2363129	501(C)(3)	135,000.	0.			OTTAWA SANDS PARK PROJECT
LOVE IN ACTION 326 N FERRY ST. SUITE A GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	45,000.	0.			GENERAL/OPERATING
LOVE INC OF MUSKEGON COUNTY 2735 E APPLE AVE STE A MUSKEGON, MI 49442-4482	38-2450507	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
MARY FREE BED HOSPITAL AND REHABILITATION CENTER - 235 WEALTHY ST SE - GRAND RAPIDS, MI 49503-5247	38-1359265	501(C)(3)	27,551.	0.			GENERAL OPERATING COSTS
MARY FREE BED REHABILITATION HOSPITAL FOUNDATION - 235 WEALTHY ST SE - GRAND RAPIDS, MI 49503	46-1164285	501(C)(3)	7,500.	0.			MARY FREE BED PEDIATRIC REHABILITATION PROGRAM
MERCY HEALTH - MUSKEGON 1500 E SHERMAN BLVD MUSKEGON, MI 49444-1849	38-2589966	501(C)(3)	10,000.	0.			JOHNSON CANCER CENTER
MULTIPLE MYELOMA RESEARCH FOUNDATION - 383 MAIN AVE FL 5 - NORWALK, CT 06851-1586	06-1504413	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
MUSKEGON MUSEUM OF ART 296 W. WEBSTER AVE. MUSKEGON, MI 49440	38-3402560	501(C)(3)	42,357.	0.			GENERAL/OPERATING
MUSKEGON RESCUE MISSION 1715 PECK STREET MUSKEGON, MI 49444	38-3525239	501(C)(3)	5,880.	0.			PROGRAM SUPPORT

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NO MORE SIDELINES 640 SEMINOLE MUSKEGON, MI 49441	26-1667736	501(C)(3)	100,000.	0.			BUILDING BELONGINGS A CAMPAIGN FOR NO MORE SIDELINES
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS - 1309 SHELDON ROAD - GRAND HAVEN, MI 49417	38-3330803	501(C)(3)	10,000.	0.			FINAL PAYMENT OF \$30,000 PLEDGE
NORTHWEST OTTAWA COUNTY CHAMBER FOUNDATION - 1 SOUTH HARBOR DR. - GRAND HAVEN, MI 49417	38-3163993	501(C)(3)	97,600.	0.			LAKESHORE YOUTH LEADERSHIP CONNECTIONS/ COMMUNITY WELLNESS
OPERATION MOBILIZATION PO BOX 444 TYRONE, GA 30290	22-2513811	501(C)(3)	17,000.	0.			ANNUAL CAMPAIGNS
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT - 13565 PORT SHELDON ST - HOLLAND, MI 49424-9241	38-1709520	115	107,500.	0.			GENERAL/OPERATING
OTTAWA COUNTY ADMINISTRATOR'S OFFICE - 12220 FILLMORE ST - WEST OLIVE, MI 49460	38-6004883	115	234,507.	0.			DIVERSITY, EQUITY, AND INCLUSION OFFICE
OTTAWA COUNTY PARKS AND RECREATION DEPARTMENT - 12220 FILLMORE ST - WEST OLIVE, MI 49460	38-6004883	115	117,838.	0.			FOR GRAND RIVER RAVINES
OTTAWA COUNTY PARKS FOUNDATION P.O. BOX 314 WEST OLIVE, MI 49401	81-1601681	501(C)(3)	79,000.	0.			MATCHING GIFT
PATHWAYS OF ARBOR CIRCLE 412 CENTURY LANE HOLLAND, MI 49423	38-3263853	501(C)(3)	24,832.	0.			OSAP NW QUADRANT REBUILDING

