

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

OMB No. 1545-0047

2021

Open to Public Inspection

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.

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	D Employer identification number 23-7108776
<input type="checkbox"/> Address change	Doing business as GRAND HAVEN AREA COMMUNITY FOUND	E Telephone number 616-842-6378
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE SOUTH HARBOR DRIVE	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code GRAND HAVEN, MI 49417	G Gross receipts \$ 23,464,810.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: BARBARA VANHEEST SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	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	If "No," attach a list. See instructions
J Website: ▶ WWW.GHACF.ORG		H(c) Group exemption number ▶
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION RECEIVES GIFTS, BEQUESTS, AND DONATIONS TO BE HELD IN TRUST AND ADMINISTERED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	71
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,249,561.	12,734,444.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,843,365.	10,730,366.
	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)	17,092,926.	23,464,810.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,152,571.	8,462,761.
	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)	904,667.	966,173.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 630,711.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	695,115.	966,099.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,752,353.	10,395,033.
19 Revenue less expenses. Subtract line 18 from line 12	7,340,573.	13,069,777.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 161,464,953.	End of Year 189,481,921.
	21 Total liabilities (Part X, line 26)	833,198.	479,067.
	22 Net assets or fund balances. Subtract line 21 from line 20	160,631,755.	189,002,854.

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 BARBARA VANHEEST, CHAIRPERSON	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name TINA PETERS	Preparer's signature TINA PETERS
	Firm's name ▶ PLANTE & MORAN, PLLC	Date 08/26/22
	Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002	Check if self-employed <input type="checkbox"/> PTIN P00904574
		Firm's EIN ▶ 38-1357951
		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 \$ 8,872,089. including grants of \$ 8,462,761.) (Revenue \$ 23,464,810.) 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 8,872,089.

**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> ? See instructions	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 Rev. Proc. 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> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 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 the 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 line 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 on 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	8
b Enter the number of Forms W-2G included on 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		14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
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?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

**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.	1a	11		
b Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

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

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				204,124.	0.	41,759.
(2) CHRISTOPHER RIKER V.P. ADVANCEMENT & DONOR SERVICES	40.00 0.00					X		115,158.	0.	27,805.
(3) PATRICIA MACDONALD V.P. FINANCE & ADMINISTRATION	40.00 0.00					X		102,790.	0.	12,180.
(4) HOLLY COLE V.P. GRANTS & PROGRAM	40.00 0.00					X		100,256.	0.	19,236.
(5) CHAD BUSH CHAIR - UNTIL MAY 2021	1.00 1.00	X		X				0.	0.	0.
(6) BARBARA VANHEEST CHAIR - FROM MAY 2021	1.00 1.00	X		X				0.	0.	0.
(7) MARK PEREIRA VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(8) ANIL MANDALA TREASURER	1.00 1.00	X		X				0.	0.	0.
(9) KEITH KONARSKA SECRETARY	1.00 0.00	X		X				0.	0.	0.
(10) NELSON JACOBSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) CINDY ANDERSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) PAT VERDUIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) NATALIA KOVICAK TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) SHIRLEY WOODRUFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) MARY CAROLE COTTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) DAVID SWAIN TRUSTEE	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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							522,328.	0.	100,980.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							522,328.	0.	100,980.	

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 **4**

	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.**

Form 990 (2021)

23-7108776 Page **9**

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	636,457.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,097,987.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,379,993.				
	h Total. Add lines 1a-1f			12,734,444.			
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)		3,004,418.			3004418.	
	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	7,725,948.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	7,725,948.				
d Net gain or (loss)			7,725,948.		7725948.		
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			23,464,810.	0.	0.	10730366.	

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

Form 990 (2021)

23-7108776 Page **10**

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 ...	7,807,143.	7,807,143.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	655,618.	655,618.		
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	245,883.	73,765.	98,353.	73,765.
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	554,559.	184,800.	169,843.	199,916.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,073.	14,411.	13,574.	19,088.
9 Other employee benefits	65,100.	19,937.	18,617.	26,546.
10 Payroll taxes	53,558.	17,406.	17,582.	18,570.
11 Fees for services (nonemployees):				
a Management				
b Legal	22,430.		22,430.	
c Accounting	39,300.		39,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	225,896.		225,896.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	63.		63.	
12 Advertising and promotion	60,721.	4,341.	3,815.	52,565.
13 Office expenses	22,980.	5,317.	4,673.	12,990.
14 Information technology	52,937.	17,469.	15,352.	20,116.
15 Royalties				
16 Occupancy	45,717.	15,087.	13,258.	17,372.
17 Travel	9,693.	3,122.	3,795.	2,776.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	47,702.	15,361.	12,609.	19,732.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,556.		76,556.	
23 Insurance	8,714.	2,876.	2,527.	3,311.
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 50TH ANNIVERSARY EXPENS	116,584.		58,292.	58,292.
b DUES & SUBSCRIPTIONS	17,351.	4,592.	9,899.	2,860.
c PUBLIC RELATIONS	13,596.			13,596.
d _____				
e All other expenses _____	205,859.	30,844.	85,799.	89,216.
25 Total functional expenses. Add lines 1 through 24e	10,395,033.	8,872,089.	892,233.	630,711.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2021)

