

# 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.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 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
E Telephone number: 616-842-6378
G Gross receipts \$: 18,950,281.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.GHACF.ORG
K Form of organization: Corporation
L Year of formation: 1971
M State of legal domicile: MI

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: CINDY ANDERSON, CHAIRPERSON
Preparer: AMANDA M. COON
Firm: PLANTE & MORAN, PLLC

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 10,010,583. including grants of \$ 9,424,307. ) (Revenue \$ 0. ) 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 10,010,583.

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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 .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

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

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	7
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

GRAND HAVEN AREA COMMUNITY  
FOUNDATION, INC.

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

		Yes	No
<b>2a</b>	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		18
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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
<b>1a</b> 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.	<b>1a</b>	11		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	11		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>	
<b>b</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?	<b>10b</b>		<b>X</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>15b</b>			<b>X</b>
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**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  
6 SHERMAN AVE, 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, box 6 of 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			270,145.	0.	47,284.	
(2) CHRISTOPHER RIKER V.P. ADVANCEMENT & DONOR S	40.00 0.00				X		138,543.	0.	30,971.	
(3) HOLLY COLE V.P. GRANTS & PROGRAM	40.00 0.00				X		128,110.	0.	21,852.	
(4) PATRICIA MACDONALD V.P. FINANCE & ADMINISTRAT	40.00 0.00				X		130,864.	0.	11,299.	
(5) MARK PEREIRA TRUSTEE - PART YEAR (JAN-MAY)	1.00 1.00	X					0.	0.	0.	
(6) BARBARA VANHEEST TRUSTEE - PART YEAR (JAN-MAY)	1.00 1.00	X					0.	0.	0.	
(7) KEITH KONARSKA TRUSTEE/VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(8) CINDY ANDERSON TRUSTEE/BOARD CHAIR	1.00 0.00	X		X			0.	0.	0.	
(9) PAT VERDUIN TRUSTEE/SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(10) REYNA MASKO TRUSTEE - PART YEAR (JUNE-DEC)	1.00 0.00	X					0.	0.	0.	
(11) ROB PEEL TRUSTEE	1.00 1.00	X					0.	0.	0.	
(12) NATALIA KOVICAK TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) SHIRLEY WOODRUFF TRUSTEE	1.00 0.00	X					0.	0.	0.	
(14) MARY CAROLE COTTER TRUSTEE/TREASURER	1.00 0.00	X		X			0.	0.	0.	
(15) DAVID SWAIN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) BRANDON BROWN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(17) DEAN REISNER TRUSTEE - PART YEAR (JUNE-DEC)	1.00 0.00	X					0.	0.	0.	





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

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>	1,060,000.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,726,941.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,353,465.					
	<b>h Total.</b> Add lines 1a-1f .....			7,786,941.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,943,880.			3943880.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real					
			(ii) Personal					
			<b>b</b> Less: rental expenses ...	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	7,219,460.				
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,605,955.			
			<b>c</b> Gain or (loss) .....	<b>7c</b>	5,613,505.			
	<b>d</b> Net gain or (loss) .....			5,613,505.			5613505.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
			<b>b</b> Less: direct expenses .....	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			17,344,326.	0.	0.	9557385.		

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

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,765,157.	8,765,157.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	659,150.	659,150.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	317,427.	95,228.	126,971.	95,228.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	937,949.	293,080.	330,847.	314,022.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,431.	22,035.	27,766.	24,630.
<b>9</b> Other employee benefits	110,170.	32,619.	41,125.	36,426.
<b>10</b> Payroll taxes	83,943.	25,557.	31,245.	27,141.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	16,686.		16,686.	
<b>c</b> Accounting	48,152.		48,152.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	216,886.		216,886.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	56,401.	6,573.	7,148.	42,680.
<b>13</b> Office expenses	27,860.	7,927.	10,877.	9,056.
<b>14</b> Information technology	82,916.	24,589.	33,738.	24,589.
<b>15</b> Royalties				
<b>16</b> Occupancy	37,440.	11,103.	15,234.	11,103.
<b>17</b> Travel	21,730.	6,314.	11,159.	4,257.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	45,240.	11,976.	22,896.	10,368.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	79,606.		79,606.	
<b>23</b> Insurance	15,600.	4,626.	6,348.	4,626.
<b>24</b> 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.)				
<b>a FACILITY EXPENSES</b>	61,363.	18,197.	24,969.	18,197.
<b>b AFFILIATED EXPENSES</b>	42,121.	18,253.	5,615.	18,253.
<b>c PUBLIC RELATIONS</b>	25,475.			25,475.
<b>d DUES &amp; SUBSCRIPTIONS</b>	13,365.	4,765.	4,711.	3,889.
<b>e All other expenses</b>	23,147.	3,434.	16,351.	3,362.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	11,762,215.	10,010,583.	1,078,330.	673,302.
<b>26 Joint costs.</b> 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.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,811,407.	<b>1</b>	3,296,642.
	<b>2</b> Savings and temporary cash investments .....	12,421,750.	<b>2</b>	6,835,922.
	<b>3</b> Pledges and grants receivable, net .....	597,000.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	20,317.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,964.	<b>9</b>	253,317.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,666,639.		
	<b>b</b> Less: accumulated depreciation .....	76,097.		
	<b>11</b> Investments - publicly traded securities .....	1,183,301.	<b>10c</b>	3,590,542.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	138,767,945.	<b>11</b>	164,962,453.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	3,365,653.	<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	3,236,630.
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	158,176,337.	<b>15</b>	571,471.	
		<b>16</b>	182,746,977.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	56,505.	<b>17</b>	122,983.
	<b>18</b> Grants payable .....	405,677.	<b>18</b>	249,723.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	83,443.	<b>25</b>	81,557.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	545,625.	<b>26</b>	454,263.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	157,630,712.	<b>27</b>	182,292,714.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	157,630,712.	<b>32</b>	182,292,714.
	<b>33</b> Total liabilities and net assets/fund balances .....	158,176,337.	<b>33</b>	182,746,977.

