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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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 By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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
ONE SOUTH HARBOR DRIVE

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 $ 12,691,864

F Name and address of principal officer
HOLLY JOHNSON
ONE SOUTH HARBOR DRIVE
GRAND HAVEN, MI 49417

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

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION RECEIVES GIFTS, BEQUESTS, AND DONATIONS TO BE HELD IN TRUST AND ADMINISTERED 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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,778,941	3,145,598
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,006,836	1,688,133
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,827	78,818
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,864,604	4,912,549
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,062,435	2,952,581
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	487,898	396,751
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶98,381		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	235,017	215,081
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,785,350	3,564,413
	19 Revenue less expenses Subtract line 18 from line 12	3,079,254	1,348,136

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	54,603,751	66,316,744
	21 Total liabilities (Part X, line 26)	450,249	492,252
	22 Net assets or fund balances Subtract line 21 from line 20	54,153,502	65,824,492

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

****** | 2014-05-15
Signature of officer | Date

HOLLY JOHNSON PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VICKI L VANDENBERG CPA				P00100422

Firm's name ▶ PLANTE & MORAN PLLC | Firm's EIN ▶ 38-1357951

Firm's address ▶ 750 TRADE CENTRE WAY STE 300
PORTAGE, MI 49002 | Phone no (269) 567-4500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE GRAND HAVEN AREA COMMUNITY FOUNDATION, GOVERNED BY A VOLUNTEER BOARD OF TRUSTEES, IS DEDICATED TO IMPROVING AND ENHANCING THE QUALITY OF LIFE IN OTTAWA COUNTY AND THE WESTERN MICHIGAN AREA BY SERVING AS A LEADER, CATALYST AND RESOURCE FOR PHILANTHROPY, BUILDING AND HOLDING A PERMANENT AND GROWING ENDOWMENT FOR THE COMMUNITY'S CHANGING NEEDS AND OPPORTUNITIES WITHOUT DISCRIMINATION AS TO RACE, COLOR, OR CREED, STRIVING FOR COMMUNITY IMPROVEMENT THROUGH STRATEGIC GRANTMAKING IN SUCH FIELDS AS THE ARTS, EDUCATION, HEALTH, THE ENVIRONMENT, YOUTH, SOCIAL SERVICES AND OTHER HUMAN NEEDS, PROMOTING PARTNERSHIPS AROUND CRITICAL COMMUNITY ISSUES AND LEVERAGING RESOURCES TO MEET COMMUNITY NEEDS, PROVIDING A FLEXIBLE AND COST-EFFECTIVE WAY FOR DONORS TO ACHIEVE THEIR CHARITABLE GOALS AND TO IMPROVE THEIR COMMUNITY NOW AND IN THE FUTURE ADOPTED BY BOARD OF TRUSTEES JULY 27, 2005

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 $ 3,053,713 including grants of $ 2,952,581) (Revenue $)

FOR THE COMPETITIVE GRANT PROGRAM, ALL ORGANIZATIONS STATE IN WRITING HOW THEY WILL USE THE FUNDS THEY ARE REQUIRED TO SUBMIT AN EVALUATION REPORT ON HOW THE FUNDS WERE USED FOR ALL OTHER GRANT AWARDS, A GRANT RECOMMENDATION FORM IS SUBMITTED BY THE APPROPRIATE FUND REPRESENTATIVE COMMUNITY FOUNDATION STAFF FOLLOWS DUE DILIGENCE PROTOCOL IN CONFIRMING THE CHARITABLE STATUS OF THE GRANTEE ORGANIZATION THE GRANT RECOMMENDATIONS ARE APPROVED BY THE FOUNDATION'S EXECUTIVE COMMITTEE AND ULTIMATELY BY THE BOARD OF TRUSTEES AT THEIR QUARTERLY BOARD MEETINGS THE GRANT CHECK IS ISSUED DIRECTLY TO THE NONPROFIT ORGANIZATION WITH A COVER LETTER IDENTIFYING THE FUND FROM WHICH THE GRANT IS AWARDED AND THE SPECIFIC PURPOSE OF THE GRANT AWARD

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 3,053,713

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**		No
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in 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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
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**			No
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**			No
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**			No
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**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			No
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**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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**	Yes	
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**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in 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**		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ PATTY MACDONALD ONE SOUTH HARBOR DRIVE
GRAND HAVEN, MI 49417 (616) 842-6378