23-7108776 Page **11**

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	972,398.	1	3,578,793.	
	2 Savings and temporary cash investments	8,323,513.	2	4,924,546.	
	3 Pledges and grants receivable, net	162,199.	3	0.	
	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	20,317.	7	20,317.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	4,477.	9	3,534.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,985,341.			
	b Less: accumulated depreciation	10b 754,242.	1,256,583.	10c	1,231,099.
	11 Investments - publicly traded securities	150,652,450.	11	176,666,482.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	73,016.	13	3,057,150.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	161,464,953.	16	189,481,921.		
Liabilities	17 Accounts payable and accrued expenses	7,562.	17	23,106.	
	18 Grants payable	723,088.	18	348,359.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	102,548.	25	107,602.	
	26 Total liabilities. Add lines 17 through 25	833,198.	26	479,067.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	160,631,755.	27	189,002,854.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	160,631,755.	32	189,002,854.	
33 Total liabilities and net assets/fund balances	161,464,953.	33	189,481,921.		

Form **990** (2021)

**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	23,464,810.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,395,033.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,069,777.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	160,631,755.
5	Net unrealized gains (losses) on investments	5	15,301,322.
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	189,002,854.

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 on 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)

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

2021

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).)
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 [X] 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 on 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5414576.	5043866.	8918183.	7249561.	12734444.	39360630.
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	5414576.	5043866.	8918183.	7249561.	12734444.	39360630.
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)						11973434.
6 Public support. Subtract line 5 from line 4.						27387196.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5414576.	5043866.	8918183.	7249561.	12734444.	39360630.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2279446.	2735570.	2975570.	2480431.	3004519.	13475536.
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						52836166.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	51.83	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	48.08	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,644,487.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,997,730.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,501,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>1,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>880,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>307,937.</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
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>636,457.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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/>	\$ _____	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
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	8,400 SHARES OF VANGUARD TOTAL STOCK	\$ 1,997,730.	12/22/21
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

2021

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	208	34
2 Aggregate value of contributions to (during year)	7,754,459.	847,492.
3 Aggregate value of grants from (during year)	3,816,159.	1,509,650.
4 Aggregate value at end of year	35,985,479.	4,305,200.
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) 2021

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

Schedule D (Form 990) 2021

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	92,267,791.	82,043,364.	66,474,351.	74,614,853.	64,655,156.
b Contributions	5,683,506.	2,742,733.	4,704,870.	1,489,763.	2,405,579.
c Net investment earnings, gains, and losses	14,824,361.	11,744,511.	15,521,857.	-3,950,276.	10,460,334.
d Grants or scholarships	2,838,710.	3,348,190.	3,810,131.	4,846,825.	2,293,247.
e Other expenditures for facilities and programs					
f Administrative expenses	1,279,455.	914,627.	847,583.	833,164.	612,969.
g End of year balance	108,657,493.	92,267,791.	82,043,364.	66,474,351.	74,614,853.

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 .0000 %
c Term endowment .0000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations _____
(ii) Related organizations _____

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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.	338,893.	517,537.
c Leasehold improvements		75,510.	20,844.	54,666.
d Equipment		188,036.	149,605.	38,431.
e Other		314,937.	244,900.	70,037.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,231,099.

**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	107,602.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	107,602.

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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHRISTIAN HAVEN HOME 704 PENNOYER AVE GRAND HAVEN, MI 49417-1851	38-1658800	501(C)(3)	1,113,149.	0.			HEALTH & HUMAN SERVICES
CITY OF GRAND HAVEN 519 WASHINGTON AVE GRAND HAVEN, MI 49417-1454	38-6004687	115	286,836.	0.			ECONOMIC & COMMUNITY BETTERMENT
GREATER OTTAWA COUNTY UNITED WAY, INC. - PO BOX 1349 - HOLLAND, MI 49422-1349	38-3522782	501(C)(3)	276,447.	0.			HEALTH & HUMAN SERVICES
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY - 425 W WESTERN AVE STE 200 - MUSKEGON, MI 49440-1185	38-6114135	501(C)(3)	212,000.	0.			ECONOMIC & COMMUNITY BETTERMENT
CHRISTIAN LEADERS INSTITUTE PO BOX 1225 SOUTH HOLLAND, IL 60473-7225	16-1733646	501(C)(3)	200,000.	0.			RELIGION RELATED
MUSKEGON MUSEUM OF ART 296 W WEBSTER AVE MUSKEGON, MI 49440-1282	38-3402560	501(C)(3)	192,857.	0.			ARTS & CULTURE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **158.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2021

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

Schedule I (Form 990)

