

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)

2020

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 2020 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. Doing business as GRAND HAVEN AREA COMMUNITY FOUND Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE SOUTH HARBOR DRIVE City or town, state or province, country, and ZIP or foreign postal code GRAND HAVEN, MI 49417 F Name and address of principal officer: CHAD BUSH SAME AS C ABOVE
D Employer identification number 23-7108776	
E Telephone number 616-842-6378	
G Gross receipts \$ 17,092,926.	
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	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.GHACF.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1971 M State of legal domicile: MI	

Part I Summary

	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.		
Activities & Governance	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 2020 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	80
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	8,918,183.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,967,880.	9,843,365.
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)	11,886,063.	17,092,926.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,997,765.
	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)	847,906.	904,667.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 458,603.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	683,602.	695,115.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,529,273.	9,752,353.
	19	Revenue less expenses. Subtract line 18 from line 12	2,356,790.	7,340,573.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	143,459,073.	161,464,953.
	21	Total liabilities (Part X, line 26)	890,677.	833,198.
	22	Net assets or fund balances. Subtract line 21 from line 20	142,568,396.	160,631,755.

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 CHAD BUSH, CHAIRPERSON Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name TINA PETERS	Preparer's signature TINA PETERS
	Date 08/26/21	Check if self-employed <input type="checkbox"/> PTIN P00904574
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951
	Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002	Phone no. (269) 567-4500

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 IS GOVERNED BY A VOLUNTEER BOARD OF TRUSTEES. OUR MISSION: WE ENHANCE THE QUALITY OF LIFE FOR ALL BY WORKING TOGETHER TO COLLECTIVELY ADDRESS CHALLENGES AND OPPORTUNITIES THROUGHOUT WEST MICHIGAN. OUR VISION: WE ADVANCE THE

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

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

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

4a (Code:) (Expenses \$ 8,542,351. including grants of \$ 8,152,571.) (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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,542,351.

**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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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.**

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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7
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 on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PATY 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) HADLEY STRENG PRESIDENT	40.00 0.00			X			208,699.	0.	39,349.	
(2) CHRISTOPHER RIKER V.P. ADVANCEMENT & DONOR SERVICES	40.00 0.00				X		114,064.	0.	26,153.	
(3) CHAD BUSH CHAIRPERSON - AS OF MAY 2020	1.00 0.00	X		X			0.	0.	0.	
(4) BARBARA VANHEEST VICE CHAIRPERSON	1.00 0.00	X		X			0.	0.	0.	
(5) ANIL MANDALA SECRETARY	1.00 1.00	X		X			0.	0.	0.	
(6) MARK PEREIRA TREASURER	1.00 1.00	X		X			0.	0.	0.	
(7) RANDY HANSEN CHAIRPERSON - UNTIL MAY 2020	1.00 1.00	X		X			0.	0.	0.	
(8) CINDY ANDERSON TRUSTEE	1.00 0.00	X					0.	0.	0.	
(9) NELSON JACOBSON TRUSTEE	1.00 0.00	X					0.	0.	0.	
(10) KEITH KONARSKA TRUSTEE	1.00 0.00	X					0.	0.	0.	
(11) PAT VERDUIN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(12) SHIRLEY WOODRUFF TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) MARY CAROLE COTTER TRUSTEE - AS OF MAY 2020	1.00 0.00	X					0.	0.	0.	
(14) DAVID SWAIN TRUSTEE - AS OF MAY 2020	1.00 0.00	X					0.	0.	0.	

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal	▶						322,763.	0.	65,502.	
c Total from continuation sheets to Part VII, Section A	▶						0.	0.	0.	
d Total (add lines 1b and 1c)	▶						322,763.	0.	65,502.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	657,979.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,591,582.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,288,372.				
	h Total. Add lines 1a-1f			7,249,561.			
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)		2,480,431.			2,480,431.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,362,934.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	7,362,934.				
d Net gain or (loss)			7,362,934.		7,362,934.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			17,092,926.	0.	0.	9,843,365.	

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

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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 ...	7,562,602.	7,562,602.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	589,969.	589,969.		
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	248,047.	74,414.	99,219.	74,414.
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	505,774.	174,169.	160,643.	170,962.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,817.	12,831.	10,517.	15,469.
9 Other employee benefits	62,629.	20,629.	17,278.	24,722.
10 Payroll taxes	49,400.	16,450.	16,747.	16,203.
11 Fees for services (nonemployees):				
a Management				
b Legal	31,336.		31,336.	
c Accounting	30,238.		30,238.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	197,655.		197,655.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	51,855.	4,194.	4,344.	43,317.
13 Office expenses	25,332.	6,126.	6,345.	12,861.
14 Information technology	49,727.	18,732.	16,124.	14,871.
15 Royalties				
16 Occupancy	41,738.	14,608.	15,130.	12,000.
17 Travel	8,026.	3,216.	2,921.	1,889.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	26,688.	8,094.	15,476.	3,118.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,092.		77,092.	
23 Insurance	7,383.	2,584.	2,676.	2,123.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	8,745.	2,140.	5,273.	1,332.
b PUBLIC RELATIONS	971.			971.
c _____				
d _____				
e All other expenses _____	138,329.	31,593.	42,385.	64,351.
25 Total functional expenses. Add lines 1 through 24e	9,752,353.	8,542,351.	751,399.	458,603.
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 (2020)