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PINE REST CHRISTIAN MENTAL HEALTH SERVICES - PO BOX 165 - GRAND RAPIDS, MI 49501-0165	38-1368360	501(C)(3)	6,000.	0.			FOUNDATION ENDOWMENT FUND
POTTER'S HOUSE SCHOOL 810 VAN RAALTE DR SW WYOMING, MI 49509	38-2372676	501(C)(3)	15,000.	0.			DEPPE URBAN SCHOLARSHIP
PRINCETON THEOLOGICAL SEMINARY PO BOX 821 PRINCETON, NJ 08542-0803	21-0635010	501(C)(3)	31,000.	0.			ANNUAL CAMPAIGNS
R.E.A.D. P.O. BOX 429 GRAND HAVEN, MI 49417	27-0555320	501(C)(3)	10,000.	0.			ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAM SUPPORT
REACH OUT FOR CHRIST 16917 QUINCY STREET HOLLAND, MI 49424-5636	38-1966151	501(C)(3)	20,000.	0.			GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS, MI 49534	38-1844325	501(C)(3)	65,000.	0.			GENERAL/OPERATING
SECOND REFORMED CHURCH 1000 WAVERLY STREET GRAND HAVEN, MI 49417	38-1722342	501(C)(3)	12,303.	0.			\$11,303 TO GENERAL FUND AND \$1,000 TO PASTOR DAN DISCRETIONARY FUND
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	25,000.	0.			HYPERTROPHIA CARDIOMYOPATHY (HCM)
SPRING LAKE CHRISTIAN REFORMED CHURCH - 364 S. LAKE AVE - SPRING LAKE, MI 49456	38-1722443	501(C)(3)	9,177.	0.			THIS GIFT IS DESIGNATED TO SUPPORT GENERAL OPERATIONS.

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SPRING LAKE DISTRICT LIBRARY 123 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-1920511	115	101,380.	0.			PROGRAM SUPPORT
SPRING LAKE INTERMEDIATE SCHOOL 345 HAMMOND ST SPRING LAKE, MI 49456-2064	38-6003347	115	5,280.	0.			ANNUAL CAMPAIGNS
SPRING LAKE PRESBYTERIAN CHURCH 760 EAST SAVIDGE SPRING LAKE, MI 49456	38-1671040	501(C)(3)	49,666.	0.			GENERAL SUPPORT
SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND ST SPRING LAKE, MI 49456-2064	38-6003347	115	50,530.	0.			EDUCATIONAL GRANTS
ST. PATRICK-ST. ANTHONY CHURCH 920 FULTON AVE GRAND HAVEN, MI 49417-1526	38-1575680	501(C)(3)	25,000.	0.			GENERAL/OPERATING
TALENT 2025 48 LOGAN ST SW STE 124 GRAND RAPIDS, MI 49503-5124	27-0193853	501(C)(3)	10,000.	0.			EVIDENCE BASED SELECTION PROCESS & CAREER PATHS
TCM COUNSELING 1703 S DESPELDER ST GRAND HAVEN, MI 49417-2649	38-2856482	501(C)(3)	25,258.	0.			GENERAL SUPPORT
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA - 85 EAST 8TH ST., SUITE 110 - HOLLAND, MI 49423	38-6095283	501(C)(3)	50,000.	0.			BARN TO FARM CAMPAIGN - CRITTER BARN
THE HEALING SPACE OF CINCINNATI 217 WYOMING AVE WYOMING, OH 45215-4307	47-2021721	501(C)(3)	10,000.	0.			PROFESSIONAL MANAGER

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THE LITTLE RED HOUSE, INC. 311 E EXCHANGE ST SPRING LAKE, MI 49456-2022	35-2119160	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
THE RONALD MCDONALD HOUSE OF WESTERN MICHIGAN, INC. - 1323 CEDAR ST NE - GRAND RAPIDS, MI 49503-1326	38-2781170	501(C)(3)	8,000.	0.			GENERAL OPERATING COSTS
THE SALVATION ARMY 310 N. DESPELDER GRAND HAVEN, MI 49417	22-2406433	501(C)(3)	77,000.	0.			GENERAL/OPERATING
TRI-CITIES BROADCASTING FOUNDATION 1097 JACKSON STREET SUITE C GRAND HAVEN, MI 49417	46-5018814	501(C)(3)	5,952.	0.			SUMMER CONCERT MUSIC SERIES
TRI-CITIES FAMILY YMCA 1 Y DR GRAND HAVEN, MI 49417-1768	38-1717502	501(C)(3)	245,710.	0.			CAPITAL REPAIRS/OPERATING
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVE GRAND HAVEN, MI 49417-1357	23-7070227	501(C)(3)	23,645.	0.			GENERAL/OPERATING
UC BERKELEY FOUNDATION 2080 ADDISON ST SPC 4200 BERKELEY, CA 94720-4200	94-6090626	501(C)(3)	10,000.	0.			5,000 - AHLBURG-JOHNSON ALUMNI SCHOLARSHIP; 5,000 - THE BANCROFT LIBRARY UNDERGRADUATE RESEARCH
USGBC FLORIDA 6586 HYPOLUXO ROAD SUITE 202 LAKE WORTH, FL 33467	20-2822615	501(C)(3)	10,000.	0.			VINCE BRIONES SCHOLARSHIP FUND
VAN BUREN UNITED CIVIC ORGANIZATION - PO BOX 123 - COVERT, MI 49043	38-6123963	501(C)(3)	10,000.	0.			FURANCE, AIR CONDITIONER, WATER LINE