23-7108776

Page 1

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN MINISTRIES 513 E 8TH ST STE 25 HOLLAND, MI 49423-3765	38-1887347	501(C)(3)	191,975.	0.			HEALTH & HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN - 508 FRANKLIN AVE - GRAND HAVEN, MI 49417-1496	38-1367309	501(C)(3)	187,625.	0.			HEALTH & HUMAN SERVICES
VILLAGE OF SPRING LAKE 102 W SAVIDGE ST SPRING LAKE, MI 49456-3401	38-6007205	501(C)(3)	179,902.	0.			ECONOMIC & COMMUNITY BETTERMENT
LOVE IN ACTION 326 N FERRY ST STE A GRAND HAVEN, MI 49417-1183	38-2856482	501(C)(3)	154,558.	0.			HEALTH & HUMAN SERVICES
TRI-CITIES FAMILY YMCA 1 Y DR GRAND HAVEN, MI 49417-1768	38-1717502	501(C)(3)	150,710.	0.			HEALTH & HUMAN SERVICES
GRAND VALLEY STATE UNIVERSITY FOUNDATION - 301 FULTON ST W - GRAND RAPIDS, MI 49504-6430	38-6086770	501(C)(3)	146,500.	0.			EDUCATION
CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE GRAND RAPIDS, MI 49546-4387	38-3001876	501(C)(3)	140,500.	0.			EDUCATION
THE SALVATION ARMY 310 N DESPELDER ST GRAND HAVEN, MI 49417-1114	22-2406433	501(C)(3)	137,158.	0.			HEALTH & HUMAN SERVICES
ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE ALLENDALE, MI 49401-8429	38-1560740	501(C)(3)	133,586.	0.			EDUCATION

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272 GRAND HAVEN, MI 49417-0272	38-3218960	501(C)(3)	126,691.	0.			EDUCATION
MOSAIC COUNSELING (TCM COUNSELING) 1703 S DESPELDER ST GRAND HAVEN, MI 49417-2649	38-2856482	501(C)(3)	126,047.	0.			HEALTH & HUMAN SERVICES
LITTLE TRAVERSE CONSERVANCY 3264 POWELL RD HARBOR SPRINGS, MI 49740-9469	23-7267810	501(C)(3)	120,000.	0.			ENVIRONMENT
OTTAWA COUNTY PLANNING & PERFORMANCE IMPROVEMENT DEPARTMENT - 12220 FILLMORE ST RM 260 - WEST OLIVE, MI 49460-8986	38-6004883	501(C)(3)	117,433.	0.			ECONOMIC & COMMUNITY BETTERMENT
COVENANT LIFE CHURCH 101 COLUMBUS AVE GRAND HAVEN, MI 49417-1223	38-2794856	501(C)(3)	94,004.	0.			RELIGION RELATED
OUTDOOR DISCOVERY CENTER A-4214 56TH ST HOLLAND, MI 49423	38-2461102	501(C)(3)	90,350.	0.			EDUCATION
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVE GRAND HAVEN, MI 49417-1998	38-1467641	501(C)(3)	85,142.	0.			EDUCATION
MOMENTUM CENTER 714 COLUMBUS AVE GRAND HAVEN, MI 49417-1019	61-1766666	501(C)(3)	83,997.	0.			HEALTH & HUMAN SERVICES
SPRING LAKE PUBLIC SCHOOLS FOUNDATION - 345 HAMMOND ST - SPRING LAKE, MI 49456-2064	38-2480733	501(C)(3)	79,545.	0.			EDUCATION

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCETON THEOLOGICAL SEMINARY PO BOX 821 PRINCETON, NJ 08542-0803	21-0635010	501(C)(3)	75,000.	0.			EDUCATION
RESILIENCE: ADVOCATES FOR ENDING VIOLENCE - 411 BUTTERNUT DR - HOLLAND, MI 49424-1503	38-2181204	501(C)(3)	70,093.	0.			HEALTH & HUMAN SERVICES
GRACIOUS GROUNDS PO BOX 393 SPRING LAKE, MI 49456-0393	46-4025239	501(C)(3)	63,744.	0.			HEALTH & HUMAN SERVICES
OTTAWA CO. COMMUNITY MENTAL HEALTH 12263 JAMES ST HOLLAND, MI 49424-8613	38-6004883	501(C)(3)	60,000.	0.			HEALTH & HUMAN SERVICES
OUTDOOR SPORTS FOUNDATION 27 LONG HOLLOW LANE DURANGO, CO 81301	83-3558153	501(C)(3)	60,000.	0.			RECREATION
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVE GRAND HAVEN, MI 49417-1357	23-7070227	501(C)(3)	57,680.	0.			ARTS & CULTURE
COOPERSVILLE FARM MUSEUM LEE ANN PROIA PO BOX 64 COOPERSVILLE, MI 49404-1234	20-2297381	501(C)(3)	56,500.	0.			ARTS & CULTURE
CALVIN UNIVERSITY 3201 BURTON ST SE GRAND RAPIDS, MI 49546-4388	38-3071514	501(C)(3)	54,888.	0.			EDUCATION
OPPORTUNITY THRIVE 156 W 39TH ST. HOLLAND, MI 49423	82-2726585	501(C)(3)	45,275.	0.			EDUCATION