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BONNIE SUCHECKI TRUSTEE JAN - JUNE	1 00 0 00	X						0	0	0
(2) THE HON CALVIN BOSMAN VICE CHAIRPERSON JAN - JUNE	1 00 1 00	X		X				0	0	0
(3) EDWARD HANENBURG TRUSTEE	1 00 0 00	X						0	0	0
(4) KENNARD CREASON TRUSTEE	1 00 0 00	X						0	0	0
(5) LANA JACOBSON VICE CHAIRPERSON JUNE - DEC	1 00 0 00	X		X				0	0	0
(6) MONICA VERPLANK TRUSTEE	1 00 0 00	X						0	0	0
(7) SHEILA STEFFEL SECRETARY JUNE - DEC	1 00 0 00	X		X				0	0	0
(8) STEVEN MORELAND TREASURER JUNE - DEC	1 00 0 00	X		X				0	0	0
(9) TAMARA BAILEY TRUSTEE	1 00 1 00	X						0	0	0
(10) THOMAS CRESWELL CHAIRPERSON JAN - JUNE	1 00 1 00	X		X				0	0	0
(11) TIMOTHY PARKER CHAIRPERSON JUNE - DEC	1 00 0 00	X		X				0	0	0
(12) RANDY HANSEN TRUSTEE JUNE - DEC	1 00 0 00	X						0	0	0
(13) SANDY HUBER TRUSTEE JUNE - DEC	1 00 0 00	X						0	0	0
(14) MARK KLEIST TRUSTEE JUNE - DEC	1 00 0 00	X						0	0	0
(15) HOLLY JOHNSON PRESIDENT	40 00 0 00			X				89,029	0	15,100

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								89,029	0	15,100

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 ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

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 Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	100,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,045,598			
	g	Noncash contributions included in lines 1a-1f $		782,996			
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,145,598			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,180,792			1,180,792
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	8,286,656				
	b	Less cost or other basis and sales expenses	7,779,315				
	c	Gain or (loss)	507,341				
	d	Net gain or (loss) . . . . . ▶			507,341			507,341
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	ADMINISTRATIVE FEE	900099	78,818			78,818
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		78,818			
	12	**Total revenue.** See Instructions . . . . . ▶		4,912,549	0	0	1,766,951

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 governments and organizations in the United States See Part IV, line 21	2,712,714	2,712,714		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	239,867	239,867		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,129	35,404	32,280	36,445
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	212,606	51,025	136,638	24,943
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,563	3,203	11,034	326
9 Other employee benefits	41,167	4,117	34,306	2,744
10 Payroll taxes	24,286	7,383	14,038	2,865
11 Fees for services (non-employees)				
a Management				
b Legal	488		488	
c Accounting	25,719		25,719	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	23,426		23,426	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	46,915		22,593	24,322
13 Office expenses	18,737		15,187	3,550
14 Information technology				
15 Royalties . .				
16 Occupancy	21,983		21,983	
17 Travel	9,822		9,822	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,503		5,503	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,538		12,538	
23 Insurance	6,325		6,325	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OFFICE EQUIP & MAINT	23,992		23,992	
b PUBLIC RELATIONS	19,633		16,447	3,186
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,564,413	3,053,713	412,319	98,381
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		311,387	1	332,494
	2	Savings and temporary cash investments		3,815,929	2	1,550,917
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		102,360	7	157,266
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,008	9	6,429
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 768,968			
	b	Less accumulated depreciation	10b 185,567	304,274	10c	583,401
	11	Investments—publicly traded securities		50,067,793	11	63,686,237
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		54,603,751	16	66,316,744
Liabilities	17	Accounts payable and accrued expenses		1,687	17	141,136
	18	Grants payable		306,236	18	221,566
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		142,326	25	129,550
	26	**Total liabilities.** Add lines 17 through 25		450,249	26	492,252
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		54,153,502	27	65,824,492
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		54,153,502	33	65,824,492
	34	Total liabilities and net assets/fund balances		54,603,751	34	66,316,744

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,912,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,564,413
3	Revenue less expenses Subtract line 2 from line 1	3	1,348,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,153,502
5	Net unrealized gains (losses) on investments	5	10,491,450
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-168,596
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,824,492

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 11, 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)

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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,607,864	7,723,449	2,927,075	5,778,941	3,145,598	24,182,927
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,607,864	7,723,449	2,927,075	5,778,941	3,145,598	24,182,927
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)						6,196,259
6 **Public support.** Subtract line 5 from line 4						17,986,668

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,607,864	7,723,449	2,927,075	5,778,941	3,145,598	24,182,927
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	789,730	904,206	955,371	1,107,873	1,180,792	4,937,972
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						29,120,899

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	61 770 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	**15**	62 680 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** 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—2013.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	148	14
2	Aggregate contributions to (during year)	1,562,104	10,793
3	Aggregate grants from (during year)	1,570,198	34,781
4	Aggregate value at end of year	14,492,227	974,637

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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an 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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in 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 are a 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 programs
- 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" to 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? ☐ 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" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	29,897,997	25,810,135	26,351,255	23,008,623	17,290,149
b	Contributions	938,632	1,629,951	895,745	1,033,036	2,169,608
c	Net investment earnings, gains, and losses	7,085,573	3,566,136	-364,235	3,262,119	4,492,399
d	Grants or scholarships	849,863	780,823	776,939	670,591	649,962
e	Other expenditures for facilities and programs					
f	Administrative expenses	323,856	327,402	295,691	281,932	293,571
g	End of year balance	36,748,483	29,897,997	25,810,135	26,351,255	23,008,623

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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' to 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				
b Buildings		422,900	129,187	293,713
c Leasehold improvements				
d Equipment		327,509	55,864	271,645
e Other		18,559	516	18,043
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				583,401