Schedule I (Form 990)

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF SPRING LAKE 102 WEST SAVIDGE STREET SPRING LAKE, MI 49456	38-6007205	115	11,043.	0.			GENERAL/OPERATING
WCSG RADIO - CORNERSTONE COLLEGE 1159 E BELTLINE AVE NE GRAND RAPIDS, MI 49525-5805	38-1443369	501(C)(3)	15,000.	0.			ANNUAL CAMPAIGNS
WESTERN THEOLOGICAL SEMINARY 101 E. 13TH ST HOLLAND, MI 49423	38-2009204	501(C)(3)	35,000.	0.			DALE & LIZ DEPPE SCHOLARSHIP

Schedule I (Form 990)

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	231	501,312.	0.	N/A	N/A

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

PART I, LINE 2:

WHEN A GRANT IS AWARDED, THE GRANTEE IS SENT A GRANT AGREEMENT OUTLINING THE GRANTEE'S RESPONSIBILITIES. THIS SIGNED DOCUMENT MUST BE ON FILE PRIOR TO GRANT DISBURSEMENT. THE AGREEMENT STATES (AMONG OTHER THINGS):

1. THE GRANT IS TO BE USED ONLY FOR THE PURPOSES DESCRIBED IN THE APPLICATION. THE PROGRAM/PROJECT MAY ONLY BE MATERIALLY MODIFIED WITH THE FOUNDATION'S PRIOR WRITTEN APPROVAL.

Part IV Supplemental Information

2. THE GRANTEE SHALL MAINTAIN ITS BOOKS AND RECORDS SO AS TO SHOW AND SEPARATELY ACCOUNT FOR ALL FUNDS RECEIVED UNDER THIS GRANT. GRANTEE SHALL PERMIT THE FOUNDATION REASONABLE ACCESS TO ITS BOOKS AND RECORDS, FILES, AND PERSONNEL DURING THE TERM OF THE GRANT AND FOR FIVE YEARS AFTER THE FINAL GRANT PAYMENT, FOR THE PURPOSE OF MAKING FINANCIAL AUDITS, VERIFICATIONS, OR PROGRAM/PROJECT EVALUATIONS.

3. THE FOUNDATION'S GRANT EVALUATION REPORT, INCLUDING ALL SUPPORTING MATERIALS, SHALL BE COMPLETED BY THE GRANTEE AND RETURNED TO THE FOUNDATION WITHIN ONE YEAR AFTER FINAL GRANT PAYMENT. THE FOUNDATION MAY ALSO REQUIRE GRANTEE TO MAKE QUARTERLY OR SEMI-ANNUAL REPORTS DURING THE FUNDED PROGRAM/PROJECT WITH SUCH INFORMATION PERTAINING TO THE GRANT AND THE FUNDED PROGRAM/PROJECT AS THE FOUNDATION DETERMINES NECESSARY.

FOR SCHOLARSHIPS, A FORMAL LETTER IS SENT TO THE COLLEGE/UNIVERSITY ALONG WITH A LIST OF THE RECIPIENTS, SCHOLARSHIP FUND, AND AWARD AMOUNT. IN THIS LETTER, EXPECTED USAGE OF THE SCHOLARSHIP FUND IS DETAILED FOR THE COLLEGE/UNIVERSITY. AWARDS MAY BE USED FOR ANY EDUCATIONAL EXPENSES INCLUDED IN THE COST OF ATTENDING THE INSTITUTION. WE ENCOURAGE USE FOR NONTAXABLE PURPOSES INCLUDING TUITION, BOOKS, FEES, OR EQUIPMENT NEEDED FOR COURSE WORK. PLEASE BE AWARE THAT THESE FUNDS ARE TO BE USED TO REDUCE STUDENT OBLIGATIONS OR LOANS AND NOT TO REDUCE SCHOLARSHIPS OR GRANTS GIVEN BY THE COLLEGE (UNLESS REQUIRED BY FEDERAL OR STATE LAW). IF A STUDENT FAILS TO ATTEND THE UNIVERSITY, A REFUND IS ISSUED TO THE FOUNDATION. FOR SCHOLARSHIP RENEWALS, THE STUDENT IS SENT A LETTER FROM THE FOUNDATION REQUESTING AN OFFICIAL TRANSCRIPT FROM THE COLLEGE/UNIVERSITY. A CHECK IS ISSUED TO THE INSTITUTION ONLY IF A STUDENT CONTINUES TO MEET THE SCHOLARSHIP REQUIREMENTS.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UC BERKELEY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 5,000 - AHLBURG-JOHNSON ALUMNI