Form **990** (2023)

**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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,344,326.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,762,215.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,582,111.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	157,630,712.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	19,079,891.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	182,292,714.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<b>X</b>
<b>b</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 _____		



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8918183.	7249561.	12734444.	11838034.	7786941.	48527163.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8918183.	7249561.	12734444.	11838034.	7786941.	48527163.
<b>5</b> 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) .....						16315336.
<b>6 Public support.</b> Subtract line 5 from line 4.						32211827.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	8918183.	7249561.	12734444.	11838034.	7786941.	48527163.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2975570.	2480431.	3004519.	3055745.	3940304.	15456569.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						63983732.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	50.34 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	52.07 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>b</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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	Current Year
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,531,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>587,335.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>608,332.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>599,518.</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 <b>GRAND HAVEN AREA COMMUNITY                  FOUNDATION, INC.</b>	Employer identification number <b>23-7108776</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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 .....	214	31
2 Aggregate value of contributions to (during year) .....	5,783,851.	896,270.
3 Aggregate value of grants from (during year) .....	6,090,767.	1,485,038.
4 Aggregate value at end of year .....	37,520,831.	2,733,422.
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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

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

\$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

\$ \_\_\_\_\_

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

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

\$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

\$ \_\_\_\_\_

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

Schedule D (Form 990) 2023



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

Schedule D (Form 990) 2023

23-7108776 Page **3**

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	81,557.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	81,557.

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 ...

Schedule D (Form 990) 2023

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AGEWELL SERVICES OF WEST MICHIGAN 275 WEST CLAY AVE #100 MUSKEGON, MI 49440	38-2033822	501(C)(3)	9,250.	0.			GENERAL SUPPORT
ALL BELONG CENTER FOR INCLUSIVE EDUCATION - 4340 BURLINGAME AVE SW - WYOMING, MI 49509	38-2619844	501(C)(3)	7,000.	0.			GENERAL OPERATING
ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE ALLENDALE, MI 49401-8429	38-1560740	501(C)(3)	289,479.	0.			CAPITAL CAMPAIGN
ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LN ALLENDALE, MI 49401-8619	38-6003258	501(C)(3)	11,395.	0.			5TH GRADE READING CHALLENGE
ALPHA GRAND RAPIDS 1725 DIVISION AVE S GRAND RAPIDS, MI 49507-1603	38-2867495	115	14,000.	0.			GENERAL EXPENSES OF ALPHA GRAND RAPIDS
ALTAR FLY FISHING 21W186 BRIARCLIFF RD LOMBARD, IL 60148	84-3052840	501(C)(3)	10,000.	0.			GENERAL FUNDS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 199.

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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
AMERICAN CANCER SOCIETY - OKLAHOMA PO BOX 720366 OKLAHOMA CITY, OK 73172-0366	13-1788491	501(C)(3)	32,912.	0.			GENERAL OPERATIONS IN OTTAWA COUNTY
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	30,594.	0.			GENERAL OPERATIONS BENEFITTING RESIDENTS OF OTTAWA COUNTY, MI
ARBOR CIRCLE 412 CENTURY LN HOLLAND, MI 49423-4285	38-2118103	501(C)(3)	28,352.	0.			OTTAWA COUNTY PREVENTION
ARISE RWANDA MINISTRIES INC. 8333 SE STARK ST PORTLAND, OR 97216-1135	46-2783389	501(C)(3)	100,000.	0.			MEDICAL CLINIC CAPITAL CAMPAIGN
ARTHRITIS FOUNDATION MICHIGAN 1355 PEACHTREE ST NE SUITE 600 ATLANTA, GA 30309	58-1341679	501(C)(3)	11,507.	0.			GENERAL OPERATIONS BENEFITTING RESIDENTS OF OTTAWA COUNTY, MI
ASSOCIATION FOR A MORE JUST SOCIETY - PO BOX 888631 - GRAND RAPIDS, MI 49588-8631	36-4380344	501(C)(3)	7,500.	0.			GENERAL
BARNABAS FOUNDATION 3801 EAGLE NEST DR #B CRETE, IL 60417-1993	36-2904503	501(C)(3)	30,000.	0.			ELIM CHRISTIAN SERVICES FOUNDATION FUND
BERISTA INC. 620 CLINTON AVE GRAND HAVEN, MI 49417-1429	86-3748383	501(C)(3)	13,878.	0.			KENZIE'S B CAFE GENERAL OPERATING
BETHANY CHRISTIAN SERVICES OF HOLLAND/LAKESHORE - 11335 JAMES ST - HOLLAND, MI 49424-8627	38-3542119	501(C)(3)	100,441.	0.			GENERAL OPERATIONS

Schedule I (Form 990)



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

Schedule I (Form 990)