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
CHARITABLE GIFT ANNUITIES PAYABLE	129,550
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	129,550

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to 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 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' to 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

Return Reference	Explanation
PART V, LINE 4	TO BUILD A PERMANENT COMMUNITY ENDOWMENT COMMITTED TO IMPROVING AND ENHANCING THE QUALITY OF LIFE IN THE TRI-CITIES AREA
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE PUBLIC CHARITIES, AS DESCRIBED IN SECTIONS 509 (A)(1), 509(A)(3), AND 170(B)(I)(A)(VI) OF THE INTERNAL REVENUE CODE CONSEQUENTLY, THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AND CERTAIN EXCISE TAXES IMPOSED ON PRIVATE FOUNDATIONS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS TAX YEARS THAT REMAIN SUBJECT TO TAX EXAMINATION BY THE STATE OF MICHIGAN AND THE IRS ARE 2010-2013 THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR TAX PERIODS IN PROGRESS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 103

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	172	239,867		N/A	N/A

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

Return Reference	Explanation
PART I, LINE 2	WHEN A GRANT IS AWARDED, THE GRANTEE IS SENT A GRANT AGREEMENT OUTLINING THE GRANTEE'S RESPONSIBILITIES THIS SIGNED DOCUMENT MUST BE ON FILE PRIOR TO GRANT DISBURSEMENT THE AGREEMENT STATES (AMONG OTHER THINGS) 1 THE GRANT IS TO BE USED ONLY FOR THE PURPOSES DESCRIBED IN THE APPLICATION THE PROGRAM/PROJECT MAY ONLY BE MATERIALLY MODIFIED WITH THE FOUNDATION'S PRIOR WRITTEN APPROVAL 2 THE GRANTEE SHALL MAINTAIN ITS BOOKS AND RECORDS SO AS TO SHOW AND SEPARATELY ACCOUNT FOR ALL FUNDS RECEIVED UNDER THIS GRANT GRANTEE SHALL PERMIT THE FOUNDATION REASONABLE ACCESS TO ITS BOOKS AND RECORDS, FILES, AND PERSONNEL DURING THE TERM OF THE GRANT AND FOR FIVE YEARS AFTER THE FINAL GRANT PAYMENT, FOR THE PURPOSE OF MAKING FINANCIAL AUDITS, VERIFICATIONS, OR PROGRAM/PROJECT EVALUATIONS 3 THE FOUNDATION'S GRANT EVALUATION REPORT, INCLUDING ALL SUPPORTING MATERIALS, SHALL BE COMPLETED BY THE GRANTEE AND RETURNED TO THE FOUNDATION WITHIN ONE YEAR AFTER FINAL GRANT PAYMENT THE FOUNDATION MAY ALSO REQUIRE GRANTEE TO MAKE QUARTERLY OR SEMI-ANNUAL REPORTS DURING THE FUNDED PROGRAM/PROJECT WITH SUCH INFORMATION PERTAINING TO THE GRANT AND THE FUNDED PROGRAM/PROJECT AS THE FOUNDATION DETERMINES NECESSARY FOR SCHOLARSHIPS, A FORMAL LETTER IS SENT TO THE COLLEGE/UNIVERSITY ALONG WITH A LIST OF THE RECIPIENTS, SCHOLARSHIP FUND, AND AWARD AMOUNT IN THIS LETTER, EXPECTED USAGE OF THE SCHOLARSHIP FUND IS DETAILED FOR THE COLLEGE/UNIVERSITY AWARDS MAY BE USED FOR ANY EDUCATIONAL EXPENSES INCLUDED IN THE COST OF ATTENDING THE INSTITUTION WE ENCOURAGE USE FOR NONTAXABLE PURPOSES INCLUDING TUITION, BOOKS, FEES, OR EQUIPMENT NEEDED FOR COURSE WORK PLEASE BE AWARE THAT THESE FUNDS ARE TO BE USED TO REDUCE STUDENT OBLIGATIONS OR LOANS AND NOT TO REDUCE SCHOLARSHIPS OR GRANTS GIVEN BY THE COLLEGE (UNLESS REQUIRED BY FEDERAL OR STATE LAW) IF A STUDENT FAILS TO ATTEND THE UNIVERSITY, A REFUND IS ISSUED TO THE FOUNDATION FOR SCHOLARSHIP RENEWALS, THE STUDENT IS SENT A LETTER FROM THE FOUNDATION REQUESTING AN OFFICIAL TRANSCRIPT FROM THE COLLEGE/UNIVERSITY A CHECK IS ISSUED TO THE INSTITUTION ONLY IF A STUDENT CONTINUES TO MEET THE SCHOLARSHIP REQUIREMENTS

