

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.

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2025**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC. Doing business as GRAND HAVEN AREA COMMUNITY FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6 SHERMAN AVE. City or town, state or province, country, and ZIP or foreign postal code GRAND HAVEN, MI 49417	D Employer identification number 23-7108776
	E Telephone number (616) 842-6378	
	G Gross receipts \$ 21,620,987	
	H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.	
	H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	J Website: WWW.GHACF.ORG	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1971	M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE FOUNDATION RECEIVES GIFTS, BEQUESTS, AND DONATIONS TO BE HELD IN TRUST AND ADMINISTERED 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.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	88
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,179,499	Current Year 7,748,439
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,272,021	6,127,079
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,451,520	13,875,518
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,826,939	9,597,844
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,629,083	1,525,336
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 609,313		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	794,668	808,144
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,250,690	11,931,324
19 Revenue less expenses. Subtract line 18 from line 12	7,200,830	1,944,194	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 192,887,178	End of Year 221,033,895
	21 Total liabilities (Part X, line 26)	425,308	546,015
	22 Net assets or fund balances. Subtract line 21 from line 20	192,461,870	220,487,880

Part II Signature Block

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

Sign Here	Signature of officer MARY CAROLE COTTER, CHAIRPERSON Type or print name and title	Date			
Paid Preparer Use Only	Preparer's name DAVID LOWENTHAL, CPA	Preparer's signature DAVID LOWENTHAL, CPA	Date 09/15/2026	Check ☐ if self-employed	PTIN P00378651
	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 33-1498605			
	Firm's address 2601 CAMBRIDGE CT. SUITE 300, AUBURN HILLS, MI 48326	Phone no. (248) 375-7100			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2025) Created 4/30/25

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

(SEE ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 \$ 10,221,345 including grants of \$ 9,597,844) (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 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

(SEE ON SCHEDULE O)

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 10,221,345

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 15	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	✓
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. 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	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MI**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
PATTY MACDONALD, 6 SHERMAN AVE, GRAND HAVEN, MI 49417, (616) 842-6378

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 dotted 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 & CEO	40.0 0.0			✓				279,661	0	55,923
(2) CHRISTOPHER RIKER V.P. ADVANCEMENT & DONOR SERVICES	40.0 0.0			✓				144,421	0	35,909
(3) PATRICIA MACDONALD V.P. FINANCE	40.0 0.0			✓				140,577	0	12,860
(4) HOLLY COLE VP GRANTS & PROGRAMS - PART YEAR	40.0 0.0			✓				91,288	0	16,818
(5) AMY MOORE VP GRANTS & PROGRAMS - PART YEAR	40.0 0.0			✓				27,167	0	10,353
(6) KEITH KONARSKA TRUSTEE/BOARD/CHAIR - PART YEAR	1.0 0.0	✓		✓				0	0	0
(7) MARY CAROLE COTTER TRUSTEE/VICE CHAIR/BOARD CHAIR	1.0 0.1	✓		✓				0	0	0
(8) NATALIA KOVIAK TRUSTEE/SECRETARY/VICE CHAIR	1.0 0.0	✓		✓				0	0	0
(9) ROB PEEL TRUSTEE/TREASURER	1.0 0.3	✓		✓				0	0	0
(10) BLAKE PHILLIPS TRUSTEE	1.0 0.0	✓						0	0	0
(11) BRANDON BROWN TRUSTEE	1.0 0.1	✓						0	0	0
(12) CINDY MOE TRUSTEE	1.0 0.0	✓						0	0	0
(13) DAVID SWAIN TRUSTEE	1.0 0.0	✓						0	0	0
(14) DEAN REISNER TRUSTEE/SECRETARY	1.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(15) <u>KELLEY LARSON</u>	<u>1.0</u>									
<u>TRUSTEE</u>	<u>0.0</u>	✓						<u>0</u>	<u>0</u>	<u>0</u>
(16) <u>PETER HAINES</u>	<u>1.0</u>									
<u>TRUSTEE</u>	<u>0.0</u>	✓						<u>0</u>	<u>0</u>	<u>0</u>
(17) <u>REYNA ORELLANA</u>	<u>1.0</u>									
<u>TRUSTEE</u>	<u>0.0</u>	✓						<u>0</u>	<u>0</u>	<u>0</u>
(18) <u>SHIRLEY WOODRUFF</u>	<u>1.0</u>									
<u>TRUSTEE - PART YEAR</u>	<u>0.1</u>	✓						<u>0</u>	<u>0</u>	<u>0</u>
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								683,114	0	131,863
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								683,114	0	131,863

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
<u>NONE</u>		

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	42,090			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,706,349			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 326,541			
	h	Total. Add lines 1a-1f		7,748,439			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
g	Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,401,275			4,401,275
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	1,725,804	0			
	d	Net gain or (loss)		1,725,804			1,725,804
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions			13,875,518	0	0	6,127,079

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,873,168	8,873,168		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	724,676	724,676		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	335,584	100,675	134,234	100,675
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	919,397	302,696	344,716	271,985
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,534	19,568	28,365	20,601
9 Other employee benefits	121,261	34,662	50,149	36,450
10 Payroll taxes	80,560	24,534	31,512	24,514
11 Fees for services (nonemployees):				
a Management				
b Legal	18,407		18,407	
c Accounting	56,148		56,148	
d Lobbying	2,700		2,700	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	105,368		105,368	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	36,481			36,481
13 Office expenses	42,348	11,182	20,831	10,335
14 Information technology	106,261	34,524	43,939	27,798
15 Royalties				
16 Occupancy				
17 Travel	19,179	3,416	13,739	2,024
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,941	36,211	58,657	6,073
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	133,628		133,628	
23 Insurance	12,566	4,083	5,196	3,287
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FACILITY EXPENSES	69,755	22,663	28,844	18,248
b PUBLIC RELATIONS	25,497			25,497
c DUES & SUBSCRIPTIONS	16,443	5,342	6,799	4,302
d AFFILIATED EXPENSES	16,038	8,019		8,019
e All other expenses	46,384	15,926	17,434	13,024
25 Total functional expenses. Add lines 1 through 24e	11,931,324	10,221,345	1,100,666	609,313
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	738,255	1	3,016,775
	2 Savings and temporary cash investments	7,373,275	2	8,273,082
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	169,539	9	99,155
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,819,666		
	b Less: accumulated depreciation	10b 303,629		
		3,640,330	10c	3,516,037
	11 Investments—publicly traded securities	176,312,240	11	201,311,427
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	4,653,539	13	4,817,419
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 33)	192,887,178	16	221,033,895
Liabilities	17 Accounts payable and accrued expenses	113,876	17	5,595
	18 Grants payable	230,527	18	461,985
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	80,905	25	78,435
	26 Total liabilities. Add lines 17 through 25	425,308	26	546,015
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	192,461,870	27	220,487,880
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	192,461,870	32	220,487,880
	33 Total liabilities and net assets/fund balances	192,887,178	33	221,033,895

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,875,518
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,931,324
3	Revenue less expenses. Subtract line 2 from line 1	3	1,944,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	192,461,870
5	Net unrealized gains (losses) on investments	5	26,081,816
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	220,487,880

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		✓
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. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
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		

Form **990** (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization

GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Employer identification number

23-7108776

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,734,444	11,838,034	7,786,941	7,179,499	7,748,439	47,287,357
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 Total. Add lines 1 through 3	12,734,444	11,838,034	7,786,941	7,179,499	7,748,439	47,287,357
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,511,610
6 Public support. Subtract line 5 from line 4						31,775,747

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	12,734,444	11,838,034	7,786,941	7,179,499	7,748,439	47,287,357
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,004,519	3,055,745	3,940,304	4,148,873	4,401,275	18,550,716
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						65,838,073
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	48.26 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	48.34 %
16a 33¹/₃% support test—2025. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☒	
b 33¹/₃% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2025. 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—2024. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
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? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021 . . .			
b Excess from 2022 . . .			
c Excess from 2023 . . .			
d Excess from 2024 . . .			
e Excess from 2025 . . .			