23-7108776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEYOND26 4340 BURLINGAME AVE SW WYOMING, MI 49509	82-4828983	501(C)(3)	6,000.	0.			GRAND HAVEN - COVENANT LIFE LOCATION
BLUEBIRD CANCER RETREATS 917 W SAVIDGE ST UNIT 37 SPRING LAKE, MI 49456-2626	38-3380540	501(C)(3)	13,701.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA - MICHIGAN CROSSROADS COUNCIL - 3213 WALKER AVE NW - GRAND RAPIDS, MI 49544-9775	38-1359240	501(C)(3)	19,787.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE - PO BOX 1018 - MUSKEGON, MI 49443-1018	61-1736056	501(C)(3)	82,000.	0.			CAPITAL CAMPAIGN
BRIDGE STREET HOUSE OF PRAYER 1034 BRIDGE ST NW GRAND RAPIDS, MI 49504-5061	26-2868231	501(C)(3)	10,000.	0.			GENERAL
CAMP BLODGETT 528 BRIDGE STREET NW SUITE 6 GRAND RAPIDS, MI 49504	38-6004379	501(C)(3)	65,474.	0.			WATER HEATER REPLACEMENT
CHILDREN'S ADVOCACY CENTER 12125 UNION ST HOLLAND, MI 49424-8603	38-3445089	501(C)(3)	18,858.	0.			GENERAL SUPPORT
CHRISTIAN HAVEN HOME 704 PENNOYER AVE GRAND HAVEN, MI 49417	38-1658800	501(C)(3)	8,607.	0.			RAISED GARDEN BED PROJECT (2023)
CHRISTIAN LEADERS INSTITUTE 17771 W SPRING LAKE RD SPRING LAKE, MI 49456-1447	16-1733646	501(C)(3)	60,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN LEADERS MINISTRIES INC 17771 W SPRING LAKE RD SPRING LAKE, MI 49456-1447	85-2843815	501(C)(3)	175,000.	0.			GENERAL OPERATING
CHURCH OF EPIPHANY 410 ERIE ST SOUTH HAVEN, MI 49090-1324	38-6093771	501(C)(3)	7,000.	0.			FUND FOR THE FUTURE OF EPIPHANY
CITY OF COOPERSVILLE 289 DANFORTH ST COOPERSVILLE, MI 49404-1204	38-6007172	501(C)(3)	75,177.	0.			SUPPORT FOR HISTORICAL SOCIETY MERLIN TRAIN CAR PROJECT
CITY OF COOPERSVILLE RECREATION DEPARTMENT - 289 DANFORTH ST - COOPERSVILLE, MI 49404	38-6007172	115	7,798.	0.			ARCHERY - YOUTH AND ADULT (2023)
CITY OF FERRYSBURG PO BOX 38 FERRYSBURG, MI 49409-0038	38-1724041	501(C)(3)	15,934.	0.			REIMBURSEMENT OF EXPENSES RELATED TO KITCHEL-LINDQUIST-HARTGER DUNES PRESERVE
CITY OF GRAND HAVEN 519 WASHINGTON AVE GRAND HAVEN, MI 49417-1454	38-6004687	115	265,109.	0.			REIMBURSEMENT FOR MAINTENANCE AND UPKEEP OF DUNCAN PARK (INVOICE # 2300018106)
COAST GUARD FESTIVAL, INC. 113 N 2ND ST GRAND HAVEN, MI 49417-1204	38-2392448	115	36,179.	0.			2023 GRAND FINALE ENTERTAINMENT SPONSORS
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY - 425 W WESTERN AVE STE 200 - MUSKEGON, MI 49440-1185	38-6114135	501(C)(3)	115,000.	0.			FARM SUPPORT (2023)
COOPERSVILLE AREA DISTRICT LIBRARY 333 OTTAWA ST COOPERSVILLE, MI 49404-1243	38-1884904	501(C)(3)	16,458.	0.			SUPPORT CHILDREN'S SERVICES AND PROGRAMS

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 AREA PUBLIC SCHOOLS 198 EAST ST COOPERSVILLE, MI 49404-1211	38-6003329	115	40,869.	0.			THERAPY DOG; EDUCATIONAL PROGRAMMING
COOPERSVILLE CARES, INC. 180 68TH AVE N COOPERSVILLE, MI 49404-9704	38-2978248	115	16,913.	0.			FEEDING AMERICA FOOD TRUCK
COOPERSVILLE FARM MUSEUM 375 MAIN ST. COOPERSVILLE, MI 49404-1234	20-2297381	501(C)(3)	60,050.	0.			GENERAL OPERATING SUPPORT
COREWELL (SPECTRUM) HEALTH FOUNDATION - 100 MICHIGAN ST NE - GRAND RAPIDS, MI 49503-2560	38-2752328	501(C)(3)	6,830.	0.			FUNDRAISING SUPPORT
COVENANT LIFE CHURCH - GRAND HAVEN 101 COLUMBUS AVE GRAND HAVEN, MI 49417-1223	38-2794856	501(C)(3)	74,984.	0.			GENERAL OPERATING
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD HILLS, MI 48303-0801	38-2015048	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CRITTER BARN 2950 80TH AVE ZEELAND, MI 49464	32-0028470	501(C)(3)	60,000.	0.			GENERAL OPERATING
CROSSWORLD 10000 N OAK TRFY KANSAS CITY, MO 64155-2010	23-1352564	501(C)(3)	25,000.	0.			SPAIN MINISTRY
CRYSTAL LAKE COOPERATIVE PRESCHOOL (CRYSTAL LAKE NURSERY INC) - PO BOX 554 - BEULAH, MI 49617-0554	38-1653720	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT ATTN: BRITTANY WALTON, TREASURER

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7108776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEGAGE MINISTRIES 144 DIVISION AVE S GRAND RAPIDS, MI 49503-4216	38-1912094	501(C)(3)	7,500.	0.			GENERAL
DISCOVERY CHURCH - KENTWOOD 7245 EASTERN AVE SE KENTWOOD, MI 49508-7469	38-3016181	501(C)(3)	6,900.	0.			GENERAL
DUNEGRASS HEALING 16402 W. WILLOW DR. SPRING LAKE, MI 49456	37-1893903	501(C)(3)	5,500.	0.			DUNEGRASS HEALING'S NATURE-BASED THERAPY PROGRAM (2023)
ELIM CHRISTIAN SERVICES 13020 S CENTRAL AVE CRESTWOOD, IL 60418-2998	36-2276614	501(C)(3)	10,000.	0.			GENERAL OPERATING
FAITH HOSPICE 2100 RAYBROOK ST SE, STE 300 GRAND RAPIDS, MI 49546-5783	38-3062893	501(C)(3)	10,000.	0.			GENERAL OPERATING
FEEDING AMERICA WEST MICHIGAN 1950 WALDORF ST NW #10B GRAND RAPIDS, MI 49544	38-2439659	501(C)(3)	59,942.	0.			DISCOVERY CHURCH FOOD TRUCK
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	10,000.	0.			LAKESHORE REGION
FIRST CHRISTIAN REFORMED CHURCH OF GRAND HAVEN - 516 S FERRY ST - GRAND HAVEN, MI 49417-1965	38-1422422	501(C)(3)	21,878.	0.			GENERAL FUND
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN - 508 FRANKLIN AVE - GRAND HAVEN, MI 49417-1496	38-1367309	501(C)(3)	207,425.	0.			THE CHURCH MUSIC PROGRAM, EXCLUSIVELY