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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	1,640,211.	1	972,398.
	2 Savings and temporary cash investments	5,787,108.	2	8,323,513.
	3 Pledges and grants receivable, net	392,627.	3	162,199.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	77,920.	7	20,317.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,335.	9	4,477.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,934,269.		
	b Less: accumulated depreciation	677,686.		
	11 Investments - publicly traded securities	1,332,375.	10c	1,256,583.
	12 Investments - other securities. See Part IV, line 11		11	150,652,450.
	13 Investments - program-related. See Part IV, line 11	87,128.	12	
	14 Intangible assets		13	73,016.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	143,459,073.	15		
17 Accounts payable and accrued expenses	4,187.	16	161,464,953.	
18 Grants payable	4,187.	17	7,562.	
19 Deferred revenue	770,223.	18	723,088.	
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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	116,267.	24		
26 Total liabilities. Add lines 17 through 25	890,677.	25	102,548.	
27 Net assets without donor restrictions	142,568,396.	26	833,198.	
28 Net assets with donor restrictions				
29 Capital stock or trust principal, or current funds				
30 Paid-in or capital surplus, or land, building, or equipment fund				
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances	142,568,396.	27	160,631,755.	
33 Total liabilities and net assets/fund balances	143,459,073.	28		

Form **990** (2020)

**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	17,092,926.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,752,353.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,340,573.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	142,568,396.
5	Net unrealized gains (losses) on investments	5	10,722,786.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	160,631,755.

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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17062698.	5414576.	5043866.	8918183.	7249561.	43688884.
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	17062698.	5414576.	5043866.	8918183.	7249561.	43688884.
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)						16821964.
6 Public support. Subtract line 5 from line 4.						26866920.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	17062698.	5414576.	5043866.	8918183.	7249561.	43688884.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1720629.	2279446.	2735570.	2975570.	2480431.	12191646.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						55880530.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	48.08	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	51.53	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 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 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

GRAND HAVEN AREA COMMUNITY

Schedule A (Form 990 or 990-EZ) 2020 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, UNUSUAL GRANTS

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

Multiple horizontal lines for supplemental information.

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

2020

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	 <hr/> <hr/> <hr/>	\$ <u>1,000,278.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>657,979.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>335,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>300,000.</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/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 296,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 237,500.	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.)

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
<u>1</u>	5,235 SHARES OF VANGUARD TOTAL STOCK <hr/> <hr/> <hr/>	\$ <u>1,000,278.</u>	<u>12/09/20</u>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____

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

2020

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	205	35
2 Aggregate value of contributions to (during year)	3,852,319.	1,325,242.
3 Aggregate value of grants from (during year)	3,139,651.	2,888,387.
4 Aggregate value at end of year	27,868,179.	3,807,928.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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)?

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	82,043,364.	66,474,351.	74,614,853.	64,655,156.	47,264,919.
b Contributions	2,742,733.	4,704,870.	1,489,763.	2,405,579.	14,256,075.
c Net investment earnings, gains, and losses	11,744,511.	15,521,857.	-3,950,276.	10,460,334.	5,627,222.
d Grants or scholarships	3,348,190.	3,810,131.	4,846,825.	2,293,247.	1,865,785.
e Other expenditures for facilities and programs					
f Administrative expenses	914,627.	847,583.	833,164.	612,969.	627,275.
g End of year balance	92,267,791.	82,043,364.	66,474,351.	74,614,853.	64,655,156.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100 %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		550,428.		550,428.
b Buildings		856,430.	310,616.	545,814.
c Leasehold improvements		62,827.	16,558.	46,269.
d Equipment		464,584.	350,512.	114,072.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **1,256,583.**

**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	102,548.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	102,548.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

2020

**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
211 OF OTTAWA COUNTY PO BOX 1101 MUSKEGON, MI 49443-1101	38-3171086	501(C)(3)	13,240.	0.			EMERGENCY FUNDS
ALL SHORES WESLEYAN CHURCH 15550 CLEVELAND ST SPRING LAKE, MI 49456-2142	38-2493017	501(C)(3)	15,000.	0.			GENERAL/OPERATING
ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE ALLENDALE, MI 49401-8429	38-1560740	501(C)(3)	96,593.	0.			GENERAL/OPERATING
ALMA COLLEGE 614 W SUPERIOR ST ALMA, MI 48801-1599	38-1359083	501(C)(3)	10,000.	0.			GENERAL/OPERATING
ALPHA GRAND RAPIDS 1725 DIVISION AVE S GRAND RAPIDS, MI 49507-1603	38-2867495	501(C)(3)	6,000.	0.			GENERAL/OPERATING
AMERICAN CANCER SOCIETY, INC. 1755 ABBEY RD EAST LANSING, MI 48823-7399	38-1387120	501(C)(3)	20,000.	0.			GENERAL/OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **172.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, INC. PO BOX 720366 OKLAHOMA CITY, OK 73172-0366	38-3209120	501(C)(3)	12,004.	0.			GENERAL/OPERATING
AMERICAN HEART ASSOCIATION PO BOX 22249 SAINT PETERSBURG, FL 33742-2249	13-5613797	501(C)(3)	29,969.	0.			GENERAL/OPERATING
ARBOR CIRCLE 412 CENTURY LN HOLLAND, MI 49423-4285	38-3263853	501(C)(3)	37,000.	0.			EMERGENCY FUNDS
ARISE RWANDA MINISTRIES INC. 8333 SE STARK ST PORTLAND, OR 97216-1135	46-2783389	501(C)(3)	10,000.	0.			GENERAL/OPERATING
ARTHRITIS FOUNDATION MICHIGAN 888 W BIG BEAVER RD STE 305 TROY, MI 48084-4739	38-1366904	501(C)(3)	9,969.	0.			GENERAL/OPERATING
ASSOCIATION FOR A MORE JUST SOCIETY - PO BOX 888631 - GRAND RAPIDS, MI 49588-8631	36-4380344	501(C)(3)	6,000.	0.			GENERAL/OPERATING
BARNABAS FOUNDATION 3801 EAGLE NEST DR #B CRETE, IL 60417-1993	36-2904503	501(C)(3)	10,000.	0.			ENDOWMENT FUNDS
BE WELL CENTER 336 HALL ST SE GRAND RAPIDS, MI 49507-1738	36-4737541	501(C)(3)	11,000.	0.			GENERAL/OPERATING
BEACON OF HOPE 225 W 30TH STREET HOLLAND, MI 49423	30-0085138	501(C)(3)	7,500.	0.			EMERGENCY FUNDS