Additional Data

Software ID:
Software Version:
EIN: 23-7108776
Name: GRAND HAVEN AREA COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ADRIAN COLLEGE 110 S MADISON ST ADRIAN,MI 49221	38-1357980	501(C)(3)	5,000				FBO PROGRAM SUPPORT
ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE ALLENDALE,MI 49401	38-1560740	501(C)(3)	25,285				ACS COMPUTER LAB REPLACEMENT
ALMA COLLEGE 614 WEST SUPERIOR STREET ALMA,MI 488019957	38-1359083	501(C)(3)	11,000				FBO F MARTIN JOHNSON INTERNATIONAL FELLOWS
AMERICAN CANCER SOCIETY INC P O BOX 720366 OKLAHOMA CITY,OK 73162	38-3209120	501(C)(3)	7,207				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION P O BOX 22249 ST PETERSBURG,FL 33742	13-5613797	501(C)(3)	7,207				PROGRAM SUPPORT
AMERICAN RED CROSS OTTAWA COUNTY 270 JAMES STREET HOLLAND,MI 49424	38-1362821	501(C)(3)	7,503				PROGRAM SUPPORT
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE BERRIEN SPRINGS,MI 49104	38-1627600	501(C)(3)	5,000				FBO PROGRAM SUPPORT
AQUINAS COLLEGE 1607 ROBINSON ROAD EAST GRAND RAPIDS,MI 49506	38-1367080	501(C)(3)	5,000				FBO PROGRAM SUPPORT
ARTHRITIS FOUNDATION OF WEST MICHIGAN 3737 LAKE EASTBROOK BLVD STE 217 GRAND RAPIDS,MI 495465989	38-1366904	501(C)(3)	7,207				PROGRAM SUPPORT
BARNABAS FOUNDATION 18601 NORTH CREEK DRIVE SUITE TINLEY PARK,IL 604776399	36-2904503	501(C)(3)	10,000				FBO PHIL AND CHRISTA JEN ENDOWED SCHOLARSHIP FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
C3EXCHANGE 208 FRANKLIN GRAND HAVEN,MI 49417	38-1960212	501(C)(3)	11,500				FBO PROGRAM SUPPORT
CALVIN COLLEGE 3201 BURTON STREET SE GRAND RAPIDS,MI 49546	38-3071514	501(C)(3)	7,083				PROGRAM SUPPORT
CALVIN THEOLOGICAL SEMINARY 3233 BURTON STREET SE GRAND RAPIDS,MI 495464387	38-3001876	501(C)(3)	75,000				PROGRAM SUPPORT
CENTER FOR DISPUTE RESOLUTION 68 W 8TH STREET HOLLAND,MI 49423	38-3247969	501(C)(3)	5,000				MEDIATION TECHNOLOGY
CENTER FOR WOMEN IN TRANSITION 411 BUTTERNUT DRIVE HOLLAND,MI 49424	38-2181204	501(C)(3)	14,015				PROGRAM SUPPORT
CHRISTIAN HAVEN HOME 704 PENNOYER AVENUE GRAND HAVEN,MI 49417	38-1658800	501(C)(3)	24,100				ANNUAL DISTRIBUTION
CHRISTIAN LEADERS INSTITUTE 614 FULTON ST GRAND HAVEN,MI 49417	16-1733646	501(C)(3)	20,000				PROGRAM SUPPORT
CHRISTIAN REFORMED HOME MISSIONS 1700 28TH ST SE GRAND RAPIDS,MI 495081407	38-1532469	501(C)(3)	51,000				PROGRAM SUPPORT
CHRISTIAN REFORMED WORLD MISSIONS 2850 KALAMAZOO AVE SE GRAND RAPIDS,MI 495028033	38-1505621	501(C)(3)	23,207				PROGRAM SUPPORT
CITY OF COOPERSVILLE 289 DANFORTH ST COOPERSVILLE,MI 49404	38-6007172	115	16,845				FBO ROUNDABOUT PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CITY OF COOPERSVILLE RECREATION DEPARTMENT 289 DANFORTH COOPERSVILLE,MI 49404	38-6007172	115	5,637				BASEBALL SAFETY EQUIPMENT
CITY OF FERRYSBURG P O BOX 38 FERRYSBURG,MI 49409	38-1724041	115	6,550				FBO CARE AND MAINTENANCE OF KITCHEL LINDQUIST DUKES
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN,MI 49417	38-6004687	115	427,087				HUMAN SERVICES
COMMUNITY REFORMED CHURCH 10376 FELCH ST ZEELAND,MI 49464	38-6155592	501(C)(3)	10,000				PROGRAM SUPPORT
CONXION-GRAND HAVEN AREA PUBLIC SCHOOLS 15130 PINE ST GRAND HAVEN,MI 49417	38-6003290	115	5,000				AFTER PROM PROGRAM