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FIRST PRIORITY OF THE LAKESHORE 101 WASHINGTON AVE, SUITE B PMB#173 - GRAND HAVEN, MI 49417-1843	38-3334222	501(C)(3)	12,500.	0.			GENERAL OPERATING
FOOD FOR THE POOR, INC 6401 LYONS RD COCONUT CREEK, FL 33073-3602	59-2174510	501(C)(3)	30,000.	0.			2209C URBAN FEEDING AND TRAINING FARMS IN COLUMBIA
FOUR POINTES CENTER FOR SUCCESSFUL AGING - 1051 S BEACON BLVD - GRAND HAVEN, MI 49417-2607	38-1915121	501(C)(3)	7,099.	0.			SUPPORT UNMET NEEDS AND THE DIRECT CARE PROGRAM
FRIENDS OF KENYAN ORPHANS 18640 MACK AVE. STE 1294 GROSSE POINTE PARK, MI 48236	26-4047939	501(C)(3)	10,000.	0.			GENERAL FUND - ATTENTION BUD OZAR
FRIENDS OF THE MUSICAL FOUNTAIN 519 WASHINGTON AVE. GRAND HAVEN, MI 49417	87-3560723	501(C)(3)	15,000.	0.			FUNDRAISING SUPPORT
GILDA'S CLUB OF GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 49504-4921	38-3367525	501(C)(3)	13,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE - 3275 WALKER AVE NW - GRAND RAPIDS, MI 49544-9775	38-1366924	501(C)(3)	10,926.	0.			2023 GSLC
GLOBAL PARTNERS - THE WESLEYAN CHURCH - 13300 OLIO RD. STE 400 - FISHERS, IN 46037	35-1148762	501(C)(3)	50,000.	0.			HAITI & SIERRA LEONE MEDICAL MINISTRIES
GOOD SAMARITAN MINISTRIES 513 E 8TH ST. STE 25 HOLLAND, MI 49423-3765	38-1887347	501(C)(3)	7,829.	0.			COMMUNITY HOUSING PARTNERSHIP PROGRAM

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GRACIOUS GROUNDS PO BOX 393 SPRING LAKE, MI 49456-0393	46-4025239	501(C)(3)	80,861.	0.			NOORTHOEK ACADEMY TRANSPORTATION
GRAND HAVEN / SPRING LAKE SEWER AUTHORITY - 1525 WASHINGTON AVE - GRAND HAVEN, MI 49417	32-0326842	501(C)(3)	8,000.	0.			TO SUPPORT EAST END PARK BASKETBALL COURT PROJECT
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 BEECHTREE GRAND HAVEN, MI 49417	38-6003290	501(C)(3)	99,534.	0.			THE PURCHASE OF BOOKS FOR BOTH THE WHITE PINES AND LAKESHORE READING/LITERACY PROGRAMS
GRAND HAVEN CHARTER TOWNSHIP 13300 168TH AVE GRAND HAVEN, MI 49417-9440	38-1817417	115	33,682.	0.			SOCCER GOALS FOR SCHMIDT HERITAGE PARK
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVE GRAND HAVEN, MI 49417-1998	38-1467641	501(C)(3)	1,239,073.	0.			ENDOWMENT FUND; BUILDING CAMPAIGN
GRAND HAVEN HIGH SCHOOL ATHLETIC DEPT - 17001 FERRIS ST - GRAND HAVEN, MI 49417-9441	38-6003290	501(C)(3)	21,668.	0.			THE VARSITY OR JUNIOR VARSITY GIRLS GOLF TEAM
GRAND HAVEN OFFSHORE CHALLENGE INC 17294 144TH AVE NUNICA, MI 49448-9670	38-3594714	501(C)(3)	10,000.	0.			OFFSHORE FISHING CHALLENGE
GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272 GRAND HAVEN, MI 49417-0272	38-3218960	501(C)(3)	140,817.	0.			GENERAL OPERATING
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 49503-2314	38-6005447	501(C)(3)	34,000.	0.			BRAVO AWARDS 2023

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GREATER EUROPE MISSION PO BOX 1669 MONUMENT, CO 80132-1669	36-2345199	501(C)(3)	20,000.	0.			UNITED KINGDOM MINISTRY
HAND2HAND 306 CHICAGO DR. JENISON, MI 49428-9373	27-2973348	501(C)(3)	68,974.	0.			GENERAL SUPPORT
HANDS FOR HAITI 7421 W BLUE RD LAKE CITY, MI 49651	45-3261733	501(C)(3)	10,000.	0.			GENERAL OPERATING
HARBOR HOSPICE 1050 W WESTERN AVE STE 400 MUSKEGON, MI 49441-1666	38-2415247	501(C)(3)	5,500.	0.			GENERAL SUPPORT
HARBOR HUMANE SOCIETY 14345 BAGLEY ST WEST OLIVE, MI 49460-9229	38-1623660	501(C)(3)	22,187.	0.			2024 LARGE DOG KENNEL SPONSORSHIP (\$700) AND \$300 ADDITIONAL DONATION
HOLTON PUBLIC SCHOOL 6477 SYERS RD HOLTON, MI 49425-7508	38-6002948	501(C)(3)	12,070.	0.			SUPPORT FOR IXL (ONLINE LEARNING PLATFORM)
HUMANITY FOR PRISONERS PO BOX 687 GRAND HAVEN, MI 49417-0687	38-3620946	501(C)(3)	8,750.	0.			SUPPORT IN HONOR OF DOUG TJAPKES
INDIAN TRAILS CAMP 01859 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504-6022	38-6027165	501(C)(3)	7,094.	0.			INTERNET FIBER CABLE TO INCREASE RELIABILITY AND IMPROVE ACCESSIBILITY
INTERNATIONAL AID, INC. 3755 36TH ST SE GRAND RAPIDS, MI 49512	58-2248383	501(C)(3)	8,023.	0.			GENERAL SUPPORT ATTN: JUSTIN NARDUCCI