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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
BETHANY CHRISTIAN SERVICES GRAND HAVEN OFFICE - 1475 ROBBINS RD STE 120 - GRAND HAVEN, MI 49417-2799	38-3542119	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
BETHANY CHRISTIAN SERVICES OF HOLLAND/LAKESHORE - 11335 JAMES ST - HOLLAND, MI 49424-8627	38-3542119	501(C)(3)	34,879.	0.			GENERAL/OPERATING
BLUEBIRD CANCER RETREATS 917 W SAVIDGE ST UNIT 37 SPRING LAKE, MI 49456-2626	38-3380540	501(C)(3)	22,413.	0.			PROGRAM DEVELOPMENT
BOY SCOUTS OF AMERICA 3213 WALKER AVE NW GRAND RAPIDS, MI 49544-9775	52-6029431	501(C)(3)	28,500.	0.			GENERAL/OPERATING
BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE - PO BOX 1018 - MUSKEGON, MI 49443-1018	61-1736056	501(C)(3)	65,500.	0.			EMERGENCY FUNDS
BRIDGE STREET HOUSE OF PRAYER 1055 BRIDGE ST NW GRAND RAPIDS, MI 49504-5061	26-2868231	501(C)(3)	11,300.	0.			PROGRAM DEVELOPMENT
C3/EXCHANGE 1447 WASHINGTON AVE GRAND HAVEN, MI 49417	38-1960212	501(C)(3)	12,703.	0.			PROGRAM DEVELOPMENT
CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE GRAND RAPIDS, MI 49546-4387	38-3001876	501(C)(3)	140,500.	0.			GENERAL/OPERATING
CALVIN UNIVERSITY 3201 BURTON ST SE GRAND RAPIDS, MI 49546-4388	38-3071514	501(C)(3)	50,629.	0.			GENERAL/OPERATING

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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
CHILDREN'S ADVOCACY CENTER 12125 UNION ST HOLLAND, MI 49424-8603	38-3445089	501(C)(3)	58,750.	0.			GENERAL/OPERATING
CHRISTIAN HAVEN HOME 704 PENNOYER AVE GRAND HAVEN, MI 49417-1851	38-1658800	501(C)(3)	39,568.	0.			GENERAL/OPERATING
CHRISTIAN LEADERS INSTITUTE PO BOX 1225 SOUTH HOLLAND, IL 60473-7225	16-1733646	501(C)(3)	100,000.	0.			GENERAL/OPERATING
CHRISTIAN REFORMED WORLD MISSIONS 2850 KALAMAZOO AVE SE GRAND RAPIDS, MI 49502-0001	38-1505621	501(C)(3)	9,969.	0.			GENERAL/OPERATING
CITY OF COOPERSVILLE RECREATION DEPARTMENT - 289 DANFORTH ST - COOPERSVILLE, MI 49404-1204	38-6007172	115	6,843.	0.			GENERAL/OPERATING
CITY OF FERRYSBURG PO BOX 38 FERRYSBURG, MI 49409-0038	38-1724041	115	18,287.	0.			GENERAL/OPERATING
CITY OF GRAND HAVEN 519 WASHINGTON AVE GRAND HAVEN, MI 49417-1454	38-6004687	115	418,283.	0.			GENERAL/OPERATING
CITY ON A HILL MINISTRIES 100 SOUTH PINE ST ZEELAND, MI 49464	20-3901260	501(C)(3)	5,200.	0.			EMERGENCY FUNDS
COMMUNITY ACCESS LINE OF THE LAKESHORE - PO BOX 1101 - MUSKEGON, MI 49443-1101	38-3171086	501(C)(3)	14,000.	0.			PROGRAM DEVELOPMENT