Schedule A (Form 990) 2025

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. January 2025)
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 for the latest information.

OMB No. 1545-0047

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 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number 23-7108776
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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		\$ 1,445,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 600,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 500,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 500,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 500,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 400,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 182,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 157,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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

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

Name of organization

GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Employer identification number

23-7108776

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) 23-7108776
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions \$
- Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ No
- b** If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990) 2025 Created 7/1/25

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2025

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		✓	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?		✓	
e	Publications, or published or broadcast statements?		✓	
f	Grants to other organizations for lobbying purposes?		✓	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		2,700
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i	Other activities?		✓	
j	Total. Add lines 1c through 1i			2,700
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE PRESIDENT & CEO ATTENDED FOUNDATIONS ON THE HILL AND MET WITH REPRESENTATIVES AND LEGISLATORS WITH DISTRICTS IN MICHIGAN TO CO-SPONSOR THE BI-PARTISAN CHARITABLE ACT (H.R. 801 / S.317).

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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	218	24
2 Aggregate value of contributions to (during year)	3,430,414	2,656,533
3 Aggregate value of grants from (during year)	3,648,299	2,358,983
4 Aggregate value at end of year	36,421,627	2,462,144
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?	☒ Yes ☐ 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?	☒ Yes ☐ 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 \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	108,644,626	106,558,637	91,306,127	108,657,493	92,267,791
b Contributions	8,937,709	6,477,210	7,484,022	10,958,570	5,683,506
c Net investment earnings, gains, and losses	18,446,477	15,295,345	16,578,157	(18,144,889)	14,824,361
d Grants or scholarships	9,953,474	10,510,182	8,311,820	8,993,871	2,838,710
e Other expenditures for facilities and programs		9,000,000			
f Administrative expenses	1,474,416	176,384	497,849	1,171,176	1,279,455
g End of year balance	124,600,922	108,644,626	106,558,637	91,306,127	108,657,493

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 100.00 %

b Permanent endowment 0.00 %

c Term endowment 0.00 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		550,428		550,428
b Buildings		2,243,782	135,489	2,108,293
c Leasehold improvements		404,213	55,128	349,085
d Equipment		311,217	44,310	266,907
e Other		310,026	68,702	241,324
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,516,037

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (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) _____		
Total. (Column (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) _____	
Total. (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	78,435
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	78,435

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	TO BUILD A PERMANENT COMMUNITY ENDOWMENT COMMITTED TO IMPROVING AND ENHANCING THE QUALITY OF LIFE IN THE TRI-CITIES AREA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Employer identification number

23-7108776

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGEWELL SERVICES OF WEST MICHIGAN 275 WEST CLAY AVE #100, MUSKEGON, MI 49440	38-2033822	501C3	22,000				GENERAL OPERATING
(2) ALL BELONG CENTER 4340 BURLINGAME AVE SW, WYOMING, MI 49509	38-2619844	501C3	10,000				GENERAL OPERATING
(3) ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE, ALLENDALE, MI 49401-8429	38-1560740	501C3	142,613				GENERAL OPERATING
(4) ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LN, ALLENDALE, MI 49401-8619	38-6003258	501C3	8,395				GENERAL OPERATING
(5) ALMA COLLEGE 614 W SUPERIOR ST, ALMA, MI 48801-1599	38-1359083	501C3	5,000				SCHOLARSHIP SUPPORT
(6) ALPHA GRAND RAPIDS 1725 DIVISION AVE S, GRAND RAPIDS, MI 49507	38-2867495	501C3	10,000				GENERAL OPERATING
(7) ALTAR FLY FISHING 21W186 BRIARCLIFF RD, LOMBARD, IL 60148	84-3052840	501C3	10,000				GENERAL SUPPORT
(8) AMERICAN CANCER SOCIETY - OKLAHOMA PO BOX 720366, OKLAHOMA CITY, OK 73172-0366	13-1788491	501C3	14,255				(SEE STATEMENT)
(9) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE, DALLAS, TX 75231	13-5613797	501C3	11,867				(SEE STATEMENT)
(10) ARBOR CIRCLE 412 CENTURY LN, HOLLAND, MI 49423-4285	38-3263853	501C3	15,600				GENERAL OPERATING
(11) ARISE RWANDA MINISTRIES USA INC 9613 OLD FARM ROAD, WOODWAY, TX 76712-6402	88-3306938	501C3	22,500				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 186

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.

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	206	724,676			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ARTHRITIS FOUNDATION MICHIGAN 1355 PEACHTREE ST NE SUITE 600, ATLANTA, GA 30309	58-1341679	501C3	11,867				GENERAL OPERATIONS FOR OTTAWA COUNTY
(13) ASSOCIATION FOR A MORE JUST SOCIETY PO BOX 888631, GRAND RAPIDS, MI 49588-8631	36-4380344	501C3	10,000				GENERAL
(14) BARNABAS FOUNDATION 3801 EAGLE NEST DR # B, CRETE, IL 60417-1993	36-2904503	501C3	20,000				ELIM CHRISTIAN SERVICES ENDOWMENT FUND
(15) BEFORE THE LINKS INC 178 WOODDED VINE DR, WINTER SPRINGS, FL 32708-0035	93-2724051	501C3	5,000				GENERAL OPERATING SUPPORT
(16) BENJAMIN'S HOPE 15468 RILEY ST, HOLLAND, MI 49424-6120	74-3153382	501C3	9,000				GENERAL OPERATING
(17) BERISTA INC. 620 CLINTON AVE, GRAND HAVEN, MI 49417-1429	86-3748383	501C3	15,186				GENERAL OPERATING
(18) BLUEBIRD CANCER RETREATS 201 WASHINGTON AVE STE 200, GRAND HAVEN, MI 49417-1373	38-3380540	501C3	9,880				GENERAL OPERATING
(19) BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE PO BOX 1018, MUSKEGON, MI 49443-1018	61-1736056	501C3	11,500				10TH ANNUAL GREAT FUTURES GALA; GENERAL SUPPORT
(20) BRIDGE STREET HOUSE OF PRAYER 1034 BRIDGE ST NW, GRAND RAPIDS, MI 49504-5061	26-2868231	501C3	15,000				GENERAL
(21) CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE, GRAND RAPIDS, MI 49546-4387	38-3001876	501C3	27,250				TUITION ASSISTANCE; GENERAL SUPPORT
(22) CALVIN UNIVERSITY 3201 BURTON ST SE, GRAND RAPIDS, MI 49546-4388	38-3071514	501C3	36,441				GENERAL OPERATING
(23) CAMP BLODGETT 528 BRIDGE STREET NW SUITE 6, GRAND RAPIDS, MI 49504	38-6004379	501C3	53,250				GENERAL OPERATING
(24) CAMP SUNSHINE 291 W. LAKEWOOD BLVD SUITE G, HOLLAND, MI 49423	38-3444227	501C3	27,500				GENERAL SUPPORT
(25) CHAMBER ALLIANCE OF MASON COUNTY C/O DOWNTOWN LUDINGTON BOARD 119 S RATH AVE, LUDINGTON, MI 49431	20-0933961	501C3	5,000				OFFSHORE CLASSIC FISHING TOURNAMENT
(26) CHILDREN'S ADVOCACY CENTER 12125 UNION ST, HOLLAND, MI 49424-8603	38-3445089	501C3	44,500				GENERAL OPERATING
(27) CHRISTIAN HAVEN HOME 704 PENNOYER AVE, GRAND HAVEN, MI 49417	38-1658800	501C3	7,397				GENERAL OPERATIONS