Schedule I (Form 990)

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACH FOR RECOVERY (OAR) 483 CENTURY LN HOLLAND, MI 49423-4286	38-1984739	501(C)(3)	44,590.	0.			HEALTH & HUMAN SERVICES
LIGHTHOUSE IMMIGRANT ADVOCATES 610 BUTTERNUT DR. STE. 100 HOLLAND, MI 49424	37-1790725	501(C)(3)	44,200.	0.			PUBLIC PROTECTION, CRIME, JUSTICE, LEGAL SERVICES
CHILDREN'S ADVOCACY CENTER 12125 UNION ST HOLLAND, MI 49424-8603	38-3445089	501(C)(3)	43,500.	0.			HEALTH & HUMAN SERVICES
HARBOR HUMANE SOCIETY 14345 BAGLEY ST WEST OLIVE, MI 49460-9229	38-1623660	501(C)(3)	43,408.	0.			ANIMAL RELATED
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 49503-2314	38-6005447	501(C)(3)	42,000.	0.			ARTS & CULTURE
TRI-CITIES AREA HABITAT FOR HUMANITY - PO BOX 707 - GRAND HAVEN, MI 49417-0707	38-2885443	501(C)(3)	41,418.	0.			HOUSING & SHELTER
WESTERN THEOLOGICAL SEMINARY 101 E 13TH ST HOLLAND, MI 49423-3622	38-2009204	501(C)(3)	40,000.	0.			EDUCATION
FOOD FOR THE POOR, INC 6401 LYONS RD COCONUT CREEK, FL 33073-3602	59-2174510	501(C)(3)	40,000.	0.			HEALTH & HUMAN SERVICES
COURTYARD CONCERTS INC 116 S JACKSON ST SPRING LAKE, MI 49456-2033	46-4004569	501(C)(3)	40,000.	0.			ARTS & CULTURE

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRITTER BARN 9275 ADAMS STREET ZEELAND, MI 49464	32-0028470	501(C)(3)	40,000.	0.			ANIMAL RELATED
OTTAWA COUNTY PARKS FOUNDATION P.O. BOX 314 WEST OLIVE, MI 49460	81-1601681	501(C)(3)	39,999.	0.			ECONOMIC & COMMUNITY BETTERMENT
GLOBAL PARTNERS - THE WESLEYAN CHURCH - 13300 OLIO RD. STE. 400 - FISHERS, IN 46037	35-1148762	501(C)(3)	37,500.	0.			RELIGION RELATED
KENT COUNTY GIRLS ON THE RUN 4835 EASTERN AVE. SE KENTWOOD, MI 49508	83-0465333	501(C)(3)	37,000.	0.			HEALTH & HUMAN SERVICES
HUMANITY FOR PRISONERS PO BOX 687 GRAND HAVEN, MI 49417-0687	38-3620946	501(C)(3)	36,450.	0.			PUBLIC PROTECTION, CRIME, JUSTICE, LEGAL SERVICES
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES, INC - 741 KENMOOR AVE SE STE C - GRAND RAPIDS, MI 49546-2304	38-1557861	501(C)(3)	35,500.	0.			EMPLOYMENT & JOBS
ARISE RWANDA MINISTRIES INC. 8333 SE STARK ST PORTLAND, OR 97216-1135	46-2783389	501(C)(3)	35,000.	0.			RELIGION RELATED
SPRING LAKE PRESBYTERIAN CHURCH 760 E SAVIDGE ST SPRING LAKE, MI 49456-2499	38-1671040	501(C)(3)	34,491.	0.			RELIGION RELATED
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 S BEECHTREE ST GRAND HAVEN, MI 49417-2843	38-6003290	115	33,999.	0.			EDUCATION

Schedule I (Form 990)