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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
COMMUNITY ACTION HOUSE 345 W 14TH ST HOLLAND, MI 49423-3461	23-7120670	501(C)(3)	72,500.	0.			EMERGENCY FUNDS
COMMUNITY SPOKE 96 W 15TH STREET SUITE 105 HOLLAND, MI 49423	47-4508043	501(C)(3)	10,319.	0.			EMERGENCY FUNDS
COOPERSVILLE AREA DISTRICT LIBRARY 333 OTTAWA ST COOPERSVILLE, MI 49404-1243	38-1884904	115	13,929.	0.			GENERAL/OPERATING
COOPERSVILLE AREA PUBLIC SCHOOLS 198 EAST ST COOPERSVILLE, MI 49404-1211	38-6003329	115	19,115.	0.			PROGRAM DEVELOPMENT
COOPERSVILLE CARES, INC. 180 68TH AVE N COOPERSVILLE, MI 49404-9704	38-2978248	501(C)(3)	52,138.	0.			ANNUAL CAMPAIGNS
COOPERSVILLE FARM MUSEUM PO BOX 64 COOPERSVILLE, MI 49404-1234	20-2297381	501(C)(3)	56,000.	0.			GENERAL/OPERATING
COVENANT LIFE CHURCH 101 COLUMBUS AVE GRAND HAVEN, MI 49417-1223	38-2794856	501(C)(3)	82,070.	0.			GENERAL/OPERATING
CRITTER BARN 9275 ADAMS STREET ZEELAND, MI 49464	32-0028470	501(C)(3)	10,000.	0.			ANNUAL CAMPAIGNS
CROCKERY TOWNSHIP 17431 112TH AVE NUNICA, MI 49448-9456	38-2699378	115	42,500.	0.			PROGRAM DEVELOPMENT

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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
CROSSWORLD 10000 N OAK TRFY KANSAS CITY, MO 64155-2010	23-1352564	501(C)(3)	16,400.	0.			ANNUAL CAMPAIGNS
DISCOVERY CHURCH 7245 EASTERN AVE SE KENTWOOD, MI 49508-7469	38-3016181	501(C)(3)	12,000.	0.			GENERAL/OPERATING
DOROTHY A. JOHNSON CENTER FOR PHILANTHROPY - 201 FRONT AVE SW - GRAND RAPIDS, MI 49504-6482	38-1684280	501(C)(3)	11,116.	0.			PROGRAM DEVELOPMENT
ELIM CHRISTIAN SERVICES 13020 S CENTRAL AVE CRESTWOOD, IL 60418-2998	36-2276614	501(C)(3)	8,500.	0.			GENERAL/OPERATING
EVERGREEN COMMONS 480 STATE ST HOLLAND, MI 49423-4832	38-2526940	501(C)(3)	10,000.	0.			GENERAL/OPERATING
EVERY WOMAN'S PLACE 1221 W LAKETON AVE MUSKEGON, MI 49441-2866	38-2072675	501(C)(3)	7,000.	0.			EMERGENCY FUNDS
FAITH HOSPICE 2100 RAYBROOK ST SE STE 300 GRAND RAPIDS, MI 49546-5783	38-3062893	501(C)(3)	6,000.	0.			GENERAL/OPERATING
FEEDING AMERICA WEST MICHIGAN FOOD BANK - 864 W RIVER CENTER DR NE - COMSTOCK PARK, MI 49321-8955	38-2439659	501(C)(3)	9,600.	0.			EMERGENCY FUNDS
FIRST CHRISTIAN REFORMED CHURCH 516 S FERRY ST GRAND HAVEN, MI 49417-1965	38-1422422	501(C)(3)	21,361.	0.			ANNUAL CAMPAIGNS

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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
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN - 508 FRANKLIN AVE - GRAND HAVEN, MI 49417-1496	38-1367309	501(C)(3)	185,746.	0.			GENERAL/OPERATING
FOOD FOR THE POOR, INC 6401 LYONS RD COCONUT CREEK, FL 33073-3602	59-2174510	501(C)(3)	40,000.	0.			GENERAL/OPERATING
FOUR POINTES CENTER FOR SUCCESSFUL AGING - 1051 S BEACON BLVD - GRAND HAVEN, MI 49417-2607	38-1915121	501(C)(3)	66,309.	0.			EMERGENCY FUNDS
FREDERIK MEIJER GARDENS & SCULPTURE PARK - 1000 E BELTLINE AVE NE - GRAND RAPIDS, MI 49525-5804	38-2394044	501(C)(3)	12,800.	0.			GENERAL/OPERATING
FREMONT AREA COMMUNITY FOUNDATION 4424 W 48TH ST FREMONT, MI 49412-8721	38-1443367	501(C)(3)	18,150.	0.			PROGRAM DEVELOPMENT
FRIENDS OF KIBBUSE PO BOX 592 JENISON, MI 49429	46-4292949	501(C)(3)	7,500.	0.			GENERAL/OPERATING
FRUITPORT COMMUNITY SCHOOLS 3255 PONTALUNA RD FRUITPORT, MI 49415-8855	38-6002931	115	6,219.	0.			PROGRAM DEVELOPMENT
GENEVIEVE & DONALD S GILMORE FOUNDATION - 6865 HICKORY RD - HICKORY CORNERS, MI 49060	38-6154163	501(C)(3)	65,000.	0.			GENERAL/OPERATING
GILDA'S CLUB OF GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 49504-4921	38-3367525	501(C)(3)	12,500.	0.			PROGRAM DEVELOPMENT