SCHOLARSHIP; 5,000 - THE BANCROFT LIBRARY UNDERGRADUATE RESEARCH AWARD
FUND

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.** Employer identification number **23-7108776**

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	24	1,093,633.	FMV
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? **X**

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2018

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS
RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number	23-7108776
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FORM 990, PART I, DOING BUSINESS AS:

GRAND HAVEN AREA COMMUNITY FOUNDATION

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

EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY IN AND FOR, BUT NOT
LIMITED TO, THE BENEFIT OF THE PEOPLE OF OTTAWA COUNTY AND THE WESTERN
MICHIGAN AREA.

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

THROUGHOUT WEST MICHIGAN. VISION: WE ADVANCE THE WELL BEING OF OUR
COMMUNITIES BY CREATING THE VERY BEST PLACES TO LIVE, LEARN, WORK, GIVE
AND ENGAGE. WE STRIVE FOR COMMUNITY IMPROVEMENT THROUGH STRATEGIC
GRANTMAKING IN PRIORITY AREAS OF DIVERSITY & INCLUSION, EDUCATION,
ECONOMIC & COMMUNITY BETTERMENT, HEALTH & HUMAN SERVICES, ARTS &
CULTURE AND THE ENVIRONMENT, WITHOUT DISCRIMINATION AS TO RACE, COLOR
OR CREED.

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

GRANTEE ORGANIZATION. THE BOARD OF TRUSTEES REVIEWS AND APPROVES THESE
GRANTS AS PART OF THEIR QUARTERLY MEETINGS. THE GRANT CHECK IS ISSUED
DIRECTLY TO THE NONPROFIT ORGANIZATION WITH A COVER LETTER IDENTIFYING
THE FUND FROM WHICH THE GRANT IS AWARDED AND THE SPECIFIC PURPOSE OF
THE GRANT.

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

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE. THE COMMITTEE'S CHARTER

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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IDENTIFIES ONE OF THE AUDIT COMMITTEE'S RESPONSIBILITIES AS "REVIEW OF IRS 990 PRIOR TO FILING." FOLLOWING REVIEW, THE AUDIT COMMITTEE MAKES A FORMAL RECOMMENDATION, BY RESOLUTION, TO THE BOARD OF TRUSTEES TO APPROVE THE FILING OF THE IRS 990. THE FORM 990 IS THEN PRESENTED TO THE BOARD OF TRUSTEES AT THEIR NEXT MEETING FOR REVIEW AND ACTION ON THE AUDIT COMMITTEE'S RESOLUTION.

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

MEMBERS OF THE GOVERNING BODY AND ALL COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY REVIEW AND UPDATE A CONFLICT OF INTEREST STATEMENT IDENTIFYING ANY SITUATION WHERE A POSSIBLE CONFLICT OF INTEREST MAY EXIST BETWEEN THE BOARD OR COMMITTEE MEMBER, OR MEMBERS OF THEIR IMMEDIATE FAMILY, AND A PARTICULAR NONPROFIT AGENCY. IF A MATTER IS UNDER CONSIDERATION BY THE BOARD OR COMMITTEE IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST, THE BOARD OR COMMITTEE MEMBER SHALL NOT VOTE OR USE THEIR PERSONAL INFLUENCE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

EVALUATION PROCESS FOR THE PRESIDENT

1. THE PRESIDENT COMPLETES THE EMPLOYEE SELF EVALUATION FORM, BASED ON THE GOALS OF THE PRECEDING YEAR.
2. THE PRESIDENT GIVES THE COMPLETED SELF EVALUATION FORM TO THE BOARD CHAIR BEFORE THE BOARD CHAIR/PRESIDENT ANNUAL REVIEW MEETING.
3. AT THE ANNUAL REVIEW MEETING, THE BOARD CHAIR AND PRESIDENT REVIEW THE SELF EVALUATION FORM, DISCUSS THE YEAR'S ACCOMPLISHMENTS AND THE GOALS

Name of the organization	GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number	23-7108776
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GOING FORWARD.