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERIK MEIJER GARDENS & SCULPTURE PARK - 1000 E BELTLINE AVE NE - GRAND RAPIDS, MI 49525-5804	38-2394044	501(C)(3)	32,300.	0.			ENVIRONMENT
NO MORE SIDELINES 640 SEMINOLE MUSKEGON, MI 49441	26-1667736	501(C)(3)	30,500.	0.			HEALTH & HUMAN SERVICES
SPRING LAKE CHRISTIAN REFORMED CHURCH - 364 S LAKE AVE - SPRING LAKE, MI 49456-1972	38-1722443	501(C)(3)	30,393.	0.			RELIGION RELATED
SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND ST SPRING LAKE, MI 49456-2064	38-6003347	115	30,065.	0.			EDUCATION
THE SANIBEL SCHOOL 3840 SANIBEL-CAPTIVA RD SANIBEL, FL 33957	59-6000701	115	30,000.	0.			EDUCATION
BARNABAS FOUNDATION 3801 EAGLE NEST DR # B CRETE, IL 60417-1993	36-2904503	501(C)(3)	30,000.	0.			RELIGION RELATED
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	29,997.	0.			HEALTH & HUMAN SERVICES
BOY SCOUTS OF AMERICA 3213 WALKER AVE NW GRAND RAPIDS, MI 49544-9775	22-1576300	501(C)(3)	27,956.	0.			HEALTH & HUMAN SERVICES
MERCY HEALTH - MUSKEGON 1500 E SHERMAN BLVD MUSKEGON, MI 49444-1849	38-2589966	501(C)(3)	25,250.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCSG RADIO - CORNERSTONE COLLEGE 1159 E BELTLINE AVE NE GRAND RAPIDS, MI 49525-5805	38-1443369	501(C)(3)	25,000.	0.			ARTS & CULTURE
OPERATION MOBILIZATION PO BOX 444 TYRONE, GA 30290-0444	22-2513811	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
KUYPER COLLEGE 3333 E BELTLINE AVE NE GRAND RAPIDS, MI 49525-9749	38-1368367	501(C)(3)	25,000.	0.			EDUCATION
MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
SPRING LAKE DISTRICT LIBRARY 123 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-1920511	115	23,635.	0.			EDUCATION
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 49440-1268	38-6092131	501(C)(3)	22,675.	0.			ARTS & CULTURE
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT - ATTN: BUSINESS SERVICES 13565 PORT SHELDON ST - HOLLAND, MI 49424-9241	38-1709520	115	21,701.	0.			EDUCATION
CROSSWORLD 10000 N OAK TRFY KANSAS CITY, MO 64155-2010	23-1352564	501(C)(3)	21,400.	0.			HEALTH & HUMAN SERVICES
BE WELL CENTER 336 HALL ST SE GRAND RAPIDS, MI 49507-1738	36-4737541	501(C)(3)	21,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VALLEY STATE UNIVERSITY L.V. EBERHARD CENTER, 9TH FLOOR 301 FULTON ST. WEST, P.O. BOX 1945 - GRAND R	38-1684280	501(C)(3)	21,000.	0.			EDUCATION
BETHANY CHRISTIAN SERVICES OF HOLLAND/LAKESHORE - 11335 JAMES ST - HOLLAND, MI 49424-8627	38-3542119	501(C)(3)	20,638.	0.			HEALTH & HUMAN SERVICES
FIRST CHRISTIAN REFORMED CHURCH 516 S FERRY ST GRAND HAVEN, MI 49417-1965	38-1422422	501(C)(3)	20,230.	0.			RELIGION RELATED
UNITED METHODIST CHURCH OF THE DUNES - 717 SHELDON RD - GRAND HAVEN, MI 49417-1860	38-1565341	501(C)(3)	20,206.	0.			RELIGION RELATED
THE LITTLE RED HOUSE, INC. 311 E EXCHANGE ST SPRING LAKE, MI 49456-2022	35-2119160	501(C)(3)	20,108.	0.			HEALTH & HUMAN SERVICES
POTTER'S HOUSE SCHOOL 810 VAN RAALTE DR SW WYOMING, MI 49509-1101	38-2372676	501(C)(3)	20,000.	0.			EDUCATION
SEVEN ARROWS ELEMENTARY SCHOOL 15240 LA CRUZ DR PACIFIC PALISADES, CA 90272	95-4746924	501(C)(3)	20,000.	0.			EDUCATION
OTTAWA COUNTY OFFICE OF DIVERSITY, EQUITY, AND INCLUSION - 12220 FILLMORE ST ROOM 310 - WEST OLIVE, MI 49460	38-6004883	501(C)(3)	20,000.	0.			DIVERSITY & INCLUSION
PATHFINDERS 2500 JEFFERSON ST MUSKEGON, MI 49444	45-2445595	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST OTTAWA COUNTY CHAMBER FOUNDATION - 1 S HARBOR DR STE 1 - GRAND HAVEN, MI 49417-1382	38-3163993	501(C)(3)	19,800.	0.			ECONOMIC & COMMUNITY BETTERMENT
AMERICAN CANCER SOCIETY, INC 1755 ABBEY RD EAST LANSING, MI 48823-7399	38-1387120	501(C)(3)	19,706.	0.			HEALTH & HUMAN SERVICES
SECOND CHRISTIAN REFORMED CHURCH 2021 SHELDON RD GRAND HAVEN, MI 49417-2551	38-1747900	501(C)(3)	18,500.	0.			HEALTH & HUMAN SERVICES
GRAND HAVEN HIGH SCHOOL ATHLETIC DEPT - 17001 FERRIS ST - GRAND HAVEN, MI 49417-9441	38-6003290	501(C)(3)	18,099.	0.			EDUCATION
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503-4191	38-1410467	501(C)(3)	17,000.	0.			HEALTH & HUMAN SERVICES
PINE REST CHRISTIAN MENTAL HEALTH SERVICES - PO BOX 165 - GRAND RAPIDS, MI 49501-0165	38-1368360	501(C)(3)	17,000.	0.			HEALTH & HUMAN SERVICES
GREATER EUROPE MISSION PO BOX 1669 MONUMENT, CO 80132-1669	36-2345199	501(C)(3)	16,700.	0.			HEALTH & HUMAN SERVICES
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS - 1309 SHELDON RD - GRAND HAVEN, MI 49417-2404	38-3330803	501(C)(3)	16,698.	0.			HEALTH & HUMAN SERVICES
SPRING LAKE TOWNSHIP-VILLAGE HALL 101 S BUCHANAN ST SPRING LAKE, MI 49456-2004	38-6006815	501(C)(3)	16,619.	0.			ECONOMIC & COMMUNITY BETTERMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE REST FOUNDATION 300 68TH ST SE GRAND RAPIDS, MI 49548-6927	38-1676540	501(C)(3)	15,500.	0.			HEALTH & HUMAN SERVICES
HOSPICE OF NORTH OTTAWA COMMUNITY 1061 S. BEACON BLVD. STE. 200 GRAND HAVEN, MI 49417	38-2370192	501(C)(3)	15,179.	0.			HEALTH & HUMAN SERVICES
SUSAN MAST ALS FOUNDATION 2500 WALDORF CT NW STE B GRAND RAPIDS, MI 49544-1416	81-2588497	501(C)(3)	15,000.	0.			HEALTH & HUMAN SERVICES
ST. PATRICK-ST. ANTHONY CHURCH 920 FULTON AVE GRAND HAVEN, MI 49417-1526	38-1575680	501(C)(3)	15,000.	0.			RELIGION RELATED
COOPERSVILLE AREA PUBLIC SCHOOLS 198 EAST ST COOPERSVILLE, MI 49404-1211	38-6003329	115	14,835.	0.			EDUCATION
SPRING LAKE HIGH SCHOOL 16140 148TH AVE SPRING LAKE, MI 49456-9550	38-6003347	501(C)(3)	14,640.	0.			EDUCATION
ARBOR CIRCLE 412 CENTURY LN HOLLAND, MI 49423-4285	38-3263853	501(C)(3)	14,000.	0.			HEALTH & HUMAN SERVICES
THE PEOPLE CENTER PO BOX 311 SPRING LAKE, MI 49456-0311	38-3292322	501(C)(3)	13,978.	0.			HOUSING & SHELTER
COOPERSVILLE AREA DISTRICT LIBRARY 333 OTTAWA ST COOPERSVILLE, MI 49404-1243	38-1884904	115	13,587.	0.			EDUCATION