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JERICO FOUNDATION PO 334 OSHTEMO, MI 49007	38-3575834	501(C)(3)	10,000.	0.			SCHOLARSHIPS
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES - 4090 LAKE DR SE - GRAND RAPIDS, MI 49546-2304	38-1557861	501(C)(3)	65,000.	0.			DEDICATED SUPPORT AND LEARNING FOR LAKESHORE YOUTH (2023)
KIDS' FOOD BASKET 1300 PLYMOUTH NE GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	23,700.	0.			GENERAL SUPPORT
KIDS HOPE USA-ZEELAND 201 W WASHINGTON AVE SUITE 20 ZEELAND, MI 49464	38-3624308	501(C)(3)	6,000.	0.			MENTORING ELEMENTARY AND MIDDLE SCHOOL STUDENTS IN NORTHWEST OTTAWA COUNTY (2023)
LAKESHORE ETHNIC DIVERSITY ALLIANCE - PO BOX 2945 - HOLLAND, MI 49422-2945	38-3360686	501(C)(3)	13,500.	0.			GENERAL SUPPORT
LAMONT CHRISTIAN SCHOOL 5260 LEONARD ST COOPERSVILLE, MI 49404-8714	38-1558421	501(C)(3)	18,438.	0.			SUPPORT PAST DUE TUITION
LATIN AMERICANS UNITED FOR PROGRESS - 430 W 17TH ST STE. 31 - HOLLAND, MI 49423	38-2099880	501(C)(3)	23,000.	0.			58TH ANNUAL FIESTA 2023
LCC INTERNATIONAL FUND, INC. PO BOX 101787 PASADENA, CA 91189-1787	23-3015092	501(C)(3)	20,000.	0.			ANNUAL FUND
LITTLE TRAVERSE CONSERVANCY 3264 POWELL RD HARBOR SPRINGS, MI 49740-9469	23-7267810	501(C)(3)	15,000.	0.			ATTENTION: EMILY HUGHES BYTWERK RESERVE

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LOUTIT DISTRICT LIBRARY 407 COLUMBUS AVE GRAND HAVEN, MI 49417-1298	38-3551480	501(C)(3)	33,500.	0.			BROOKS MEDIA CENTER / ENGAGING SENIORS AND LOW-INCOME COMMUNITY MEMBERS (2023)
LOVE IN ACTION 326 N FERRY ST STE A GRAND HAVEN, MI 49417-1183	38-2856482	501(C)(3)	229,225.	0.			GENERAL SUPPORT
MAKE A DIFFERENCE MINISTRIES PO BOX 5334 NORTH MUSKEGON, MI 49445	46-5320158	501(C)(3)	7,023.	0.			PROGRAMMING
MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	30,000.	0.			BREAST CANCER PROGRAM ATTN: BARBARA FLASCH
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503-4191	38-1410467	501(C)(3)	34,500.	0.			GENERAL OPERATING
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - BE NICE - 160 68TH ST. STE 120 - GRAND RAPIDS, MI 49548	38-2822359	501(C)(3)	20,000.	0.			FUNDRAISING SUPPORT
MIDWEST MINIATURES MUSEUM 20 SOUTH 5TH ST. GRAND HAVEN, MI 49417	90-0472256	501(C)(3)	124,850.	0.			SUPPORT GENERAL OPERATIONS
MOMENTUM CENTER 401 N 7TH ST GRAND HAVEN, MI 49417	61-1766666	501(C)(3)	324,486.	0.			MOMENTUM CENTER FACILITY - CAPITAL CAMPAIGN (2023)
MOSAIC COUNSELING 1703 S DESPELDER ST GRAND HAVEN, MI 49417-2649	38-2216806	501(C)(3)	113,067.	0.			TECHNOLOGY OPTIMIZATION FOR CLIENT SERVICES (2023)

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MUSKEGON MUSEUM OF ART 296 W WEBSTER AVE MUSKEGON, MI 49440-1282	38-3402560	501(C)(3)	177,360.	0.			GENERAL SUPPORT
MUSKEGON PUBLIC SCHOOLS 1458 5TH ST MUSKEGON, MI 49441	38-6002960	501(C)(3)	8,290.	0.			GEOMETRY IN CONSTRUCTION/AMPED ON ALGEBRA PROGRAMMING FOR 9-12TH GRADERS (2023)
MUSKEGON RESCUE MISSION 2735 E APPLE AVE STE D MUSKEGON, MI 49442-4482	38-3525239	501(C)(3)	16,553.	0.			GENERAL SUPPORT
MUSKEGON YMCA 1115 THIRD ST MUSKEGON, MI 49443	38-2000172	501(C)(3)	50,000.	0.			PENDALOUAN 100 YEAR ANNIVERSARY CAMPAIGN - CREATING MUSKEGON LEADERS THROUGH INCREASED
NO MORE SIDELINES 640 SEMINOLE MUSKEGON, MI 49441	26-1667736	501(C)(3)	30,500.	0.			CAPITAL CAMPAIGN
NORTHWEST OTTAWA COUNTY CHAMBER FOUNDATION - 1 S HARBOR DR STE 4 - GRAND HAVEN, MI 49417-1382	38-3163993	501(C)(3)	12,689.	0.			SPONSORSHIP - THE INFINITE GAME
NORTHWEST OTTAWA RECREATION AUTHORITY - 1415 S BEECHTREE ST - GRAND HAVEN, MI 49417-2843	83-3685078	501(C)(3)	11,384.	0.			RECREATION SUMMER SCHOOL
OAKRIDGE PUBLIC SCHOOLS 275 S WOLF LAKE RD MUSKEGON, MI 49442	38-1714401	501(C)(3)	7,689.	0.			WIRELESS & FLIGHT TECHNOLOGIES CLASS (2023)
OLD TOWN HOT SPRINGS (STEAMBOAT SPRINGS HEALTH & RECREATION ASSOCIATION) - PO BOX 771211 - STEAMBOAT SPRINGS, CO 80477	84-0328030	115	10,813.	0.			OLD TOWN HOT SPRINGS GENERAL SUPPORT