COOPERSVILLE AREA DISTRICT LIBRARY 333 OTTAWA COOPERSVILLE,MI 49404	38-1884904	115	7,085				TEEN PROGRAMS FOR ENRICHMENT
COOPERSVILLE AREA PUBLIC SCHOOLS 198 EAST STREET COOPERSVILLE,MI 494041290	38-6003329	115	8,215				TEACHER MINI GRANT PROGRAM
COOPERSVILLE FARM MUSEUM P O BOX 65 COOPERSVILLE,MI 49404	20-2297381	501(C)(3)	57,370				FBO JANUARY 2013 DISTRIBUTION
COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR DRIVE GRAND HAVEN,MI 49417	38-6263347	501(C)(3)	9,800				2013 YOUTH GRANTMAKERS SUMMER LEADERSHIP CONFERENCE
COVENANT LIFE CHURCH 101 COLUMBUS GRAND HAVEN,MI 49417	38-2794856	501(C)(3)	45,131				FBO PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ECCLESIA CHURCH 1046 W SOUTHERN AVE NORTON SHORES, MI 49441	41-2229444	501(C)(3)	5,000				FBO BUILDING PURCHASE
FAITH IN ACTION INTERNATIONAL PO BOX 171 SPRING LAKE, MI 49456	38-3506259	501(C)(3)	15,800				PROGRAM SUPPORT
FEEDING AMERICA WEST MICHIGAN FOOD BANK 864 WEST RIVER CENTER DR COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	14,050				VEHICLE RENEWAL CAMPAIGN
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN, MI 49417	38-1367309	501(C)(3)	38,015				FBO FIRST AND SECOND QUARTER SUPPORT
FOCUS ON THE FAMILY BOX 3550 COLORADO SPRINGS, CO 80995	95-3188150	501(C)(3)	11,000				FBO PROGRAM SUPPORT
FOUR POINTES CENTER FOR SUCCESSFUL AGING 1051 S BEACON BLVD GRAND HAVEN, MI 49417	38-1915121	501(C)(3)	37,561				SENIOR PROJECT FRESH
FREEWATER EXPERIENCE INCORPORATED 915 SLAYTON AVE GRAND HAVEN, MI 49417	27-3765989	501(C)(3)	7,000				PROGRAM SUPPORT
FRIENDS OF CASA 100 PINE STREET SUITE 293 ZEELAND, MI 49464	27-0849895	501(C)(3)	10,000				SERVICES TO OTTAWA COUNTY FOSTER CARE CHILDREN
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 SOUTH BEECHTREE GRAND HAVEN, MI 49417	38-6003290	115	58,546				FBO INTERACT CLUB TRIP TO NEW ORLEANS FUNDRAISER
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT STREET GRAND HAVEN, MI 49417	38-1467641	115	26,529				FBO SPRING LOYALTY DRIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND HAVEN HIGH SCHOOL ATHLETIC DEPT 17001 FERRIS GRAND HAVEN,MI 49417	38-6003290	115	18,277				FBO GIRLS VARSITY OR JV GOLF
GRAND HAVEN MAIN STREET DDA 20 NORTH FIFTH STREET GRAND HAVEN,MI 49417	38-6004687	501(C)(3)	5,000				FBO ART WALK INDIE ROCK MUSIC FESTIVAL
GRAND RAPIDS CHRISTIAN SCHOOL ASSOCIATION 1508 ALEXANDER ST SE GRAND RAPIDS,MI 49506	23-7017305	501(C)(3)	5,300				HAVEMAN FUND FLES ENDOWMENT SCHOLARSHIP FUND
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE SUITE 100 GRAND RAPIDS,MI 49503	38-6005447	501(C)(3)	20,800				FBO ENDOWMENT FUND
GRAND VALLEY STATE UNIVERSITY FOUNDATION 301 FULTON ST WEST GRAND RAPIDS,MI 495011945	38-6086770	501(C)(3)	172,850				FBO FALL CELEBRATION
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND,MI 494221349	38-3522782	501(C)(3)	84,617				FBO ANNUAL 2014 CAMPAIGN
HARBOR HUMANE SOCIETY 14345 BAGLEY STREET WEST OLIVE,MI 49460	38-1623660	501(C)(3)	11,195				MATCHING GRANT
HARVARD BUSINESS SCHOOL SOLDIERS FIELD ROAD BOSTON,MA 02163	04-2103580	501(C)(3)	10,000				FBO DEAN'S FUND
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND,MI 49423	38-1416520	501(C)(3)	8,000				FBO TUITION GRANT FUND
JOYFUL NOISE CHILDCARE AND PRESCHOOL 508 FRANKLIN AVE GRAND HAVEN,MI 49417	38-1367309	501(C)(3)	7,200				C-THE POSSIBILITIES!