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRIORITY OF THE LAKESHORE 101 WASHINGTON AVE SUITE B PMB#173 GRAND HAVEN, MI 49417-1843	38-3334222	501(C)(3)	13,550.	0.			HEALTH & HUMAN SERVICES
HELEN DEVOS CHILDREN'S HOSPITAL SPECTRUM HEALTH FOUNDATION - 100 MICHIGAN ST NE - GRAND RAPIDS, MI 49503-2560	38-2752328	501(C)(3)	13,000.	0.			HEALTH & HUMAN SERVICES
UNIVERSITY OF MICHIGAN - ATHLETIC DEPARTMENT - 1000 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	12,500.	0.			EDUCATION
AMERICAN CANCER SOCIETY, INC. PO BOX 720366 OKLAHOMA CITY, OK 73172-0366	38-3209120	501(C)(3)	12,371.	0.			HEALTH & HUMAN SERVICES
LAMONT CHRISTIAN SCHOOL 5260 LEONARD ST COOPERSVILLE, MI 49404-8714	38-1558421	501(C)(3)	12,085.	0.			EDUCATION
COAST GUARD FESTIVAL, INC. 113 N 2ND ST GRAND HAVEN, MI 49417-1204	38-2392448	501(C)(3)	12,000.	0.			ECONOMIC & COMMUNITY BETTERMENT
ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LN ALLENDALE, MI 49401-8619	38-6003258	115	11,821.	0.			EDUCATION
BIG BROTHERS/BIG SISTERS OF THE LAKESHORE - 4265 GRAND HAVEN RD STE 201 - NORTON SHORES, MI 49441-5546	39-1918631	501(C)(3)	11,250.	0.			ECONOMIC & COMMUNITY BETTERMENT
COOPERSVILLE CARES, INC. 180 68TH AVE N COOPERSVILLE, MI 49404-9704	38-2978248	501(C)(3)	11,100.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEBIRD CANCER RETREATS 917 W SAVIDGE ST UNIT 37 SPRING LAKE, MI 49456-2626	38-3380540	501(C)(3)	11,057.	0.			HEALTH & HUMAN SERVICES
MUSKEGON RESCUE MISSION 1715 PECK ST MUSKEGON, MI 49441-2507	38-3525239	501(C)(3)	11,029.	0.			HOUSING & SHELTER
JERICHO FOUNDATION PO 334 OSHTEMO, MI 49007	38-3575834	501(C)(3)	11,000.	0.			EDUCATION
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE RD STE. D - TRAVERSE CITY, MI 49685	38-2994229	501(C)(3)	11,000.	0.			ENVIRONMENT
WORLD RENEW 1700 28TH ST SE GRAND RAPIDS, MI 49508-1414	38-1708140	501(C)(3)	11,000.	0.			HEALTH & HUMAN SERVICES
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE - 3275 WALKER AVE NW - GRAND RAPIDS, MI 49544-9775	38-1366924	501(C)(3)	10,911.	0.			EDUCATION
WALDEN GREEN MONTESSORI SCHOOL 17339 ROOSEVELT RD SPRING LAKE, MI 49456-1253	20-5989626	501(C)(3)	10,904.	0.			EDUCATION
ARTHRITIS FOUNDATION MICHIGAN 888 W BIG BEAVER RD STE 305 TROY, MI 48084-4739	38-1366904	501(C)(3)	10,291.	0.			HEALTH & HUMAN SERVICES
CHRISTIAN REFORMED WORLD MISSIONS 2850 KALAMAZOO AVE SE GRAND RAPIDS, MI 49502-0001	38-1505621	501(C)(3)	10,291.	0.			RELIGION RELATED