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(28) CHURCH OF THE SAVIOUR 180 - 68TH AVE., COOPERSVILLE, MI 49404	38-2522316	501C3	15,869				GENERAL OPERATING SUPPORT
(29) CITY OF COOPERSVILLE 289 DANFORTH ST, COOPERSVILLE, MI 49404-1204	38-6007172	1115	12,552				GENERAL OPERATING
(30) CITY OF COOPERSVILLE RECREATION DEPARTMENT 289 DANFORTH ST, COOPERSVILLE, MI 49404	38-6007172	1115	5,114				THE RECREATIONAL NEEDS OF THE CITIZENS OF COOPERSVILLE
(31) CITY OF FERRYSBURG PO BOX 38, FERRYSBURG, MI 49409-0038	38-1724041	501C3	71,289				COMMUNITY GARDEN FENCE; MATCHING DONATION FOR DUNES PRESERVE; FIRE BARN PARK
(32) CITY OF GRAND HAVEN 519 WASHINGTON AVE, GRAND HAVEN, MI 49417-1454	38-6004687	1115	434,542				GENERAL OPERATING
(33) CLARK RETIREMENT COMMUNITY FOUNDATION 1551 FRANKLIN ST SE OFC, GRAND RAPIDS, MI 49506-3385	38-3236052	501C3	5,000				GOLF SPONSORSHIP
(34) COAST GUARD FESTIVAL, INC. 113 N 2ND ST, GRAND HAVEN, MI 49417-1204	38-2392448	501C3	113,500				GENERAL OPERATING
(35) COMMUNITY FOUNDATION FOR MUSKEGON COUNTY 425 W WESTERN AVE STE 200, MUSKEGON, MI 49440-1185	38-6114135	501C3	95,800				GENERAL OPERATING
(36) COOPERSVILLE AREA DISTRICT LIBRARY 333 OTTAWA ST, COOPERSVILLE, MI 49404-1243	38-1884904	1115	13,077				GENERAL OPERATING
(37) COOPERSVILLE AREA HISTORICAL SOCIETY PO BOX 50, COOPERSVILLE, MI 49404	38-2386057	501C3	17,510				GENERAL OPERATING
(38) COOPERSVILLE AREA PUBLIC SCHOOLS 198 EAST ST, COOPERSVILLE, MI 49404-1211	38-6003329	1115	25,765				GENERAL OPERATING
(39) COOPERSVILLE CARES, INC. PO BOX 214, COOPERSVILLE, MI 49404	38-2978248	501C3	16,774				GENERAL OPERATING
(40) COOPERSVILLE FARM MUSEUM 375 MAIN ST., COOPERSVILLE, MI 49404-1234	20-2297381	501C3	118,217				GENERAL OPERATING
(41) COVENANT LIFE CHURCH - GRAND HAVEN 101 COLUMBUS AVE, GRAND HAVEN, MI 49417-1223	38-2794856	501C3	84,664				GENERAL OPERATING
(42) CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801, BLOOMFIELD HILLS, MI 48303-0801	38-2015048	501C3	10,000				GENERAL SUPPORT CRANBROOK SCHOOLS FUND

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(43) DISCOVERY CHURCH - KENTWOOD 7245 EASTERN AVE SE, KENTWOOD, MI 49508-7469	38-3016181	501C3	21,400				GENERAL FUND; MISSIONS FUND
(44) EARTH UNIVERSITY FOUNDATION 151 ELLIS ST NE FL 1, ATLANTA, GA 30303-2437	38-2920639	501C3	5,000				FOR SCHOLARSHIPS
(45) ELIM CHRISTIAN SERVICES 13020 S CENTRAL AVE, CRESTWOOD, IL 60418-2998	36-2276614	501C3	20,000				GENERAL OPERATING
(46) FEEDING AMERICA WEST MICHIGAN 3070 SHAFFER AVE SE, GRAND RAPIDS, MI 49512-1710	38-2439659	501C3	43,642				GENERAL OPERATING
(47) FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD, KANSAS CITY, MO 64129	44-0610626	501C3	10,000				FOR LAKESHORE/FRUITPORT MINISTRY
(48) FIGI JEZI 2166 ONEKAMA DR SE, GRAND RAPIDS, MI 49506	46-3465694	501C3	10,000				SUPPORT SCHOOL IN HAITI
(49) FIRST CHRISTIAN REFORMED CHURCH OF GRAND HAVEN 516 S FERRY ST, GRAND HAVEN, MI 49417-1965	38-1422422	501C3	92,240				GENERAL OPERATING
(50) FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN AVE, GRAND HAVEN, MI 49417-1496	38-1367309	501C3	206,315				GENERAL OPERATING
(51) FIRST PRESBYTERIAN CHURCH OF MUSKEGON 2577 WICKHAM DR, MUSKEGON, MI 49441-3182	23-6393377	501C3	5,000				GENERAL SUPPORT
(52) FIRST PRIORITY OF THE LAKESHORE 101 WASHINGTON AVE SUITE B PMB#173, GRAND HAVEN, MI 49417-1843	38-3334222	501C3	16,500				GENERAL OPERATING SUPPORT
(53) FIRST TEE WEST MICHIGAN 118 COMMERCE AVE SW 400, GRAND RAPIDS, MI 49503	20-3856394	501C3	8,000				FIRST TEE HOLLAND - GEOGRAPHIC EXPANSION
(54) FOCUS ON THE FAMILY PO BOX 3550, COLORADO SPRINGS, CO 80995-0001	95-3188150	501C3	12,733				GENERAL OPERATING SUPPORT
(55) FOUR POINTES CENTER FOR SUCCESSFUL AGING 1051 S BEACON BLVD, GRAND HAVEN, MI 49417-2607	38-1915121	501C3	18,942				GENERAL OPERATING
(56) FRIENDS OF KENYAN ORPHANS 18640 MACK AVE. STE. 1294, GROSSE POINTE PARK, MI 48236	26-4047939	501C3	7,500				GENERAL OPERATING
(57) FRIENDS OF KIBBUSE PO BOX 592, JENISON, MI 49429	46-4292949	501C3	10,000				KIBBUSE FOUNDATION OF UGANDA
(58) FRUITPORT COMMUNITY SCHOOLS 3255 PONTALUNA RD, FRUITPORT, MI 49415-8855	38-6002931	1115	11,084				THE ENHANCEMENT OF THE MUSIC PROGRAMS