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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
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE - 3275 WALKER AVE NW - GRAND RAPIDS, MI 49544-9775	38-1366924	501(C)(3)	9,000.	0.			GENERAL/OPERATING
GLOBAL PARTNERS PO BOX 50434 INDIANAPOLIS, IN 46250-0434	26-4605790	501(C)(3)	13,000.	0.			EMERGENCY FUNDS
GOOD SAMARITAN MINISTRIES 513 E 8TH ST STE 25 HOLLAND, MI 49423-3765	38-1887347	501(C)(3)	155,674.	0.			EMERGENCY FUNDS
GRACIOUS GROUNDS PO BOX 393 SPRING LAKE, MI 49456-0393	46-4025239	501(C)(3)	147,563.	0.			BUILDING/RENOVATION
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 S BEECHTREE ST GRAND HAVEN, MI 49417-2843	38-6003290	115	109,664.	0.			PROGRAM DEVELOPMENT
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVE GRAND HAVEN, MI 49417-1998	38-1467641	501(C)(3)	143,922.	0.			ENDOWMENT FUNDS
GRAND HAVEN HIGH SCHOOL ATHLETIC DEPARTMENT - 17001 FERRIS ST - GRAND HAVEN, MI 49417-9441	38-6003290	115	16,419.	0.			GENERAL/OPERATING
GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272 GRAND HAVEN, MI 49417-0272	38-3218960	501(C)(3)	123,348.	0.			PROGRAM DEVELOPMENT
GRAND RAPIDS CHILDREN'S MUSEUM 11 SHELDON AVE NE GRAND RAPIDS, MI 49503-3277	38-3088234	501(C)(3)	5,500.	0.			GENERAL/OPERATING

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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
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 49503-4008	38-2877959	501(C)(3)	5,250.	0.			EMERGENCY FUNDS
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 49503-2314	38-6005447	501(C)(3)	68,250.	0.			GENERAL/OPERATING
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE RD STE. D - TRAVERSE CITY, MI 49685	38-2994229	501(C)(3)	30,000.	0.			ANNUAL CAMPAIGNS
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST. WEST GRAND RAPIDS, MI 49501	38-1684280	501(C)(3)	29,500.	0.			ENDOWMENT FUNDS
GRAND VALLEY STATE UNIVERSITY FOUNDATION - 301 FULTON ST W - GRAND RAPIDS, MI 49504-6430	38-6086770	501(C)(3)	79,500.	0.			GENERAL/OPERATING
GREATER EUROPE MISSION PO BOX 1669 MONUMENT, CO 80132-1669	36-2345199	501(C)(3)	10,600.	0.			ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY, INC. - PO BOX 1349 - HOLLAND, MI 49422-1349	38-3522782	501(C)(3)	365,177.	0.			ANNUAL CAMPAIGNS
HAND2HAND 2900 BALDWIN ST HUDSONVILLE, MI 49426-8609	27-2973348	501(C)(3)	49,500.	0.			GENERAL/OPERATING
HARBOR HOSPICE 1050 W WESTERN AVE STE 400 MUSKEGON, MI 49441-1666	38-2415247	501(C)(3)	7,500.	0.			GENERAL/OPERATING

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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
HARBOR HUMANE SOCIETY 14345 BAGLEY ST WEST OLIVE, MI 49460-9229	38-1623660	501(C)(3)	30,868.	0.			GENERAL/OPERATING
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW GRAND RAPIDS, MI 49503-4106	38-1360923	501(C)(3)	41,864.	0.			EMERGENCY FUNDS
HIS HARVEST STAND 100 PINE ST. STE. 100 ZEELAND, MI 49464	32-0069107	501(C)(3)	27,500.	0.			EMERGENCY FUNDS
HISPANIC CENTER OF WEST MICHIGAN 1204 GRANDVILLE AVE SW GRAND RAPIDS, MI 49403	38-2265825	501(C)(3)	20,000.	0.			EMERGENCY FUNDS
HOLLAND HOME 2100 RAYBROOK ST SE STE 300 GRAND RAPIDS, MI 49546-5783	38-1366927	501(C)(3)	6,000.	0.			EMERGENCY FUNDS
HOLLAND RESCUE MISSION 356 FAIRBANKS AVE HOLLAND, MI 49423-3718	38-1734763	501(C)(3)	25,250.	0.			GENERAL/OPERATING
HOPE NETWORK 3075 ORCHARD VISTA DR SE STE 100 GRAND RAPIDS, MI 49546-7069	38-2731395	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
HOSPICE OF NORTH OTTAWA COMMUNITY 18525 WOODLAND RIDGE DR SPRING LAKE, MI 49456-8876	38-2370192	501(C)(3)	14,881.	0.			GENERAL/OPERATING
HUMANITY FOR PRISONERS PO BOX 687 GRAND HAVEN, MI 49417-0687	38-3620946	501(C)(3)	24,250.	0.			GENERAL/OPERATING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN TRAILS CAMP 01859 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504-6022	38-6027165	501(C)(3)	19,720.	0.			PROGRAM DEVELOPMENT
INTERNATIONAL AID, INC. 17011 HICKORY ST SPRING LAKE, MI 49456-9795	38-2323550	501(C)(3)	6,238.	0.			GENERAL/OPERATING
JERICHO FOUNDATION PO BOX 334 OSHTEMO, MI 49007	38-3575834	501(C)(3)	10,000.	0.			GENERAL/OPERATING
JOHN BALL ZOO 1300 W FULTON ST. GRAND RAPIDS, MI 49504	38-6076879	501(C)(3)	100,500.	0.			ANNUAL CAMPAIGNS
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES, INC - 741 KENMOOR AVE SE STE C - GRAND RAPIDS, MI 49546-2304	38-1557861	501(C)(3)	41,700.	0.			PROGRAM DEVELOPMENT
KIDS' FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	36,653.	0.			EMERGENCY FUNDS
KUYPER COLLEGE 3333 E BELTLINE AVE NE GRAND RAPIDS, MI 49525-9749	38-1368367	501(C)(3)	20,000.	0.			GENERAL/OPERATING
LAKESHORE ETHNIC DIVERSITY ALLIANCE - PO BOX 2945 - HOLLAND, MI 49422-2945	38-3360686	501(C)(3)	75,766.	0.			PROGRAM DEVELOPMENT
LAKESHORE NONPROFIT ALLIANCE 96 W 15TH STREET SUITE 105 HOLLAND, MI 49423-3371	20-4328927	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT

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LAMONT CHRISTIAN SCHOOL 5260 LEONARD ST COOPERSVILLE, MI 49404-8714	38-1558421	501(C)(3)	11,467.	0.			GENERAL/OPERATING
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN ST NW STE 102 GRAND RAPIDS, MI 49504-2053	38-2363129	501(C)(3)	8,438.	0.			GENERAL/OPERATING
LIGHTHOUSE IMMIGRANT ADVOCATES 610 BUTTERNUT DR. STE. 100 HOLLAND, MI 49424	37-1790725	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
LOUTIT DISTRICT LIBRARY 407 COLUMBUS AVE GRAND HAVEN, MI 49417-1298	38-3551480	115	9,950.	0.			PROGRAM DEVELOPMENT
LOVE IN ACTION 326 N FERRY ST STE A GRAND HAVEN, MI 49417-1183	38-2856482	501(C)(3)	266,029.	0.			GENERAL/OPERATING
LOVE INC HUDSONVILLE 3300 VAN BUREN ST HUDSONVILLE, MI 49426	38-2578829	501(C)(3)	32,500.	0.			EMERGENCY FUNDS
LOVE INC, ALLENDALE 11620 60TH AVE ALLENDALE, MI 49401-8426	38-2623774	501(C)(3)	33,500.	0.			EMERGENCY FUNDS
MADISON SQUARE CHURCH 1441 MADISON AVE SE GRAND RAPIDS, MI 49507-1759	23-7081131	501(C)(3)	12,000.	0.			GENERAL/OPERATING
MAKE A DIFFERENCE MINISTRIES PO BOX 5334 NORTH MUSKEGON, MI 49445	46-5320158	501(C)(3)	6,240.	0.			GENERAL/OPERATING

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MARY FREE BED REHABILITATION HOSPITAL FOUNDATION - 235 WEALTHY ST SE - GRAND RAPIDS, MI 49503-5247	46-1164285	501(C)(3)	32,200.	0.			GENERAL/OPERATING
MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	25,000.	0.			GENERAL/OPERATING
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503-4191	38-1410467	501(C)(3)	8,000.	0.			EMERGENCY FUNDS
MERCY HEALTH - MUSKEGON 1500 E SHERMAN BLVD MUSKEGON, MI 49444-1849	38-2589966	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGNS
MIDTOWN COUNSELING SERVICES 96 W 15TH ST STE 208 #9 HOLLAND, MI 49423	26-2196399	501(C)(3)	15,660.	0.			EMERGENCY FUNDS
MOMENTUM CENTER 714 COLUMBUS AVE GRAND HAVEN, MI 49417-1019	61-1766666	501(C)(3)	66,500.	0.			EMERGENCY FUNDS
MOSAIC COUNSELING 1703 S DESPELDER ST GRAND HAVEN, MI 49417-2649	38-2856482	501(C)(3)	115,783.	0.			EMERGENCY FUNDS
MUSKEGON AREA CHAMBER OF COMMERCE FOUNDATION - 380 W WESTERN AVE STE 202 - MUSKEGON, MI 49440-1169	38-3634571	501(C)(3)	75,000.	0.			PROGRAM DEVELOPMENT
MUSKEGON MUSEUM OF ART 296 W WEBSTER AVE MUSKEGON, MI 49440-1282	38-3402560	501(C)(3)	57,826.	0.			GENERAL/OPERATING

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MUSKEGON RESCUE MISSION 1715 PECK ST MUSKEGON, MI 49441-2507	38-3525239	501(C)(3)	12,309.	0.			GENERAL/OPERATING
NEW HOPE PERU PO BOX 107 YORKVILLE, NY 13495	26-1812989	501(C)(3)	10,000.	0.			GENERAL/OPERATING
NO ONE LIVES ALONE 248 W 12TH ST HOLLAND, MI 49423	84-2231616	501(C)(3)	10,000.	0.			EMERGENCY FUNDS
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS - 1309 SHELDON RD - GRAND HAVEN, MI 49417-2404	38-3330803	501(C)(3)	311,301.	0.			EMERGENCY FUNDS
NORTH OTTAWA COUNTY CHAMBER FOUNDATION - 1 S HARBOR DR STE 1 - GRAND HAVEN, MI 49417-1382	38-3163993	501(C)(3)	21,900.	0.			GENERAL/OPERATING
NORTHWEST OTTAWA RECREATION AUTHORITY - 1415 S BEECHTREE ST - GRAND HAVEN, MI 49417-2843	38-6003290	115	33,199.	0.			EMERGENCY FUNDS
OAR 483 CENTURY LN HOLLAND, MI 49423-4286	38-1984739	501(C)(3)	81,890.	0.			GENERAL/OPERATING
OPERATION MOBILIZATION PO BOX 444 TYRONE, GA 30290-0444	22-2513811	501(C)(3)	22,000.	0.			ANNUAL CAMPAIGNS
OPPORTUNITY THRIVE 156 W 39TH ST. HOLLAND, MI 49423	82-2726585	501(C)(3)	16,000.	0.			PROGRAM DEVELOPMENT