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMA COLLEGE 614 W SUPERIOR ST ALMA, MI 48801-1599	38-1359083	501(C)(3)	10,000.	0.			EDUCATION
ORANGEWOOD CHRISTIAN SCHOOL 1300 WEST MAITLAND BLVD MAITLAND, FL 32751	20-5639902	501(C)(3)	10,000.	0.			EDUCATION
FAITH HOSPICE 2100 RAYBROOK ST SE STE 300 GRAND RAPIDS, MI 49546-5783	38-3062893	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
ELIM CHRISTIAN SERVICES 13020 S CENTRAL AVE CRESTWOOD, IL 60418-2998	36-2276614	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
VAIL HEALTH SERVICES FOUNDATION PO BOX 40000 VAIL, CO 81658	74-2505662	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE STE 401 BERKELEY, CA 94704	94-6090626	501(C)(3)	10,000.	0.			EDUCATION
TRI-CITIES KIWANIS FOUNDATION PO 571 GRAND HAVEN, MI 49417	45-3820755	501(C)(3)	9,750.	0.			ECONOMIC & COMMUNITY BETTERMENT
UNITED SPHERE 12523 DALING CT NW GRAND RAPIDS, MI 49534-9636	82-0836268	501(C)(3)	9,000.	0.			RELIGION RELATED
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN ST NW STE 102 GRAND RAPIDS, MI 49504-2053	38-2363129	501(C)(3)	8,528.	0.			ENVIRONMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE OPTIONS - LAKESHORE PREGNANCY CENTER, GRAND HAVEN - 700 WASHINGTON AVE STE 130 - GRAND HAVEN, MI 49417-1469	38-3046882	501(C)(3)	8,200.	0.			HEALTH & HUMAN SERVICES
URBAN APOSTOLIC NETWORK CHURCH 1301 N BURDICK ST KALAMAZOO, MI 49007	46-5268438	501(C)(3)	8,100.	0.			RELIGION RELATED
CHURCH OF EPIPHANY 410 ERIE ST SOUTH HAVEN, MI 49090-1324	38-6093771	501(C)(3)	8,000.	0.			RELIGION RELATED
LAKESHORE MIDDLE SCHOOL 900 CUTLER ST GRAND HAVEN, MI 49417-2198	38-6003290	501(C)(3)	8,000.	0.			EDUCATION
OAR 483 CENTURY LN HOLLAND, MI 49423-4286	38-1984739	501(C)(3)	7,736.	0.			HEALTH & HUMAN SERVICES
INFORUM 400 RENAISSANCE CENTER STE. 2155 DETROIT, MI 48243	30-0101343	501(C)(3)	7,500.	0.			EMPLOYMENT & JOBS
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD HILLS, MI 48303-0801	38-2015048	501(C)(3)	7,500.	0.			EDUCATION
CITY OF FERRYSBURG PO BOX 38 FERRYSBURG, MI 49409-0038	38-1724041	115	7,412.	0.			ECONOMIC & COMMUNITY BETTERMENT
CROCKERY TOWNSHIP 17431 112TH AVE NUNICA, MI 49448-9456	38-2699378	115	7,142.	0.			ECONOMIC & COMMUNITY BETTERMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND HAVEN CHARTER TOWNSHIP 13300 168TH AVE GRAND HAVEN, MI 49417-9440	38-1817417	115	7,142.	0.			ECONOMIC & COMMUNITY BETTERMENT
ROBINSON TOWNSHIP 12010 120TH AVE GRAND HAVEN, MI 49417-9621	38-1860282	501(C)(3)	7,142.	0.			RECREATION
MUSKEGON HEIGHTS PUBLIC SCHOOL ACADEMY SYSTEM - CENTRAL OFFICE MUSKEGON HEIGHTS PSAS 2441 SANFORD ST. - MUSKEGON HEIGHTS, MI 49444	46-0557412	115	7,022.	0.			EDUCATION
FRUITPORT COMMUNITY SCHOOLS 3255 PONTALUNA RD FRUITPORT, MI 49415-8855	38-6002931	115	7,000.	0.			EDUCATION
EAT WELL DO GOOD INC. 1430 FULTON ST. GRAND HAVEN, MI 49417	86-3830941	501(C)(3)	7,000.	0.			HEALTH & HUMAN SERVICES
FOUR POINTES CENTER FOR SUCCESSFUL AGING - 1051 S BEACON BLVD - GRAND HAVEN, MI 49417-2607	38-1915121	501(C)(3)	6,826.	0.			HEALTH & HUMAN SERVICES
BRIDGE STREET HOUSE OF PRAYER 1055 BRIDGE ST NW GRAND RAPIDS, MI 49504-5061	26-2868231	501(C)(3)	6,800.	0.			RELIGION RELATED
HOLTON PUBLIC SCHOOL 6500 FOURTH ST HOLTON, MI 49425	38-6002948	115	6,500.	0.			EDUCATION
MAKE A DIFFERENCE MINISTRIES PO BOX 5334 NORTH MUSKEGON, MI 49445	46-5320158	501(C)(3)	6,379.	0.			RELIGION RELATED