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(59) GEN ONE PARENTING 9818 PERRY ST, ZEELAND, MI 49464	33-4877594	501C3	9,000				GEN ONE PARENTING BUILDING CAPACITY FOR SUSTAINABLE GROWTH AND IMPACT
(60) GEORGE WASHINGTON UNIVERSITY 1922 F ST NW # 202, WASHINGTON, DC 20052-0042	53-0196584	501C3	12,500				STUDENT AFFAIRS DEANS FUND
(61) GEORGETOWN HARMONY HOMES DBA HARMONY COMMUNITIES PO BOX 845, JENISON, MI 49429	38-3630168	501C3	15,000				GENERAL/GREATEST NEED
(62) GIRL SCOUTS OF MICHIGAN SHORE TO SHORE 3782 29TH ST SE, GRAND RAPIDS, MI 49512	38-1366924	501C3	31,307				GIRL SCOUT DREAMLAB; LEADERSHIP/DREAM LAB; GENERAL OPERATIONS
(63) GLOBAL VILLAGE PARTNERS 2848 BELLEGLADE CT SE, GRAND RAPIDS, MI 49546-8011	82-1315846	501C3	5,000				AS NEEDED
(64) GOSPEL MISSIONARY UNION (AVANT MINISTRIES) 10000 N OAK TRFY, KANSAS CITY, MO 64155-2010	44-0594428	501C3	10,000				ECHO RANCH BIBLE CAMP
(65) GRACE COMMUNITY CHURCH - HUDSONVILLE 3500 NEW HOLLAND ST, HUDSONVILLE, MI 49426-1644	38-1685502	501C3	5,000				NEXT GENERATION BUILDING FUND
(66) GRACIOUS GROUNDS PO BOX 393, SPRING LAKE, MI 49456-0393	46-4025239	501C3	155,250				GENERAL OPERATING
(67) GRAND HAVEN AREA PUBLIC SCHOOLS 1415 SOUTH BEECHTREE, GRAND HAVEN, MI 49417	38-6003290	501C3	59,585				GENERAL SUPPORT OF MUSIC PROGRAMS; CHILL PROGRAM; SCIENCE OLYMPIAD AND EARLY EDUCATION READING PROGRAMS
(68) GRAND HAVEN AREA PUBLIC SCHOOLS SPECIAL EDUCATION 1415 S BEECHTREE ST, GRAND HAVEN, MI 49417-2843	38-6003290	501C3	5,000				GENERAL SUPPORT OF SPECIAL EDUCATION
(69) GRAND HAVEN CHARTER TOWNSHIP 13300 168TH AVE, GRAND HAVEN, MI 49417-9440	38-1817417	1115	37,666				SCHMIDT HERITAGE PARK JOJO JOGGING TRAIL RELOCATION
(70) GRAND HAVEN CHILDREN'S MUSEUM 18611 WOODDUCK DR, SPRING LAKE, MI 49456-1199	88-4106720	501C3	14,021				GENERAL OPERATING
(71) GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVE, GRAND HAVEN, MI 49417-1998	38-1467641	501C3	473,461				GENERAL OPERATING
(72) GRAND HAVEN COMMUNITY GARDEN (C/O CITY OF GRAND HAVEN) 12449 NEWBRIDGE DRIVE, GRAND HAVEN, MI 49417	38-6004687	1115	5,000				GRAND HAVEN COMMUNITY GARDENS IMPROVEMENT PROJECT 2025

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(73) GRAND HAVEN HIGH SCHOOL ATHLETIC DEPT 17001 FERRIS ST, GRAND HAVEN, MI 49417-9441	38-6003290	501C3	20,388				9-12 GRADE GRAND HAVEN ATHLETIC PROGRAMS; PAY TO PLAY SCHOLARSHIPS; OUTSTANDING STUDENT ATHLETES WHO PLAY SOCCER; THE VARSITY OR JUNIOR VARSITY GIRLS GOLF TEAM
(74) GRAND HAVEN OFFSHORE CHALLENGE INC 18560 112TH AVE, NUNICA, MI 49448-9413	38-3594714	501C3	10,000				SUPPORT OFFSHORE FISHING CHALLENGE, FROM BAKERAUTOGROUP
(75) GRAND HAVEN PRIDE PO BOX 163, GRAND HAVEN, MI 49417	99-2396972	501C3	5,500				2025 GRAND HAVEN PRIDE FESTIVAL
(76) GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272, GRAND HAVEN, MI 49417-0272	38-3218960	501C3	158,559				GENERAL OPERATING
(77) GRAND RAPIDS CHAMBER FOUNDATION 250 MONROE AVE NW STE 150, GRAND RAPIDS, MI 49503-2283	38-0592500	501C6	75,000				ONGOING SUPPORT OF HOUSING NEXT PARTNERSHIP
(78) GRAND RAPIDS CHILDREN'S MUSEUM 11 SHELDON AVE NE, GRAND RAPIDS, MI 49503-3277	38-3088234	501C3	5,496				PLAYFUL MIND PROGRAMMING AND FIELD TRIP SCHOLARSHIPS; STATE OF PLAY
(79) GRAND RAPIDS SYMPHONY 300 OTTAWA AVE NW STE 100, GRAND RAPIDS, MI 49503-2314	38-6005447	501C3	12,000				BRAVO AWARDS; DONATION TO SUPPORT GRAND RAPIDS SYMPHONY'S "GATEWAY TO MUSIC" PROGRAMMING; THE GRAND RAPIDS YOUTH SYMPHONY AND CLASSICAL ORCHESTRA
(80) GRAND VALLEY PIANO CHAMBER SERIES PO BOX 6006, GRAND RAPIDS, MI 49516-6006	93-2865716	501C3	5,000				9/27/2025 PARKER QUARTET CONCERT WITH CENTRAL PARK PLACE
(81) GRAND VALLEY STATE UNIVERSITY 301 FULTON ST. WEST, GRAND RAPIDS, MI 49504	38-1684280	501C3	468,750				GENERAL OPERATING
(82) HABITAT FOR HUMANITY KENT COUNTY 1739 ELIZABETH AVE NW, GRAND RAPIDS, MI 49504	38-2527968	501C3	9,911				GENERAL SUPPORT
(83) HAND2HAND 306 CHICAGO DR., JENISON, MI 49428-9373	27-2973348	501C3	40,500				GENERAL OPERATING
(84) HANDS FOR HAITI 7421 W BLUE RD, LAKE CITY, MI 49651	45-3261733	501C3	10,000				GENERAL OPERATING
(85) HARBOR HOSPICE 1050 W WESTERN AVE STE 400, MUSKEGON, MI 49441-1666	38-2415247	501C3	7,500				FOR CAMP COURAGE; GENERAL SUPPORT
(86) HARBOR HUMANE SOCIETY 14345 BAGLEY ST, WEST OLIVE, MI 49460-9229	38-1623660	501C3	40,257				GENERAL OPERATING