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OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT - 13565 PORT SHELDON ST - HOLLAND, MI 49424-9241	38-1709520	115	17,537.	0.			GENERAL/OPERATING
OTTAWA COUNTY PARKS FOUNDATION P.O. BOX 314 WEST OLIVE, MI 49460	81-1601681	501(C)(3)	50,800.	0.			ANNUAL CAMPAIGNS
OUT SIDE IN, INC. 12511 152ND AVE GRAND HAVEN, MI 49417-8527	27-4898039	501(C)(3)	33,862.	0.			GENERAL/OPERATING
OUTDOOR DISCOVERY CENTER A-4214 56TH ST HOLLAND, MI 49423	38-2461102	501(C)(3)	66,050.	0.			EMERGENCY FUNDS
OUTDOOR SPORTS FOUNDATION 27 LONG HOLLOW LANE DURANGO, CO 81301	83-3558153	501(C)(3)	35,000.	0.			GENERAL/OPERATING
PATHWAYS OF ARBOR CIRCLE 412 CENTURY LN HOLLAND, MI 49423-4285	38-3263853	501(C)(3)	45,300.	0.			PROGRAM DEVELOPMENT
PINE REST CHRISTIAN MENTAL HEALTH SERVICES - PO BOX 165 - GRAND RAPIDS, MI 49501-0165	38-1368360	501(C)(3)	9,500.	0.			ENDOWMENT FUNDS
POLKTON CHARTER TOWNSHIP 6900 ARTHUR DR W COOPERSVILLE, MI 49404-9791	38-2720880	115	6,024.	0.			BUILDING/RENOVATION
PORTER HILLS FOUNDATION 3590 FULTON ST E GRAND RAPIDS, MI 49546-1319	38-3243846	501(C)(3)	10,000.	0.			EMERGENCY FUNDS

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POTTER'S HOUSE SCHOOL 810 VAN RAALTE DR SW WYOMING, MI 49509-1101	38-2372676	501(C)(3)	15,000.	0.			GENERAL/OPERATING
PRINCETON THEOLOGICAL SEMINARY PO BOX 821 PRINCETON, NJ 08542-0803	21-0635010	501(C)(3)	55,000.	0.			ANNUAL CAMPAIGNS
R.E.A.D. PO BOX 429 GRAND HAVEN, MI 49417-0429	27-0555320	501(C)(3)	7,950.	0.			GENERAL/OPERATING
REMEMBRANCE RANCH PO BOX 113 ALLENDALE, MI 49401-0113	20-5019866	501(C)(3)	7,500.	0.			GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE RD NW GRAND RAPIDS, MI 49534-1121	38-1844325	501(C)(3)	34,411.	0.			GENERAL/OPERATING
RESILIENCE: ADVOCATES FOR ENDING VIOLENCE - 411 BUTTERNUT DR - HOLLAND, MI 49424-1503	38-2181204	501(C)(3)	90,237.	0.			EMERGENCY FUNDS
SECOND CHRISTIAN REFORMED CHURCH 2021 SHELDON RD GRAND HAVEN, MI 49417-2551	38-1747900	501(C)(3)	16,370.	0.			BUILDING/RENOVATION
SECOND REFORMED CHURCH 1000 WAVERLY AVE GRAND HAVEN, MI 49417-2249	38-1722342	501(C)(3)	14,383.	0.			GENERAL/OPERATING
SENIOR RESOURCES OF WEST MICHIGAN 560 SEMINOLE RD NORTON SHORES, MI 49444-3720	38-2048765	501(C)(3)	10,000.	0.			EMERGENCY FUNDS

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SOUTHWEST FLORIDA COMMUNITY FOUNDATION - 2031 JACKSON ST. STE 100 - FORT MYERS, FL 33901	59-6580974	501(C)(3)	10,000.	0.			GENERAL/OPERATING
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503-2560	38-2752328	501(C)(3)	10,000.	0.			GENERAL/OPERATING
SPRING LAKE CHRISTIAN REFORMED CHURCH - 364 S LAKE AVE - SPRING LAKE, MI 49456-1972	38-1722443	501(C)(3)	21,367.	0.			GENERAL/OPERATING
SPRING LAKE DISTRICT LIBRARY 123 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-1920511	115	23,144.	0.			GENERAL/OPERATING
SPRING LAKE PRESBYTERIAN CHURCH 760 E SAVIDGE ST SPRING LAKE, MI 49456-2499	38-1671040	501(C)(3)	42,729.	0.			GENERAL/OPERATING
SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND ST SPRING LAKE, MI 49456-2064	38-6003347	115	138,534.	0.			EMERGENCY FUNDS
SPRING LAKE PUBLIC SCHOOLS FOUNDATION - 345 HAMMOND ST - SPRING LAKE, MI 49456-2064	38-2480733	501(C)(3)	70,849.	0.			PROGRAM DEVELOPMENT
ST. JOHN'S EPISCOPAL CHURCH 524 WASHINGTON AVE GRAND HAVEN, MI 49417-1455	38-6074254	501(C)(3)	31,018.	0.			EMERGENCY FUNDS
ST. MARY'S CATHOLIC CHURCH 406 E SAVIDGE ST SPRING LAKE, MI 49456-1799	38-1404598	501(C)(3)	6,000.	0.			ANNUAL CAMPAIGNS