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OPERATION MOBILIZATION PO BOX 444 TYRONE, GA 30290-0444	22-2513811	501(C)(3)	30,000.	0.			OM INTERNATIONAL MINISTRY
OPPORTUNITY THRIVE 156 W 39TH ST. HOLLAND, MI 49423	82-2726585	501(C)(3)	45,000.	0.			EDUCATOR WELLNESS COACHING PROGRAM 2023-2024 (2023)
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT - ATTN: BUSINESS SERVICES 13565 PORT SHELDON ST - HOLLAND, MI 49424-9241	38-1709520	501(C)(3)	6,250.	0.			FESTIVAL OF ARTS
OTTAWA COUNTY PARKS AND RECREATION DEPARTMENT - 12220 FILLMORE ST - WEST OLIVE, MI 49460-8986	38-6004883	115	5,659.	0.			THE IDEMA EXPLORERS TRAIL AT GRAND RAVINES COUNTY PARK ATTN: JASON SHAMBLIN
OTTAWA COUNTY PARKS FOUNDATION P.O. BOX 314 WEST OLIVE, MI 49460	81-1601681	501(C)(3)	14,516.	0.			SUPPORT OF THE OTTAWA COUNTY PARKS FOUNDATION
OUTDOOR DISCOVERY CENTER 4214 56TH ST HOLLAND, MI 49423	38-2461102	501(C)(3)	15,450.	0.			"HOW TO EAT A RAINBOW" HEALTHY SNACK SUMMER PROGRAM (2023)
PARADISE BOUND MINISTRIES PO BOX 80 ZEELAND, MI 49464-0080	38-3369941	501(C)(3)	10,250.	0.			ACTION BIBLES
PATH OF GRACE, INC. 2725 1ST STREET WAYLAND, MI 49348	84-3302233	501(C)(3)	20,000.	0.			GENERAL OPERATING
PINE REST CHRISTIAN MENTAL HEALTH SERVICES - PO BOX 165 - GRAND RAPIDS, MI 49501-0165	38-1368360	501(C)(3)	26,000.	0.			\$10,000 PATIENT ASSISTANCE FUND \$15,000 FOUNDATION ENDOWMENT

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POLKTON CHARTER TOWNSHIP 6900 ARTHUR DR W COOPERSVILLE, MI 49404-9791	38-2720880	501(C)(3)	12,099.	0.			REIMBURSEMENT FOR THE COST OF FLOORING, BOOKCASE, COAT RACK, SHELF LABOR, AND
POSITIVE OPTIONS - LAKESHORE 700 WASHINGTON AVE STE 130 GRAND HAVEN, MI 49417-1469	38-3046882	115	7,950.	0.			GENERAL SUPPORT
REETHS-PUFFER SCHOOLS 991 W. GILES RD. MUSKEGON, MI 49445	38-1816725	501(C)(3)	7,500.	0.			STEM PROGRAM 5TH AND 6TH GRADE (2023)
REMEMBRANCE RANCH PO BOX 113 ALLENDALE, MI 49401-0113	20-5019866	501(C)(3)	10,000.	0.			GREATEST NEED
RESILIENCE: ADVOCATES FOR ENDING VIOLENCE - 411 BUTTERNUT DR - HOLLAND, MI 49424-1503	38-2181204	501(C)(3)	61,888.	0.			RESILIENCE EXECUTIVE DIRECTOR SEARCH (2023-2024)
RESONATE GLOBAL MISSIONS - CHRISTIAN REFORMED CHURCH - 1700 28TH ST SE - GRAND RAPIDS, MI 49508-1414	38-1505621	501(C)(3)	31,507.	0.			GENERAL OPERATIONS
RESURRECTION LIFE FULL GOSPEL CHURCH - 5100 IVANREST AVE SW - WYOMING, MI 49418	23-7025391	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RIC VANWEELDEN MUSIC FUND 1447 WASHINGTON AVE. GRAND HAVEN, MI 49417	16-1659366	501(C)(3)	25,000.	0.			GRAND HAVEN FREE FRIDAY NIGHTS
RIGHT TO LIFE OF MICHIGAN EDUCATIONAL FUND - 2340 PORTER ST SW - GRAND RAPIDS, MI 49519-2261	38-2647413	501(C)(3)	10,317.	0.			EDUCATION

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RONALD MCDONALD HOUSE OF WESTERN MICHIGAN, INC. - 1323 CEDAR ST NE - GRAND RAPIDS, MI 49503-1326	38-2781170	501(C)(3)	23,500.	0.			MORE ROOMS MORE LOVE (2023)
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	15,000.	0.			TURKEY - EARTHQUAKE RELIEF
SECOND CHRISTIAN REFORMED CHURCH OF GRAND HAVEN - 2021 SHELDON RD - GRAND HAVEN, MI 49417-2551	38-1747900	501(C)(3)	20,401.	0.			GENERAL OPERATING SUPPORT
SECOND REFORMED CHURCH OF GRAND HAVEN - 1000 WAVERLY AVE - GRAND HAVEN, MI 49417-2249	38-1722342	501(C)(3)	19,785.	0.			GENERAL OPERATING SUPPORT
SOUP FOR ALL INC DBA HOMELESS PREVENTION PARTNERS - 17190 VANWAGONER RD - SPRING LAKE, MI 49456	84-3936180	501(C)(3)	7,000.	0.			SUPPORT SOUP FOR ALL EVENT
SPRING LAKE CHRISTIAN REFORMED CHURCH - 364 S LAKE AVE - SPRING LAKE, MI 49456-1972	38-1722443	501(C)(3)	16,749.	0.			GENERAL OPERATIONS
SPRING LAKE CREW CLUB, INC 250 WASHINGTON AVE. GRAND HAVEN, MI 49417	47-2264599	501(C)(3)	5,750.	0.			GENERAL SUPPORT OF FUND
SPRING LAKE DISTRICT LIBRARY 123 E EXCHANGE ST SPRING LAKE, MI 49456-2018	35-1920511	501(C)(3)	353,810.	0.			MAKERSPACE ROOM FOR YOUTH (2023)
SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND ST SPRING LAKE, MI 49456-2064	38-6003347	501(C)(3)	16,904.	0.			FREE OR SUBSIDIZED ANNUAL FAMILY MEMBERSHIPS FOR THE SPRING LAKE FITNESS AND AQUATIC CENTER