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(87) HARK UP MINISTRIES 800 MONROE AVE NE STE. 322, GRAND RAPIDS, MI 49503	26-2611363	501C3	5,000				PRAISE BY THE PIER SUPPORT
(88) HARVEST CHURCH - GRAND HAVEN CAMPUS 12900 US-31, GRAND HAVEN, MI 49417		501C3	5,000				GENERAL SUPPORT
(89) HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW, GRAND RAPIDS, MI 49503-4106	38-1360923	501C3	125,127				GENERAL OPERATING
(90) HEARTLAND INDEPENDENT FILM FORUM INCORPORATED 2441 WESTWOOD ST, MUSKEGON, MI 49441	46-2854941	501C3	20,000				GENERAL SUPPORT
(91) HISPANIC CENTER OF WEST MICHIGAN 1204 CESAR E CHAVEZ AVE SW, GRAND RAPIDS, MI 49503-8032	38-2265825	501C3	35,500				2025 GRANT HAVEN FIESTA (FORMERLY TRI-CITIES PUENTES INITIATIVE); LOS AMIGOS SPONSORSHIP
(92) HOLTON PUBLIC SCHOOL 6477 SYERS RD, HOLTON, MI 49425-7508	38-6002948	1115	5,000				IXL READING AND MATH INTERVENTION PROGRAM; PBIS POSITIVE BEHAVIOR
(93) HUMANITY FOR PRISONERS PO BOX 687, GRAND HAVEN, MI 49417-0687	38-3620946	501C3	10,290				GENERAL OPERATING
(94) INLAND SEAS EDUCATION ASSOCIATION 101 DAME ST #218, SUTTONS BAY, MI 49682	38-2866234	501C3	30,000				CAMPAIGN FOR THE FUTURE OF GREAT LAKES EDUCATION; GENERAL SUPPORT
(95) INTERNATIONAL AID, INC. 3755 36TH ST SE, GRAND RAPIDS, MI 49512	58-2248383	501C3	7,208				PROGRAMMING
(96) JERICHO FOUNDATION PO 334, OSHTIMO, MI 49007	38-3575834	501C3	25,000				NIGHT OF HOPE
(97) JOYFUL NOISE CHILDCARE AND PRESCHOOL 508 FRANKLIN AVE, GRAND HAVEN, MI 49417-1496	38-1367309	501C3	10,000				JOYFUL NOISE FAMILY SUPPORT FUND; TODDLER ROOM BUILDING IMPROVEMENTS
(98) JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES 4090 LAKE DR SE, GRAND RAPIDS, MI 49546-2304	38-1557861	501C3	10,000				GENERAL SUPPORT
(99) KEYS FOR KIDS MINISTRIES 2060 43RD ST SE, GRAND RAPIDS, MI 49508	38-1675000	501C3	10,000				UKRAINE WAR VICTIMS
(100) KIDS' FOOD BASKET 1300 PLYMOUTH NE, GRAND RAPIDS, MI 49505	04-3760991	501C3	30,911				GENERAL SUPPORT
(101) KINGDOM LIFE CHURCH 1215 E APPLE AVE, MUSKEGON, MI 49442-3745		501C3	5,000				NEXT CHAPTERS SOLUTIONS
(102) KUYPER COLLEGE 3333 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525-9749	38-1368367	501C3	30,000				GENERAL OPERATING

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(103) LAKESHORE ADVANTAGE FOUNDATION 201 W. WASHINGTON AVENUE SUITE 410, ZEELAND, MI 49464	93-4666171	501C3	450,000				NEXT CENTER FOUNDATION SUPPORT; OTTAWA COUNTY HOUSING; POWERING OUR FUTURE CAMPAIGN
(104) LAMONT CHRISTIAN SCHOOL 5260 LEONARD ST, COOPERSVILLE, MI 49404-8714	38-1558421	501C3	44,775				GENERAL OPERATING
(105) LCC INTERNATIONAL FUND, INC. PO BOX 101787, PASADENA, CA 91189-1787	23-3015092	501C3	19,000				ANNUAL FUND; GENERAL SUPPORT
(106) LITTLE TRAVERSE CONSERVANCY 3264 POWELL RD, HARBOR SPRINGS, MI 49740-9469	23-7267810	501C3	5,000				STORM CLEANUP
(107) LOUIT DISTRICT LIBRARY 407 COLUMBUS AVE, GRAND HAVEN, MI 49417-1298	38-3551480	1115	269,000				GENERAL OPERATING
(108) LOVE IN ACTION 326 N FERRY ST STE A, GRAND HAVEN, MI 49417-1183	38-2856482	501C3	239,684				GENERAL OPERATING
(109) LOVE INC OF MUSKEGON COUNTY 1051 PECK ST, MUSKEGON, MI 49440-1318	38-2450507	501C3	5,000				LOVE CAFE; GENERAL SUPPORT
(110) MAKE A DIFFERENCE MINISTRIES PO BOX 5334, NORTH MUSKEGON, MI 49445	46-5320158	501C3	7,208				PROGRAMMING
(111) MARY FREE BED REHABILITATION HOSPITAL 235 WEALTHY ST SE, GRAND RAPIDS, MI 49503-5247	38-1359265	501C3	55,000				EXPANDING AND SUPPORTING MFB'S JR. WHEELCHAIR AND ADAPTIVE SPORTS CAMP; SUPPORTING CHILDREN THROUGH RECOVERY: CREATING A PEDIATRIC REHABILITATION HOSPITAL
(112) MARY FREE BED REHABILITATION HOSPITAL FOUNDATION 235 WEALTHY ST SE, GRAND RAPIDS, MI 49503-5247	46-1164285	501C3	10,956				OUTPATIENT TREATMENT ROOM AT JOAN SECCHIA CHILDREN'S REHABILITATION HOSPITAL
(113) MAYO CLINIC 200 FIRST ST SW, ROCHESTER, MN 55902	41-6011702	501C3	25,000				GENERAL SUPPORT
(114) MEL TROTTER MINISTRIES 225 COMMERCE AVE SW, GRAND RAPIDS, MI 49503-4191	38-1410467	501C3	23,500				FOOD; GENERAL SUPPORT
(115) MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - BE NICE 160 68TH ST. STE 120, GRAND RAPIDS, MI 49548	38-2822359	501C3	20,000				GENERAL SUPPORT
(116) MERCY HEALTH - MUSKEGON (DBA TRINITY HEALTH MUSKEGON) OFFICE OF PHILANTHROPY 6401 PRAIRIE ST STE 1000, NORTON SHORES, MI 49444	38-2589966	501C3	17,050				JOHNSON CANCER CENTER; THE FARM, NUTRITION BUDDIES
(117) MICHIGAN AVIATION EDUCATION FOUNDATION 21621 BRIARCLIFF ST, SAINT CLAIR SHORES, MI 48082-1299	38-3221833	501C3	9,000				SUPPORT ANNUAL GRANTS AND SCHOLARSHIPS

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(118) MICHIGAN POWER FUTBOL ACADEMY PO BOX 9983, WYOMING, MI 49509	83-1500926	501C3	5,000				SCHOLARSHIPS
(119) MIDWEST MINIATURES MUSEUM 20 SOUTH 5TH ST., GRAND HAVEN, MI 49417	90-0472256	501C3	250,000				FUTURE OPERATING EXPENSES; SUPPORT CONTINUED OPERATIONS OF THE MUSEUM
(120) MOMENTUM CENTER 401 N 7TH ST, GRAND HAVEN, MI 49417	61-1766666	501C3	38,631				GENERAL OPERATING
(121) MOSAIC COUNSELING 1703 S DESPELDER ST, GRAND HAVEN, MI 49417-2649	38-2216806	501C3	43,576				GENERAL OPERATING
(122) MULLIGAN'S HOLLOW SKI BOWL ASSOCIATION PO BOX 969, GRAND HAVEN, MI 49417-0969	27-1033904	501C3	26,279				TWO NEW RAILS FOR MULLIGANS HOLLOW PROJECT ; GENERAL SUPPORT
(123) MUSKEGON CLIPPERS 6850 NORTON PINES DR, NORTON SHORES, MI 49456	47-2023514	501C3	5,000				GENERAL SUPPORT
(124) MUSKEGON COMMUNITY COLLEGE 221 S QUARTERLINE RD, MUSKEGON, MI 49442-1493	38-2363598	501C3	6,249				AN EVENING WITH MCC; ATHLETIC SCHOLARSHIPS FOR STUDENT ATHLETES
(125) MUSKEGON HEIGHTS PUBLIC SCHOOL ACADEMY SYSTEM 2441 SANFORD STREET, MUSKEGON HEIGHTS, MI 49444	46-0557412	1115	5,000				ELEMENTARY STEAM PROGRAMS
(126) MUSKEGON MUSEUM OF ART 296 W WEBSTER AVE, MUSKEGON, MI 49440-1282	38-3402560	501C3	173,837				GENERAL OPERATING
(127) MUSKEGON PUBLIC SCHOOLS 1458 5TH ST, MUSKEGON, MI 49441	38-6002960	1115	6,000				GEOMETRY IN CONSTRUCTION & AMPED ON ALGEBRA 2025
(128) MUSKEGON RESCUE MISSION 2735 E APPLE AVE STE D, MUSKEGON, MI 49442-4482	38-3525239	501C3	12,867				THANKSGIVING SEASON; GENERAL SUPPORT; PROGRAMMING
(129) NOAH PROJECT 5205 AIRLINE RD, MUSKEGON, MI 49444-9727	38-3456850	501C3	5,500				GENERAL SUPPORT
(130) NORTH OTTAWA AMATEUR RADIO CLUB PO BOX 976, GRAND HAVEN, MI 49417-0976	47-5247558	501C3	5,000				GENERAL SUPPORT
(131) OAKRIDGE PUBLIC SCHOOLS 275 S WOLF LAKE RD, MUSKEGON, MI 49442	38-1714401	501C3	8,100				DESIGN, PRINT, INNOVATE: BUILDING TOMORROW WITH 3D PRINTING; STEM LASER CUTTER
(132) ODC NETWORK (OUTDOOR DISCOVERY CENTER) 4214 56TH ST, HOLLAND, MI 49423	38-2461102	501C3	271,750				GENERAL OPERATING
(133) OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT 13663 PORT SHELDON ST., HOLLAND, MI 49424-9241	38-1709520	501C3	19,639				PROGRAM SUPPORT