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
KANDU INDUSTRIES INC 4190 SUNNYSIDE DRIVE HOLLAND,MI 494248716	38-6123412	501(C)(3)	16,850				FBO EMPLOYMENT AND TRAINING
LAKESHORE ETHNIC DIVERSITY ALLIANCE PO BOX 2945 HOLLAND,MI 49422	38-3360686	501(C)(3)	32,615				FBO DIVERSITY INITIATIVE NORTH
LOVE INC 1106 FULTON GRAND HAVEN,MI 49417	38-2856482	501(C)(3)	42,381				PROGRAM SUPPORT
MICHIGAN COLLEGES ALLIANCE 26555 EVERGREEN ROAD SUITE 870 SOUTHFIELD,MI 48076	38-1332962	501(C)(3)	15,000				FBO ANNUAL SUPPORT
MULLIGAN'S HOLLOW SKI BOWL ASSOCIATION PO BOX 969 GRAND HAVEN,MI 49417	27-1033904	501(C)(3)	22,750				FBO PROGRAM SUPPORT
MUSKEGON RESCUE MISSION 1691 PECK STREET MUSKEGON,MI 49444	38-3525239	501(C)(3)	9,760				PROGRAM SUPPORT
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	6,840				FBO PROGRAM SUPPORT
NORTHWEST OTTAWA CHAMBER FOUNDATION 1 SOUTH HARBOR GRAND HAVEN,MI 49417	38-3163993	501(C)(3)	26,465				FBO LUBBERS CUP - LEARN TO ROW
OPERATION MOBILIZATION PO BOX 444 TYRONE,GA 30290	22-2513811	501(C)(3)	12,000				FBO TURKEY MINISTRY PROGRAM
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT 13565 PORT SHELDON ROAD HOLLAND,MI 49424	38-1709520	115	30,898				FBO CTE DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OTTAWA COUNTY HEALTH DEPARTMENT 12251 JAMES ST HOLLAND,MI 49424	38-6004883	501(C)(3)	6,000				VENDOR EDUCATION PROGRAM
OTTAWA COUNTY PLANNING AND PERFORMANCE 12220 FILLMORE RM 170 WEST OLIVE,MI 49460	38-6004883	501(C)(3)	7,500				WATER RESOURCE STUDY
POTTER'S HOUSE SCHOOL 810 VAN RAALTE DR SW WYOMING,MI 49509	38-2372676	501(C)(3)	25,000				PROGRAM SUPPORT
POWER OF EDUCATION FOUNDATION PO BOX 140138 GRAND RAPIDS,MI 49514	27-1568821	501(C)(3)	10,000				FBO ASSIST WITH ELEMENTARY
PRINCETON THEOLOGICAL SEMINARY P O BOX 821 PRINCETON,NJ 085420803	21-0635010	501(C)(3)	30,000				PROGRAM SUPPORT
REACH OUT FOR CHRIST 16917 QUINCY STREET HOLLAND,MI 494245636	38-1966151	501(C)(3)	6,500				PROGRAM SUPPORT
REIGN MINISTRIES 5401 W BROADWAY AVE MINNEAPOLIS,MN 55428	41-1430767	501(C)(3)	7,200				ENGLAND MINISTRIES
REMEMBRANCE RANCH PO BOX 113 ALLENDALE,MI 49401	20-5019866	501(C)(3)	5,700				FBO SCHOLARSHIP FUND
ROSE PARK REFORMED CHURCH 14241 ROSE PARK DR HOLLAND,MI 49424	38-1626000	501(C)(3)	10,000				PROGRAM SUPPORT
							THE LEADER IN ME