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SPRING LAKE PUBLIC SCHOOLS FOUNDATION - 345 HAMMOND ST - SPRING LAKE, MI 49456-2064	38-2480733	115	94,589.	0.			SPRING FUNDRAISER
ST. JOHN'S EPISCOPAL CHURCH 524 WASHINGTON AVE GRAND HAVEN, MI 49417-1455	38-6074254	501(C)(3)	6,548.	0.			THE ADVANCEMENT OF CHRISTIAN EDUCATION FOR YOUTH AT ST. JOHN'S E.G. PURCHASING CURRICULUM
ST. JOSEPH'S INDIAN SCHOOL 1301 N. MAIN ST. PO BOX 89 CHAMBERLAIN, SD 57325	46-0235912	501(C)(3)	62,110.	0.			GENERAL SUPPORT
SUSAN MAST ALS FOUNDATION 2500 WALDORF CT NW STE B GRAND RAPIDS, MI 49544-1416	81-2588497	501(C)(3)	15,000.	0.			GENERAL OPERATING
THE JOURNEY COMMUNITY CHURCH 5660 S QUARTERLINE RD MUSKEGON, MI 49444-9734	38-3684071	501(C)(3)	185,730.	0.			GENERAL SUPPORT
THE LITTLE RED HOUSE 311 E EXCHANGE ST SPRING LAKE, MI 49456-2022	35-2119160	501(C)(3)	16,762.	0.			SUPPORT GENERAL OPERATIONS
THE PEOPLE CENTER PO BOX 311 SPRING LAKE, MI 49456-0311	38-3292322	501(C)(3)	30,249.	0.			ASSIST CLIENTS WITH SECURITY DEPOSITS
THE SALVATION ARMY - GRAND HAVEN 310 N. DESPELDER ST. GRAND HAVEN, MI 49417-1114	22-2406433	501(C)(3)	162,494.	0.			GENERAL SUPPORT
TRI CITIES AREA HABITAT FOR HUMANITY, INC - PO BOX 707 - GRAND HAVEN, MI 49417-0707	38-2885443	501(C)(3)	30,196.	0.			GENERAL OPERATIONS

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TRI-CITIES ALANO CLUB 419 FULTON AVE GRAND HAVEN, MI 49417-1233	23-7382395	501(C)(3)	10,850.	0.			RAMP REPLACEMENT/UPGRADE
TRI-CITIES BROADCASTING FOUNDATION 1097 JACKSON AVE STE C GRAND HAVEN, MI 49417-1172	46-5018814	501(C)(3)	25,606.	0.			REPLACING WORN OUT AND IN SOME CASES, FAILING BROADCASTING EQUIPMENT (2023)
TRI-CITIES FAMILY YMCA 1 Y DR GRAND HAVEN, MI 49417-1768	38-1717502	501(C)(3)	618,475.	0.			Y FOR ALL: A CAPITAL IMPROVEMENT PROJECT TO HONOR OUR LEGACY AND BUILD OUR FUTURE (2023)
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	67,211.	0.			GENERAL SUPPORT
TRI-CITIES KIWANIS FOUNDATION P.O. BOX 571 GRAND HAVEN, MI 49417	45-3820755	501(C)(3)	7,002.	0.			2023 CIRCUS SPONSORSHIP
TRI-CITIES PUENTES INITIATIVE 524 WASHINGTON AVE. GRAND HAVEN, MI 49417	86-2223508	501(C)(3)	105,000.	0.			TRI-CITIES PUENTES - EXECUTIVE DIRECTOR POSITION (2023)
TRINITY HEALTH AT HOME - GRAND HAVEN (HOSPICE OF NORTH OTTAWA COMMUNITY) - 1027 S BEACON BLVD. - GRAND HAVEN, MI 49417	38-2370192	501(C)(3)	13,079.	0.			GENERAL SUPPORT
TRINITY HEALTH GRAND HAVEN (NOCHS) ATTN: KIEU BERGMAN 1309 SHELDON RD GRAND HAVEN, MI 49417-2404	38-3330803	501(C)(3)	7,799.	0.			PREP WORK BOOKS FOR 26 CLINICIANS FOR HOSPICE AND PALLIATIVE CARE CERTIFICATION - REMAINING
UNITED METHODIST CHURCH COOPERSVILLE - 105 68TH AVE N - COOPERSVILLE, MI 49404-9704	38-6073328	501(C)(3)	11,617.	0.			COOPERSVILLE UNITED METHODIST CHURCH BUILDING MAINTENANCE AND IMPROVEMENTS

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
UNITED METHODIST CHURCH OF THE DUNES - 717 SHELDON RD - GRAND HAVEN, MI 49417-1860	38-1565341	501(C)(3)	19,337.	0.			FOR GENERAL FUND
UNITED WAY OF OTTAWA & ALLEGAN COUNTIES - PO BOX 1349 - HOLLAND, MI 49422-1349	38-3522782	501(C)(3)	174,764.	0.			OPERATIONS OF THE VOLUNTEER CENTER
URBAN APOSTOLIC NETWORK CHURCH 1301 N BURDICK ST KALAMAZOO, MI 49007	46-5268438	501(C)(3)	8,100.	0.			HESED COMMUNITY CHURCH, ATTN: MARK AND KRISTEN VAN ANDEL
VERVE CHURCH 7950 W. WINDMILL LANE LAS VEGAS, NV 89113	26-3659988	501(C)(3)	123,820.	0.			GENERAL SUPPORT
VILLAGE OF SPRING LAKE 102 W SAVIDGE ST SPRING LAKE, MI 49456-3401	38-6007205	501(C)(3)	27,162.	0.			SUPPORT REIMBURSEMENT FOR FORESTRY EXPENSES IN 2021 AND 2022
WALDEN GREEN MONTESSORI SCHOOL 17339 ROOSEVELT RD SPRING LAKE, MI 49456-1253	38-3227982	115	8,000.	0.			STEM PROGRAMMING K-8TH GRADE (2023)
WCSG RADIO - CORNERSTONE COLLEGE 3181 BRADFORD ST. NE GRAND RAPIDS, MI 49525	38-1443369	501(C)(3)	16,000.	0.			SPRING SHARATHON MATCHING GIFT
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 49440-1268	38-6092131	501(C)(3)	43,440.	0.			LINK UP BEGINNER MUSIC EDUCATION PROGRAM (2023)
WEST MICHIGAN TRAILS/GREENWAYS COALITION - 1345 MONROE AVE NW SUITE 244 - GRAND RAPIDS, MI 49505	20-2362857	501(C)(3)	8,500.	0.			WEST MICHIGAN TRAILS MASTER TRAILS PLAN (2023)

Schedule I (Form 990)



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

Schedule I (Form 990)

23-7108776

Page 1

<b>Part II</b> 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
WGVU PUBLIC MEDIA-GRAND VALLEY STATE UNIVERSITY - PO BOX 1668 - GRAND RAPIDS, MI 49501-1668	38-6086770	501(C)(3)	5,217.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER GRAND RAPIDS - 816 MADISON AVE SE - GRAND RAPIDS, MI 49507	38-2008886	501(C)(3)	50,000.	0.			NEW BEGINNINGS FOR JUSTICE-INVOLVED WOMEN (2023)
WORLD RENEW 8970 BYRON COMMERCE DR. SW GRAND RAPIDS, MI 49315	38-1708140	501(C)(3)	10,000.	0.			GENERAL OPERATING

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	220	659,150.	0.		