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL AID, INC. 17011 HICKORY ST SPRING LAKE, MI 49456-9795	38-2323550	501(C)(3)	6,377.	0.			HEALTH & HUMAN SERVICES
POLKTON CHARTER TOWNSHIP 6900 ARTHUR DR W COOPERSVILLE, MI 49404-9791	38-2720880	115	6,295.	0.			ECONOMIC & COMMUNITY BETTERMENT
CITY OF COOPERSVILLE RECREATION DEPARTMENT - 289 DANFORTH ST - COOPERSVILLE, MI 49404-1204	38-6007172	115	6,225.	0.			ECONOMIC & COMMUNITY BETTERMENT
LILLEY CARES 570 SEMINOLE RD STE 200 NORTON SHORES, MI 49444	30-1221662	501(C)(3)	6,200.	0.			ECONOMIC & COMMUNITY BETTERMENT
LAKESHORE ETHNIC DIVERSITY ALLIANCE - PO BOX 2945 - HOLLAND, MI 49422-2945	38-3360686	501(C)(3)	6,000.	0.			DIVERSITY & INCLUSION
NORTH OTTAWA ROD AND GUN CLUB FOUNDATION - 233 WASHINGTON AVE. STE. 205 - GRAND HAVEN, MI 49417	26-0867804	501(C)(3)	6,000.	0.			RECREATION
RESONATE GLOBAL MISSIONS 1700 28TH ST SE GRAND RAPIDS, MI 49508-1414	38-1505621	501(C)(3)	6,000.	0.			RELIGION RELATED
ROTARY CLUB OF COOPERSVILLE PO BOX 12 COOPERSVILLE, MI 49404	38-2720937	501(C)(3)	6,000.	0.			ECONOMIC & COMMUNITY BETTERMENT
GILDA'S CLUB OF GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 49504-4921	38-3367525	501(C)(3)	6,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERSVILLE UNITED METHODIST CHURCH - 105 68TH AVE N - COOPERSVILLE, MI 49404-9704	38-6073328	501(C)(3)	5,951.	0.			RELIGION RELATED
DOROTHY A. JOHNSON CENTER FOR PHILANTHROPY - 201 FRONT AVE SW - GRAND RAPIDS, MI 49504-6482	38-1684280	501(C)(3)	5,555.	0.			ECONOMIC & COMMUNITY BETTERMENT
HARBOR HOSPICE 1050 W WESTERN AVE STE 400 MUSKEGON, MI 49441-1666	38-2415247	501(C)(3)	5,500.	0.			HEALTH & HUMAN SERVICES
BERISTA INC. 215 WASHINGTON AVE. GRAND HAVEN, MI 49417	86-3748383	501(C)(3)	5,400.	0.			ECONOMIC & COMMUNITY BETTERMENT
FRIENDS OF GRAND HAVEN STATE PARK 1001 S HARBOR DR GRAND HAVEN, MI 49417-1746	32-0384356	501(C)(3)	5,275.	0.			ENVIRONMENT
BETHANY CHRISTIAN SERVICES 901 EASTERN AVE NE GRAND RAPIDS, MI 49503-1295	38-3542119	501(C)(3)	5,200.	0.			HEALTH & HUMAN SERVICES
BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE - PO BOX 1018 - MUSKEGON, MI 49443-1018	61-1736056	501(C)(3)	69,500.	0.			ECONOMIC & COMMUNITY BETTERMENT
ASSOCIATION FOR A MORE JUST SOCIETY - PO BOX 888631 - GRAND RAPIDS, MI 49588-8631	36-4380344	501(C)(3)	6,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

GRAND HAVEN AREA COMMUNITY
FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	246	655,618.	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

2021

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
1a		
1b		
2		
3		
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) 2021

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 and/or 1099-NEC 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)	203,524.	0.	600.	16,728.	25,031.	245,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	2,379,993.	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) 2021

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

FORM 990, ITEM C, 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) 2021

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

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
--	---

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 2021.

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
--	--

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

2021

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) 2021

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	636,457.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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