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SCOTTSDALE BIBLE CHURCH 7601 EAST SHEA BOULEVARD SCOTTSDALE,AZ 85260	86-0179808	501(C)(3)	10,000				FBO PROGRAM SUPPORT
SECOND CHRISTIAN REFORMED CHURCH 2021 SHELDON RD GRAND HAVEN,MI 49417	38-1747900	501(C)(3)	10,000				FBO BUILD SECOND'S FUTURE FUND
SECOND REFORMED CHURCH 1000 WAVERLY STREET GRAND HAVEN,MI 49417	38-1722342	501(C)(3)	7,695				FBO TEE SHIRTS FOR VACATION BIBLE SCHOOL FUND
SPRING LAKE CHRISTIAN REFORMED CHURCH 364 S LAKE AVE SPRING LAKE,MI 49456	38-1722443	501(C)(3)	10,407				PROGRAM SUPPORT
SPRING LAKE DISTRICT LIBRARY 123 EAST EXCHANGE STREET SPRING LAKE,MI 49456	35-1920511	115	16,161				ANNUAL DISTRIBUTION PER FUND AGREEMENT
SPRING LAKE PRESBYTERIAN CHURCH 760 EAST SAVIDGE SPRING LAKE,MI 49456	38-1671040	501(C)(3)	20,100				PROGRAM SUPPORT
SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND STREET SPRING LAKE,MI 49456	38-6003347	115	34,250				FBO CHAIN REACTION EVENT
SPRING LAKE PUBLIC SCHOOLS FOUNDATION 345 HAMMOND STREET SPRING LAKE,MI 49456	38-2480733	501(C)(3)	32,454				FBO SPRING LAKE INTERNATIONAL
SPRING LAKE WESLEYAN CHURCH 15550 CLEVELAND STREET SPRING LAKE,MI 49456	38-2493017	501(C)(3)	13,750				PROGRAM SUPPORT
TEACH OVERSEAS-EDUCATIONAL SERVICES 639 N SOLDANO AVE AZUSA,CA 91702	95-4261107	501(C)(3)	5,000				FBO AZERBAIJAN MINISTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE DISTRICT COURT 58TH DISTRICT 57 WEST 8TH STREET HOLLAND,MI 49423	38-6004883	115	6,875				SOBRIETY TREATMENT PROGRAM
THE LITTLE RED HOUSE INC 311 EAST EXCHANGE STREET SPRING LAKE,MI 49456	35-2119160	501(C)(3)	18,600				FBO COURTYARD CONCERTS
THE PEOPLE CENTER PO BOX 311 SPRING LAKE,MI 49456	38-3292322	501(C)(3)	7,437				PROGRAM SUPPORT
THE SALVATION ARMY 310 N DESPELDER GRAND HAVEN,MI 49417	22-2406433	501(C)(3)	7,881				PROGRAM SUPPORT
THE STANFORD FUND-STANFORD UNIVERSITY 326 GALVEZ ST STANFORD,CA 943056105	94-1156365	501(C)(3)	10,000				$5,000 CLASS OF 1957 FUND, $5,000 SCHOOL OF ENGINEERING FUND
TRI-CITIES AREA HABITAT FOR HUMANITY P O BOX 707 GRAND HAVEN,MI 494170707	38-2885443	501(C)(3)	14,239				PROGRAM SUPPORT
TRI-CITIES FAMILY YMCA ONE Y DRIVE GRAND HAVEN,MI 49417	38-1717502	501(C)(3)	57,078				FBO STRONG KIDS CAMPAIGN
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN,MI 49417	23-7070227	501(C)(3)	30,754				FBO FEAST OF THE STRAWBERRY
TRI-CITIES MINISTRIES COUNSELING 120 S 5TH STREET GRAND HAVEN,MI 494171410	38-2856482	501(C)(3)	27,439				FBO HOLE SPONSOR FUNDRAISER
UC BERKELEY FOUNDATION-THE CAL FUND 2080 ADDISON 4200 BERKELEY,CA 947204200	94-6090626	501(C)(3)	20,000				FBO $10,000 DOROTHY AHLBURG SCHOLARSHIP FUND, $10,000 MOFFITT LIBRARY RENOVATION FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
USS SILVERSIDES MUSEUM 1340 BLUFF MUSKEGON,MI 49441	38-2899689	501(C)(3)	45,500				U S S FLIER EXHIBIT
VILLAGE OF SPRING LAKE 102 WEST SAVIDGE STREET SPRING LAKE,MI 49456	38-6007205	115	84,499				FBO CENTRAL PARK RESTORATION
VOICE OF MARTYRS PO BOX 443 BARTLESVILLE,OK 740050443	73-1395057	501(C)(3)	10,000				FBO PROGRAM SUPPORT
WEST MICHIGAN SYMPHONY 360 WEST WESTERN AVENUE SUITE 200 MUSKEGON,MI 49440	38-6092131	501(C)(3)	36,250				ROOF DECK IMPROVEMENTS
WEST MICHIGAN TRAILS AND GREENWAYS COALITION PO BOX 325 COMSTOCK PARK,MI 49321	20-2362857	501(C)(3)	20,500				FUND TO EXPAND VIABILITY
WESTERN THEOLOGICAL SEMINARY 101 E 13TH ST HOLLAND,MI 49423	38-2009204	501(C)(3)	30,000				FBO DEPPE FAMILY ENDOWED
WETLAND WATCH 111 W ANN STREET SPRING LAKE,MI 49456	81-0573165	501(C)(3)	26,000				FBO HARBOR ISLAND PHRAGMITIES
WHEATON COLLEGE 501 COLLEGE AVE WHEATON,IL 601875593	36-2182171	501(C)(3)	10,000				FBO #400 ASSOCIATES GIVING LEVEL FUND
WHITE PINES MIDDLE SCHOOL 1400 SOUTH GRIFFIN STREET GRAND HAVEN,MI 49417	38-6003290	501(C)(3)	5,000				LITERACY AND ACHIEVEMENT PROGRAM
WORLD EYE MISSION 7500 BOARDWALK SALINE,MI 48176	38-3399358	501(C)(3)	5,000				FBO ASSIST WITH ENHANCING EYE PROGRAM IN HAITI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
WORLD RENEW 2850 KALAMAZOO AVE GRAND RAPIDS,MI 49502	38-1708140	501(C)(3)	7,000				FBO PROGRAM SUPPORT