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(134) OTTAWA COUNTY PARKS FOUNDATION P.O. BOX 314, WEST OLIVE, MI 49460	81-1601681	501C3	73,567				GENERAL OPERATING
(135) OUT SIDE IN, INC. 12511 152ND AVE, GRAND HAVEN, MI 49417-8527	27-4898039	501C3	36,000				GENERAL OPERATING
(136) PALETTE AND CHISEL ACADEMY OF FINE ARTS 1012 N. DEARBORN, CHICAGO, IL 60610	36-2270698	501C3	8,000				COACH HOUSE REPAIR - MATCHING FUNDS
(137) PALM SPRINGS CULTURAL CENTER 2300 E BARISTO RD, PALM SPRINGS, CA 92262-7128	55-0914693	501C3	5,000				GENERAL OPERATING SUPPORT
(138) PINE REST CHRISTIAN MENTAL HEALTH SERVICES PO BOX 165, GRAND RAPIDS, MI 49501-0165	38-1368360	501C3	126,980				GENERAL OPERATING
(139) POLKTON CHARTER TOWNSHIP 6900 ARTHUR DR W, COOPERSVILLE, MI 49404-9791	38-2720880	1115	6,368				TO SUPPORT AND ENHANCE SHERIDAN PARK
(140) POSITIVE OPTIONS - LAKESHORE PREGNANCY CENTER, GRAND HAVEN 700 WASHINGTON AVE STE 130, GRAND HAVEN, MI 49417-1469	38-3046882	501C3	10,250				GENERAL OPERATING
(141) REACH FOR RECOVERY 483 CENTURY LN, HOLLAND, MI 49423-4286	38-1984739	501C3	12,675				OPERATION INTERNAL STABILIZATION; RECOVERY FEST 2025; GENERAL SUPPORT
(142) READ MUSKEGON PO BOX 1312, MUSKEGON, MI 49443	41-2176728	501C3	153,500				LEARN. TRANSFORM. THRIVE. - BUILDING A HOME FOR LITERACY; GENERAL SUPPORT
(143) READ OTTAWA 430 E 8TH ST #140, HOLLAND, MI 49423	27-0555320	501C3	10,050				GENERAL OPERATING
(144) REETHS-PUFFER SCHOOLS 991 W. GILES RD., MUSKEGON, MI 49445	38-1816725	1115	6,500				SUMMER ACCELERATION INTEGRATION OF STEM CAMP TO R-P
(145) REFRAME MINISTRIES 1700 28TH ST SE, GRAND RAPIDS, MI 49508	36-2284261	501C3	5,000				CHINESE MINISTRY
(146) REMEMBRANCE RANCH 6633 LAKE MICHIGAN DR STE B, ALLENDALE, MI 49401-9687	20-5019866	501C3	7,500				GREATEST NEED; SAMA CERTIFICATION TRAINING
(147) RESILIENCE: ADVOCATES FOR ENDING VIOLENCE 411 BUTTERNUT DR, HOLLAND, MI 49424-1503	38-2181204	501C3	23,739				GENERAL OPERATING
(148) RESONATE GLOBAL MISSIONS - CHRISTIAN REFORMED CHURCH 1700 28TH ST SE, GRAND RAPIDS, MI 49508-1414	38-1505621	501C3	11,867				GENERAL OPERATIONS
(149) RIPE FOR HARVEST P.O. BOX 62009, COLORADO SPRINGS, CO 80162	20-2322235	501C3	5,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(150) RIPPLE EFFECT 6561B LAKE MICHIGAN DR, ALLENDALE, MI 49401	81-2890142	501C3	8,000				BRIDGET'S HOUSE SUPPORT
(151) ROTARY CLUB OF COOPERSVILLE PO BOX 12, COOPERSVILLE, MI 49404	38-2720937	501C3	11,306				EXPENSES RELATED TO THE NORTH BANK TRAIL
(152) SAMARITAN'S PURSE PO BOX 3000, BOONE, NC 28607-3000	58-1437002	501C3	30,500				UKRAINE SUPPORT; WHERE NEEDED; GENERAL SUPPORT
(153) SAMARITAS 2080 UNION AVE SE, GRAND RAPIDS, MI 49507-3247	38-1360553	501C3	61,500				GENERAL OPERATING
(154) SCHOOL FOR A BEAUTIFUL LIFE PO BOX 1024, HOLLAND, MI 49422	93-1427601	501C3	5,000				GENERAL SUPPORT
(155) SECOND CHRISTIAN REFORMED CHURCH OF GRAND HAVEN 2021 SHELDON RD, GRAND HAVEN, MI 49417-2551	38-1747900	501C3	8,000				GENERAL FUND, CHRISTIAN EDUCATION FUND, PRAYER PARTNERS
(156) SECOND REFORMED CHURCH OF GRAND HAVEN 1000 WAVERLY AVE, GRAND HAVEN, MI 49417-2249	38-1722342	501C3	9,469				CHURCH BUILDING UPGRADES AND MISSIONS
(157) SPRING LAKE CHRISTIAN REFORMED CHURCH 364 S LAKE AVE, SPRING LAKE, MI 49456-1972	38-1722443	501C3	17,268				SPRING LAKE CHRISTIAN REFORMED CHURCH ADULT AND/OR YOUTH MISSION AND OUTREACH PROGRAMS; GENERAL OPERATIONS
(158) SPRING LAKE CREW CLUB, INC. 250 WASHINGTON AVE., GRAND HAVEN, MI 49417	47-2264599	501C3	9,050				GENERAL SUPPORT
(159) SPRING LAKE DISTRICT LIBRARY 123 E EXCHANGE ST, SPRING LAKE, MI 49456-2018	35-1920511	1115	205,752				GENERAL OPERATING
(160) SPRING LAKE JUNIOR SAILING ASSOCIATION PO BOX 444, SPRING LAKE, MI 49456-0444	38-2670583	501C3	10,550				GENERAL OPERATING; NEW PICNIC TABLES
(161) SPRING LAKE PRESBYTERIAN CHURCH 760 E SAVIDGE ST, SPRING LAKE, MI 49456-2499	38-1671040	501C3	31,840				SUPPORT TROOP 37 EAGLE SCOUT PROJECT FOR INCLUSIVE ATOM SPINNER AT GROSE PARK; GENERAL SUPPORT
(162) SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND ST, SPRING LAKE, MI 49456-2064	38-6003347	501C3	92,098				PROFESSIONAL LEARNING COMMUNITIES; MUSIC PROGRAMS; FITNESS; LOWER ELEMENTARY SUPPORT
(163) SPRING LAKE PUBLIC SCHOOLS FOUNDATION 345 HAMMOND ST, SPRING LAKE, MI 49456-2064	38-2480733	501C3	90,808				GENERAL OPERATING
(164) ST. JOHN'S EPISCOPAL CHURCH 524 WASHINGTON AVE, GRAND HAVEN, MI 49417-1455	38-6074254	501C3	18,262				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(165) ST. PATRICK-ST. ANTHONY CHURCH 920 FULTON AVE, GRAND HAVEN, MI 49417-1526	38-1575680	501C3	33,000				GENERAL OPERATING
(166) STANDUP FOR THE CURE LAKESHORE 3776 PENINSULA DRIVE, NORTON SHORES, MI 49444	93-3035818	501C3	5,000				2025 STAND UP FOR THE CURE MUSKEGON, MI
(167) STARABILITY FOUNDATION 720 GOODLETTE-FRANK RD N SUITE 400, NAPLES, FL 34102	59-2516162	501C3	5,000				GENERAL OPERATING SUPPORT
(168) THE PEOPLE CENTER PO BOX 311, SPRING LAKE, MI 49456-0311	38-3292322	501C3	20,057				GENERAL OPERATING
(169) THE SALVATION ARMY - GRAND HAVEN 310 N DESPELDER ST, GRAND HAVEN, MI 49417-1114	22-2406433	501C3	265,741				GENERAL OPERATING
(170) THE SANIBEL CAPTIVA CONSERVATION FOUNDATION PO BOX 839, SANIBEL, FL 33957	59-1205087	501C3	11,000				GENERAL OPERATING
(171) TRI CITIES AREA HABITAT FOR HUMANITY, INC PO BOX 707, GRAND HAVEN, MI 49417-0707	38-2885443	501C3	11,308				RAMP REPLACEMENT AT WAVERLY HOME; AFFORDABLE HOMEOWNERSHIP; GENERAL SUPPORT
(172) TRI-CITIES BROADCASTING FOUNDATION INC. 1101 JACKSON AVENUE, GRAND HAVEN, MI 49417	46-5018814	501C3	20,000				103.5 WAWL-LP RADIO; CAPITAL IMPROVEMENTS
(173) TRI-CITIES FAMILY YMCA 1 Y DR, GRAND HAVEN, MI 49417-1768	38-1717502	501C3	398,798				GENERAL OPERATING; CAPITAL CAMPAIGN
(174) TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVE, GRAND HAVEN, MI 49417	23-7070227	501C3	108,725				GENERAL OPERATING
(175) TRI-CITIES KIWANIS FOUNDATION P.O. BOX 571, GRAND HAVEN, MI 49417	45-3820755	501C3	6,000				GENERAL OPERATING
(176) TRINITY HEALTH AT HOME - GRAND HAVEN (HOSPICE OF NORTH OTTAWA COMMUNITY) 1027 S BEACON BLVD., GRAND HAVEN, MI 49417	38-2370192	501C3	17,592				GENERAL OPERATING
(177) UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE STE 401, BERKELEY, CA 94704	94-6090626	501C3	10,000				SCHOLARSHIP; LIBRARY
(178) UNITED METHODIST CHURCH OF THE DUNES 717 SHELTON RD, GRAND HAVEN, MI 49417-1860	38-1565341	501C3	20,211				GENERAL OPERATING
(179) URBAN APOSTOLIC NETWORK CHURCH 1301 N BURDICK ST, KALAMAZOO, MI 49007	46-5268438	501C3	8,100				GENERAL OPERATING
(180) VILLAGE OF SPRING LAKE 102 W SAVIDGE ST, SPRING LAKE, MI 49456-3401	38-6007205	1115	82,500				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(181) WALK THE BEAT 1447 WASHINGTON AVE, GRAND HAVEN, MI 49417	16-1659366	501C3	5,000				REPEAT THE BEAT
(182) WESTERN RESERVE ACADEMY 115 COLLEGE ST, HUDSON, OH 44236	34-0714390	501C3	5,000				GENERAL SUPPORT
(183) WESTERN THEOLOGICAL SEMINARY 101 E 13TH ST, HOLLAND, MI 49423-3622	38-2009204	501C3	16,490				ANNUAL; MENTAL HEALTH COUNSELING; WESTERN THEOLOGICAL SEMINARY - HOPE COLLEGE PRISON EDUCATION PROGRAM
(184) WGVU PUBLIC MEDIA-GRAND VALLEY STATE UNIVERSITY PO BOX 1668, GRAND RAPIDS, MI 49501-1668	38-6086770	501C3	10,191				GENERAL OPERATIONS
(185) WORLD VISION 34834 WEYERHAEUSER WAY S, FEDERAL WAY, WA 98001-9523	95-1922279	501C3	16,000				FOR A DEEP WATER WELL; FARM ANIMALS ; NEW CLOTHING: SHEEP & GOAT: WATER FOR A FAMILY
(186) YMCA CAMP PENDALOUAN 1243 FRUITVALE RD, MONTAGUE, MI 49437-9540	38-2000172	501C3	5,000				GENERAL OPERATING

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>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):</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>AMERICAN CANCER SOCIETY - OKLAHOMA:</p> <p>GENERAL OPERATIONS FOR OTTAWA COUNTY</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>AMERICAN HEART ASSOCIATION:</p> <p>GENERAL OPERATIONS FOR OTTAWA COUNTY</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Employer identification number

23-7108776

Part I Questions Regarding Compensation

	Yes	No
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. <div>☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account</div> <div>☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef)</div>		
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	1b	
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?	2	
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. <div>☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations</div> <div>☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee</div>		
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.	4a 4b 4c	 ☒ ☒ ☒
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.	5a 5b	 ☒ ☒
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.	6a 6b	 ☒ ☒
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	7	☒
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	8	☒
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 & CEO	(i) 268,321	(ii) 11,190	(iii) 150	21,466	34,457	335,584	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	CHRISTOPHER RIKER V.P. ADVANCEMENT & DONOR SERVICES	(i) 144,271	(ii) 0	(iii) 150	11,542	24,367	180,330	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	PATRICIA MACDONALD V.P. FINANCE	(i) 140,143	(ii) 284	(iii) 150	11,211	1,649	153,437	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2025**Open to Public
Inspection**

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	✓	19	326,541	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?