4. THE BOARD CHAIR NEXT DISTRIBUTES COPIES OF THE PRESIDENT'S SELF EVALUATION TO THE EXECUTIVE COMMITTEE AND MAY SEEK FURTHER COMMENT FROM THE BOARD OF TRUSTEES AT THIS TIME.

5. TO DETERMINE THE PRESIDENT'S COMPENSATION, THE EXECUTIVE COMMITTEE REVIEWS THE MOST CURRENT COMPARABLE SALARY DATA AVAILABLE PROVIDED BY THE COUNCIL ON FOUNDATIONS AND THE COUNCIL OF MICHIGAN FOUNDATIONS.

6. THE EXECUTIVE COMMITTEE MEETS IN AN EXECUTIVE SESSION, WITHOUT THE PRESIDENT PRESENT, TO DISCUSS THE REVIEW.

7. THE EXECUTIVE COMMITTEE REPORTS BACK TO THE BOARD OF TRUSTEES, IN EXECUTIVE SESSION WITH NO STAFF PRESENT, ON THE REVIEW PROCESS AND RECOMMENDS COMPENSATION CHANGES AT THE NEXT BOARD OF TRUSTEES MEETING.

FORM 990, PART VI, SECTION B, LINE 15B:

EVALUATION PROCESS FOR OFFICERS AND KEY EMPLOYEES IS NOT APPLICABLE SINCE OTHER OFFICERS OF THE ORGANIZATION ARE NOT COMPENSATED AND THE ORGANIZATION HAS NO KEY EMPLOYEES.

THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2018.

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

DOCUMENTS AND RECORDS: PUBLIC ACCESS POLICY

THE FOLLOWING DOCUMENTS AND RECORDS SHALL BE AVAILABLE FOR PUBLIC

INSPECTION:

Name of the organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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ARTICLES OF INCORPORATION

BYLAWS

INTERNAL REVENUE SERVICE DETERMINATION LETTERS

INTERNAL REVENUE SERVICE FORM 990 (EXCLUSIVE OF DONOR IDENTIFICATION
INFORMATION)

PUBLISHED ANNUAL REPORT

MOST RECENT AUDITED FINANCIAL STATEMENTS (EXCLUSIVE OF DONOR IDENTIFICATION
INFORMATION)

PAMPHLETS

BROCHURES

NEWSLETTERS

NEWS RELEASES.

PROCEDURE:

1. ALL RECORDS AND DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION SHALL REMAIN
AT THE FOUNDATION OFFICE AT ALL TIMES.

2. TO INSPECT DOCUMENTS, REQUESTS MUST BE MADE IN PERSON AT THE FOUNDATION
OFFICE. REQUESTED DOCUMENTS SHALL BE PROVIDED AS SOON AS REASONABLY
POSSIBLE.

3. IF COPIES ARE REQUESTED, THE FOUNDATION MAY CHARGE A REASONABLE FEE FOR
COPYING AND MAILING.

IN ADDITION, THE ANNUAL REPORT AND WEBSITE DIRECT THE PUBLIC TO CONTACT OUR
OFFICE TO REQUEST REVIEW. FORM 1023 NOT AVAILABLE; EXEMPT STATUS OBTAINED
PRIOR TO 7/15/1987.

Name of the organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SPLIT INTEREST AGREEMENT	24,363.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.** Employer identification number **23-7108776**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ONE SOUTH HARBOR PARKING LOT, LLC - 81-2128375, 1 SOUTH HARBOR DRIVE, GRAND HAVEN, MI 49417	CAPITAL HOLDING	MICHIGAN	0.	550,428.	GRAND HAVEN AREA COMMUNITY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GRAND HAVEN FOUNDATION SUPPORTING ORGANIZATION - 20-5706188, ONE SOUTH HARBOR DRIVE, GRAND HAVEN, MI 49417	ASSIST DONORS IN FULFILLING THEIR PHILANTHROPIC & CHARITABLE	MICHIGAN	501(C)(3)	LINE 12A, I	GRAND HAVEN AREA COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
GRAND HAVEN FOUNDATION SUPPORTING (1) ORGANIZATION	C	819,077.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

GRAND HAVEN FOUNDATION SUPPORTING ORGANIZATION

PRIMARY ACTIVITY: ASSIST DONORS IN FULFILLING THEIR PHILANTHROPIC &
CHARITABLE RESPONSIBILITY