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SUSAN MAST ALS FOUNDATION 2500 WALDORF CT NW STE B GRAND RAPIDS, MI 49544-1416	81-2588497	501(C)(3)	7,000.	0.			GENERAL/OPERATING
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC. - 2266 SECOND ST. - FORT MYERS, FL 33901	59-2637849	501(C)(3)	10,000.	0.			GENERAL/OPERATING
THE LITTLE RED HOUSE, INC. 311 E EXCHANGE ST SPRING LAKE, MI 49456-2022	35-2119160	501(C)(3)	61,245.	0.			EMERGENCY FUNDS
THE PEOPLE CENTER PO BOX 311 SPRING LAKE, MI 49456-0311	38-3292322	501(C)(3)	34,005.	0.			EMERGENCY FUNDS
THE SALVATION ARMY 310 N DESPELDER ST GRAND HAVEN, MI 49417-1114	22-2406433	501(C)(3)	184,571.	0.			GENERAL/OPERATING
TRI-CITIES AREA HABITAT FOR HUMANITY - PO BOX 707 - GRAND HAVEN, MI 49417-0707	38-2885443	501(C)(3)	55,308.	0.			GENERAL/OPERATING
TRI-CITIES BROADCASTING FOUNDATION 1097 JACKSON AVE STE C GRAND HAVEN, MI 49417-1172	46-5018814	501(C)(3)	30,000.	0.			PROGRAM DEVELOPMENT
TRI-CITIES FAMILY YMCA 1 Y DR GRAND HAVEN, MI 49417-1768	38-1717502	501(C)(3)	146,681.	0.			GENERAL/OPERATING
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVE GRAND HAVEN, MI 49417-1357	23-7070227	501(C)(3)	59,199.	0.			GENERAL/OPERATING

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TRI-CITIES SOUP FOR ALL 128 COLUMBUS AVE. GRAND HAVEN, MI 49417	23-7108776	501(C)(3)	6,945.	0.			PROGRAM DEVELOPMENT
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE STE 401 BERKELEY, CA 94704	94-6090626	501(C)(3)	10,000.	0.			GENERAL/OPERATING
UNITED METHODIST CHURCH OF THE DUNES - 717 SHELDON RD - GRAND HAVEN, MI 49417-1860	38-1565341	501(C)(3)	20,000.	0.			GENERAL/OPERATING
UNIVERSITY OF MICHIGAN - ATHLETIC DEPARTMENT - 1000 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	12,500.	0.			GENERAL/OPERATING
WALDEN GREEN MONTESSORI SCHOOL 17339 ROOSEVELT RD SPRING LAKE, MI 49456-1253	20-5989626	501(C)(3)	13,923.	0.			EMERGENCY FUNDS
WCSG RADIO - CORNERSTONE COLLEGE 1159 E BELTLINE AVE NE GRAND RAPIDS, MI 49525-5805	38-1443369	501(C)(3)	15,000.	0.			ANNUAL CAMPAIGNS
WEST MICHIGAN ACADEMY OF ARTS AND ACADEMICS - 17350 HAZEL ST - SPRING LAKE, MI 49456-1222	38-3302052	501(C)(3)	22,265.	0.			PROGRAM DEVELOPMENT
WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL EDUCATION FOUNDATION - 1007 LAKE DR SE - GRAND RAPIDS, MI 49506-1536	23-7128379	501(C)(3)	15,500.	0.			GENERAL/OPERATING
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 49440-1268	38-6092131	501(C)(3)	8,500.	0.			GENERAL/OPERATING

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WESTERN THEOLOGICAL SEMINARY 101 E 13TH ST HOLLAND, MI 49423-3622	38-2009204	501(C)(3)	35,000.	0.			GENERAL/OPERATING
WGVU - GRAND VALLEY STATE UNIVERSITY - PO BOX 1668 - GRAND RAPIDS, MI 49501-1668	38-6086770	501(C)(3)	5,571.	0.			GENERAL/OPERATING
WORLD RENEW 1700 28TH ST SE GRAND RAPIDS, MI 49508-1414	38-1708140	501(C)(3)	81,500.	0.			GENERAL/OPERATING
YOUNG LIFE INTERNATIONAL PO BOX 70065 PRESCOTT, AZ 86304-7065	84-0385934	501(C)(3)	5,290.	0.			GENERAL/OPERATING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	207	589,969.	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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HADLEY STRENG PRESIDENT	(i)	197,659.	5,000.	6,040.	16,357.	22,992.	248,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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	18	1,288,372.	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 V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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 M, LINE 32B:

GRAND HAVEN AREA COMMUNITY FOUNDATION USES BROKERAGE FIRMS TO ACCEPT
AND SELL THE STOCK SHARES ON BEHALF OF THE ORGANIZATION.

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

2020

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:

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
IDENTIFIES ONE OF THE AUDIT COMMITTEE'S RESPONSIBILITIES AS "REVIEW OF IRS

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

Schedule O (Form 990 or 990-EZ) 2020

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

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

**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

2020

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	
LJ MIDGE VERPLANK COMMUNITY IMPACT FUND - 85-1633335, 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) 2020

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	657,979.	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

NAME OF RELATED ORGANIZATION:

LJ MIDGE VERPLANK COMMUNITY IMPACT FUND

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