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

PART I, LINE 2:

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

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

**Part IV** Supplemental Information

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

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

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

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FERRY ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURCHASE OF CLOTHING,  
EYEGLASSES, THERAPY, FIELD TRIP EXPENSES, FOOD OR ANY OTHER UNMET NEED  
THAT THE PRINCIPAL DEEMS STUDENTS OF FERRY ELEMENTARY REQUIRE

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: PENDALOUAN 100 YEAR ANNIVERSARY  
CAMPAIGN - CREATING MUSKEGON LEADERS THROUGH INCREASED INCLUSIVITY

NAME OF ORGANIZATION OR GOVERNMENT: POLKTON CHARTER TOWNSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR THE COST OF  
FLOORING, BOOKCASE, COAT RACK, SHELF LABOR, AND MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ADVANCEMENT OF CHRISTIAN  
EDUCATION FOR YOUTH AT ST. JOHN'S E.G. PURCHASING CURRICULUM MATERIALS,  
CLASSROOM SUPPLIES; PROVIDING ASSISTANCE FOR CHILDREN TO TRAVEL ON  
MISSION TRIPS, ATTEND THE DIOCESE SUMMER CAMPS, AND VACATION BIBLE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY HEALTH GRAND HAVEN (NOCHS)

(H) PURPOSE OF GRANT OR ASSISTANCE: PREP WORK BOOKS FOR 26 CLINICIANS  
FOR HOSPICE AND PALLIATIVE CARE CERTIFICATION - REMAINING TO SUPPORT  
CERTIFICATION FEES

NAME OF ORGANIZATION OR GOVERNMENT: WALK THE BEAT

(H) PURPOSE OF GRANT OR ASSISTANCE: RIC V FUND. THIS ORGANIZATION



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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)	252,504.	17,041.	600.	19,570.	27,714.	317,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER RIKER V.P. ADVANCEMENT & DONOR S	(i)	137,943.	0.	600.	10,810.	20,161.	169,514.	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)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://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 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	45	1,353,465.	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**

	Yes	No
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 3 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.		

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

Schedule M (Form 990) 2023

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number	23-7108776
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FORM 990, 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15B:  
EVALUATION PROCESS FOR OFFICERS AND KEY EMPLOYEES IS NOT APPLICABLE SINCE OTHER OFFICERS OF THE ORGANIZATION ARE NOT COMPENSATED AND THE ORGANIZATION HAS NO KEY EMPLOYEES.  
THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2024.

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 <b>GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>23-7108776</b>
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ARTICLES OF INCORPORATION

BYLAWS

INTERNAL REVENUE SERVICE DETERMINATION LETTERS

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

PUBLISHED ANNUAL REPORT

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

PAMPHLETS

BROCHURES

NEWSLETTERS

NEWS RELEASES.

PROCEDURE:

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

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

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

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



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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, 6 SHERMAN AVE, 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, 6 SHERMAN AVE, GRAND HAVEN, MI 49417	ASSIST DONORS IN FULFILLING THEIR PHILANTHROPIC & CHARITABLE	MICHIGAN	501(C)(3)	LINE 12A, I	GRAND HAVEN AREA COMMUNITY FOUNDATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LJ MIDGE VERPLANK COMMUNITY IMPACT FUND - 85-1633335, 6 SHERMAN AVE, GRAND HAVEN, MI 49417	ASSIST DONORS IN FULFILLING THEIR PHILANTHROPIC & CHARITABLE	MICHIGAN	501(C)(3)	LINE 12A, I	GRAND HAVEN AREA COMMUNITY FOUNDATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule R (Form 990) 2023

**SEE PART VII FOR CONTINUATIONS**





**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**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

Form **8822-B**  
 (Rev. December 2019)  
 Department of the Treasury  
 Internal Revenue Service

**Change of Address or Responsible Party - Business**

▶ Please type or print.  
 ▶ See instructions. ▶ Do not attach this form to your return.  
 ▶ Go to [www.irs.gov/Form8822B](http://www.irs.gov/Form8822B) for the latest information.

OMB No. 1545-1163

**Before you begin:** If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check **all** boxes this change affects.

- 1  Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2  Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3  Business location

<b>4a Business name</b> GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	<b>4b Employer identification number</b> 23-7108776
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**5 Old mailing address** (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.  
 ONE SOUTH HARBOR DRIVE  
 GRAND HAVEN MI 49417

Foreign country name	Foreign province/county	Foreign postal code
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**6 New mailing address** (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.  
 6 SHERMAN AVE.  
 GRAND HAVEN MI 49417

Foreign country name	Foreign province/county	Foreign postal code
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**7 New business location** (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.  
 6 SHERMAN AVE.  
 GRAND HAVEN MI 49417

Foreign country name	Foreign province/county	Foreign postal code
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**8 New responsible party's name**

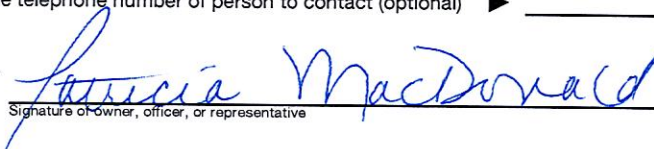
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**9 New responsible party's SSN, ITIN, or EIN.** (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)

**10 Signature.** Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ▶ \_\_\_\_\_

**Sign Here**

 <small>Signature of owner, officer, or representative</small>	9/5/2024 <small>Date</small>
VP FINANCE & ADMIN <small>Title</small>	