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?

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

b If "Yes," describe in Part II.

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

Yes No

	Yes	No
30a		✓
31	✓	
32a	✓	
33		

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

Cat. No. 51227J

Schedule M (Form 990) 2025 Created 9/25/25

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN (B)	THE NUMBER LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.
SCHEDULE M, PART I, 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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Employer identification number

23-7108776

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - 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 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 DESCRIPTION	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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS REVIEWED BY THE AUDIT COMMITTEE. THE COMMITTEE'S CHARTER IDENTIFIES ONE OF THE AUDIT COMMITTEE'S RESPONSIBILITIES AS "REVIEW OF IRS 990 PRIOR TO FILING." FOLLOWING REVIEW, THE AUDIT COMMITTEE MAKES A FORMAL RECOMMENDATION, BY RESOLUTION, TO THE BOARD OF TRUSTEES TO APPROVE THE FILING OF THE IRS 990. THE FORM 990 IS THEN PRESENTED TO THE BOARD OF TRUSTEES AT THEIR NEXT MEETING FOR REVIEW AND ACTION ON THE AUDIT COMMITTEE'S RESOLUTION.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>EVALUATION PROCESS FOR THE PRESIDENT & CEO</p> <p>1. THE PRESIDENT & CEO COMPLETES THE EMPLOYEE SELF EVALUATION FORM, BASED ON THE GOALS OF THE PRECEDING YEAR.</p> <p>2. THE PRESIDENT & CEO GIVES THE COMPLETED SELF EVALUATION FORM, IN ADDITION TO SUMMARY LEVEL DATA ON INCREASES PROVIDED TO THE REST OF THE STAFF AND BENCHMARKING DATA, TO THE BOARD CHAIR BY THE FRIDAY BEFORE THE FEBRUARY EXECUTIVE COMMITTEE MEETING.</p> <p>3. THE BOARD CHAIR THEN DISTRIBUTES COPIES OF THE PRESIDENT & CEO'S SELF EVALUATION TO THE EXECUTIVE COMMITTEE AND FEBRUARY SEEK FURTHER COMMENT FROM THE BOARD OF TRUSTEES AT THAT TIME.</p> <p>4. THE EXECUTIVE COMMITTEE MEETS IN AN EXECUTIVE SESSION AT THE FEBRUARY EXECUTIVE COMMITTEE MEETING TO CONSIDER THE PRESIDENT & CEO'S EVALUATION. AT THAT MEETING, THE EXECUTIVE COMMITTEE WILL ALSO DETERMINE COMPENSATIONS, TAKING INTO ACCOUNT COMPARABLE SALARY DATA. THIS DATA WILL GENERALLY BE OBTAINED THROUGHTE COUNCIL ON FOUNDATION'S ANNUAL SALARY SURVEY AND/OR OTHER BENCHMARKING RESOURCES.</p> <p>5. A ZOOM CALL IS HOSTED FOR THE EXECUTIVE COMMITTEE TO REPORT BACK TO THE BOARD OF TRUSTEES ON THE REVIEW PROCESS AND TO RECOMMEND COMPENSATION CHANGES. THE MEETING IS IN EXECUTIVE SESSION WITH ONLY BOARD MEMBERS ATTENDING, ALLOWING THE TRUSTEES TO DISCUSS THE EXECUTIVE COMMITTEE'S RECOMMENDATION. THE MEETING WILL OCCUR BETWEEN THE FEBRUARY EXECUTIVE COMMITTEE MEETING AND THE FEBRUARY BOARD MEETING.</p> <p>6. THE BOARD CHAIR AND VICE CHAIR MEET WITH THE PRESIDENT & CEO NO LATER THAN MARCH TO DISCUSS THE EVALUATION AND CORRESPONDING COMPENSATION DECISION, WHICH IS FURTHER OUTLINED IN A SIGNED, WRITTEN STATEMENT. ANY SALARY INCREASE WILL BE EFFECTIVE THE FIRST PAY PERIOD IN APRIL (TO ALIGN WITH STAFF INCREASES).</p> <p>7. THE COMPENSATION POLICY ALLOWS FOR PERFORMANCE SPECIFIC SPOT BONUSES THROUGHOUT THE YEAR. HOWEVER, THE DECEMBER EXECUTIVE COMMITTEE MEETING WILL INCLUDE AN EXECUTIVE SESSION TO REVIEW STAFF BONUS INFORMATION AND FEBRUARY CONSIDER A BONUS FOR THE PRESIDENT & CEO. BEFORE THE MEETING THE PRESIDENT & CEO WILL SHARE ALL DETAIL ON BONUSES PROVIDED TO OTHER STAFF DURING THE CALENDAR YEAR.</p>
FORM 990, PART VI, LINE 15B -	<p>THE CEO DETERMINES THE COMPENSATION OF OTHER SENIOR EXECUTIVES BASED ON PERFORMANCE.</p> <p>THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2026.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GRAND HAVEN AREA COMMUNITY FOUNDATION, INC.

Employer identification number

23-7108776

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>DOCUMENTS AND RECORDS: PUBLIC ACCESS POLICY</p> <p>THE FOLLOWING DOCUMENTS AND RECORDS SHALL BE AVAILABLE FOR PUBLIC INSPECTION:</p> <p>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.</p> <p>PROCEDURE:</p> <p>1. ALL RECORDS AND DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION SHALL REMAIN AT THE FOUNDATION OFFICE AT ALL TIMES.</p> <p>2. TO INSPECT DOCUMENTS, REQUESTS MUST BE MADE IN PERSON AT THE FOUNDATION OFFICE. REQUESTED DOCUMENTS SHALL BE PROVIDED AS SOON AS REASONABLY POSSIBLE.</p> <p>3. IF COPIES ARE REQUESTED, THE FOUNDATION MAY CHARGE A REASONABLE FEE FOR COPYING AND MAILING.</p> <p>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.</p>
FORM 990, PART XII, LINE 2C -	THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

SCHEDULE R
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

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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
(1) ONE SOUTH HARBOR PARKING LOT, LLC (81-2128375) 6 SHERMAN AVE, GRAND HAVEN, MI 49417	CAPITAL HOLDING	MI	0	550,428	GRAND HAVEN AREA COMMUNITY FOUNDATION
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) GRAND HAVEN FOUNDATION SUPPORTING ORGANIZATION (20-5706188) 6 SHERMAN AVE, GRAND HAVEN, MI 49417	ASSIST DONORS IN FULFILLING THEIR PHILANTHROPIC & CHARITABLE RESPONSIBILITY	MI	501(C)(3)	12 TYPE I	GRAND HAVEN AREA COMMUNITY FOUNDATION	✓	
(2) LJ MIDGE VERPLANK COMMUNITY IMPACT FUND (85-1633335) 6 SHERMAN AVE, GRAND HAVEN, MI 49417	ASSIST DONORS IN FULFILLING THEIR PHILANTHROPIC & CHARITABLE RESPONSIBILITY	MI	501(C)(3)	12 TYPE I	GRAND HAVEN AREA COMMUNITY FOUNDATION	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓
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
LJ MIDGE VERPLANK	C	42,090	FMV
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) (Rev. 1-2025)