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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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	X	24	782,996	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GRAND HAVEN AREA COMMUNITY FOUNDATION INC

Employer identification number
23-7108776

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE GOVERNING BODY AND ALL COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY REVIEW AND UPDATE A CONFLICT OF INTEREST STATEMENT IDENTIFYING ANY SITUATION WHERE A POSSIBLE CONFLICT OF INTEREST MAY EXIST BETWEEN THE BOARD OR COMMITTEE MEMBER, OR MEMBERS OF THEIR IMMEDIATE FAMILY, AND A PARTICULAR NONPROFIT AGENCY IF A MATTER IS UNDER CONSIDERATION BY THE BOARD OR COMMITTEE IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST, THE BOARD OR COMMITTEE MEMBER SHALL NOT VOTE OR USE THEIR PERSONAL INFLUENCE ON THE MATTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	EVALUATION PROCESS FOR THE PRESIDENT 1 THE PRESIDENT COMPLETES THE EMPLOYEE SELF EVALUATION FORM, BASED ON THE GOALS OF THE PRECEDING YEAR 2 THE PRESIDENT GIVES THE COMPLETED SELF EVALUATION FORM TO THE BOARD CHAIR BEFORE THE BOARD CHAIR/PRESIDENT ANNUAL REVIEW MEETING 3 AT THE ANNUAL REVIEW MEETING, THE BOARD CHAIR AND PRESIDENT REVIEW THE SELF EVALUATION FORM, DISCUSS THE YEAR'S ACCOMPLISHMENTS AND THE GOALS GOING FORWARD 4 THE BOARD CHAIR NEXT DISTRIBUTES COPIES OF THE PRESIDENT'S SELF EVALUATION TO THE EXECUTIVE COMMITTEE AND MAY SEEK FURTHER COMMENT FROM THE BOARD OF TRUSTEES AT THIS TIME 5 TO DETERMINE THE PRESIDENT'S COMPENSATION, THE EXECUTIVE COMMITTEE REVIEWS THE MOST CURRENT COMPARABLE SALARY DATA AVAILABLE PROVIDED BY THE COUNCIL ON FOUNDATIONS, COUNCIL OF MICHIGAN FOUNDATIONS, AND LOCAL SALARY SURVEY CONDUCTED BY THE CHAMBER OF COMMERCE 6 THE EXECUTIVE COMMITTEE MEETS WITH THE PRESIDENT TO DISCUSS THE REVIEW THE PRESIDENT IS THEN EXCUSED FROM THIS MEETING TO ALLOW THE BOARD CHAIR AND EXECUTIVE COMMITTEE FURTHER DISCUSSION 7 THE EXECUTIVE COMMITTEE REPORTS BACK TO THE BOARD OF TRUSTEES ON THE REVIEW PROCESS AND RECOMMENDS COMPENSATION CHANGES AT THE NEXT BOARD OF TRUSTEES MEETING FORM 990, PART VI, SECTION B, LINE 15B EVALUATION PROCESS FOR OFFICERS AND KEY EMPLOYEES IS NOT APPLICABLE SINCE OTHER OFFICERS OF THE ORGANIZATION ARE NOT COMPENSATED AND THE ORGANIZATION HAS NO KEY EMPLOYEES THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2013

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AND RECORDS PUBLIC ACCESS POLICY THE FOLLOWING DOCUMENTS AND RECORDS SHALL BE AVAILABLE FOR PUBLIC INSPECTION ARTICLES OF INCORPORATION BYLAWS INTERNAL REVENUE SERVICE DETERMINATION LETTERS INTERNAL REVENUE SERVICE FORM 990 (EXCLUSIVE OF DONOR IDENTIFICATION INFORMATION) PUBLISHED ANNUAL REPORT MOST RECENT AUDITED FINANCIAL STATEMENTS (EXCLUSIVE OF DONOR IDENTIFICATION INFORMATION) PAMPHLETS BROCHURES NEWSLETTERS NEWS RELEASES PROCEDURE 1 ALL RECORDS AND DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION SHALL REMAIN AT THE FOUNDATION OFFICE AT ALL TIMES 2 TO INSPECT DOCUMENTS, REQUESTS MUST BE MADE IN PERSON AT THE FOUNDATION OFFICE REQUESTED DOCUMENTS SHALL BE PROVIDED AS SOON AS REASONABLY POSSIBLE 3 IF COPIES ARE REQUESTED, THE FOUNDATION MAY CHARGE A REASONABLE FEE FOR COPYING AND MAILING IN ADDITION, THE ANNUAL REPORT AND WEBSITE DIRECT THE PUBLIC TO CONTACT OUR OFFICE TO REQUEST REVIEW FORM 1023 NOT AVAILABLE, EXEMPT STATUS OBTAINED PRIOR TO 7/15/1987

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPLIT INTEREST AGREEMENT -168,596

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GRAND HAVEN AREA COMMUNITY FOUNDATION INC

Employer identification number
23-7108776

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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	(g) No
(1) GRAND HAVEN FOUNDATION SUPPORTING ORGANIZATION ONE SOUTH HARBOR DRIVE GRAND HAVEN, MI 49417 20-5706188	ASSIST DONORS IN FULFILLING THEIR PHILANTHROPIC & CHARITABLE RESPONSIBILITY	MI	501(C)(3)	LINE 11A, I	GRAND HAVEN AREA COMMUNITY FOUNDATION	Yes	
(2) MARION A AND RUTH K SHERWOOD FAMILY FUND ONE SOUTH HARBOR DRIVE GRAND HAVEN, MI 49417 38-3645324	SUPPORT OF THE CHARITABLE PROGRAMS OF THE FOUNDATION	MI	501(C)(3)	LINE 11A, I	GRAND HAVEN AREA COMMUNITY FOUNDATION	Yes	

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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
(1) MARION A AND RUTH K SHERWOOD FAMILY FUND	Q	77,727	FMV
(2) MARION A AND RUTH K SHERWOOD FAMILY FUND	C	100,000	CASH

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) Disproprtionate 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation