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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GRAND HAVEN AREA COMMUNITY FOUNDATION INC

Doing business as
GRAND HAVEN AREA COMMUNITY FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
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 $ 11,781,578

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 2015 (Part V, line 2a)	**5**	9
6	Total number of volunteers (estimate if necessary)	**6**	42
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)	4,897,327	4,500,921
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,443,693	1,305,376
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,733	91,613
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,430,753	5,897,910
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,418,805	4,216,665
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)	449,618	481,091
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 149,883		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	326,336	358,822
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,194,759	5,056,578
19	Revenue less expenses Subtract line 18 from line 12	3,235,994	841,332
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	71,255,225	70,361,380
21	Total liabilities (Part X, line 26)	423,219	234,598
22	Net assets or fund balances Subtract line 21 from line 20	70,832,006	70,126,782

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

****** 2016-07-28
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	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 $ 4,342,268 including grants of $ 4,216,665) (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** ▶ 4,342,268

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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**	11		
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**	9		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			No
b	Did the sponsoring 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, address, and telephone number of the person who possesses the organization's books and records ▶ 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) KENNARD CREASON CHAIRPERSON	1 00 0 00	X		X				0	0	0
(2) MARK KLEIST VICE CHAIR	1 00 0 00	X		X				0	0	0
(3) TAMARA BAILEY SECRETARY	1 00 1 00	X		X				0	0	0
(4) RANDY HANSEN TREASURER	1 00 0 00	X		X				0	0	0
(5) STEVE MORELAND CHAIRPERSON/TRUSTEE	1 00 0 00	X		X				0	0	0
(6) MELINDA BRINK TRUSTEE	1 00 2 00	X						0	0	0
(7) GAIL RINGELBERG TRUSTEE	1 00 0 00	X						0	0	0
(8) MONICA VERPLANK TRUSTEE	1 00 0 00	X						0	0	0
(9) SANDY HUBER TRUSTEE	1 00 0 00	X						0	0	0
(10) CHAD BUSH TRUSTEE	1 00 0 00	X						0	0	0
(11) KIM ZEVALKINK TRUSTEE	1 00 1 00	X						0	0	0
(12) HOLLY JOHNSON PRESIDENT	40 00 0 00			X				113,728	0	14,353

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)** . . . . . ▶	113,728	0	14,353

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 ▶ 1

			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
DAVID C BOS CONSTRUCTIONS 17220 HICKORY ST SPRING LAKE, MI 49456	OFFICE REMODEL/RENOVATION	164,511

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 ▶ 1

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	10,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,490,921			
	g	Noncash contributions included in lines 1a-1f $		1,503,915			
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,500,921			
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) . . . . . ▶		1,372,099			1,372,099
	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	5,816,945				
	b	Less cost or other basis and sales expenses	5,883,668				
	c	Gain or (loss)	-66,723				
	d	Net gain or (loss) . . . . . ▶		-66,723			-66,723
	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 . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	ADMINISTRATIVE FEE	900099	88,576			88,576
	b						
	c						
	d	All other revenue		3,037			3,037
	e	**Total.** Add lines 11a–11d . . . . . ▶		91,613			
	12	**Total revenue.** See Instructions . . . . . ▶		5,897,910	0	0	1,396,989

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,833,874	3,833,874		
2 Grants and other assistance to domestic individuals See Part IV, line 22	382,791	382,791		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	128,081	43,548	39,705	44,828
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	281,857	67,646	184,661	29,550
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,628	3,218	7,939	3,471
9 Other employee benefits	27,374	2,737	18,966	5,671
10 Payroll taxes	29,151	8,454	15,968	4,729
11 Fees for services (non-employees)				
a Management				
b Legal	12,225		12,225	
c Accounting	32,328		32,328	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	25,693		25,693	
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	47,699			47,699
13 Office expenses	59,591		54,428	5,163
14 Information technology				
15 Royalties				
16 Occupancy	27,375		27,375	
17 Travel	19,753		19,753	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,304		33,304	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,608		63,608	
23 Insurance	9,886		9,886	
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 PUBLIC RELATIONS	16,332		7,560	8,772
b OFFICE EQUIP & MAINT	11,028		11,028	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	5,056,578	4,342,268	564,427	149,883
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		936,956	1	1,043,044
	2	Savings and temporary cash investments		1,485,421	2	778,202
	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		123,663	7	120,892
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,216	9	1,879
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,282,682			
	b	Less accumulated depreciation	10b 294,196	854,940	10c	988,486
	11	Investments—publicly traded securities		67,846,029	11	67,428,877
	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)		71,255,225	16	70,361,380
Liabilities	17	Accounts payable and accrued expenses		93,780	17	3,945
	18	Grants payable		117,111	18	35,299
	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		212,328	25	195,354
	26	**Total liabilities.** Add lines 17 through 25		423,219	26	234,598
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		70,832,006	27	70,126,782
	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		70,832,006	33	70,126,782
	34	Total liabilities and net assets/fund balances		71,255,225	34	70,361,380

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	5,897,910
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,056,578
3	Revenue less expenses Subtract line 2 from line 1	3	841,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,832,006
5	Net unrealized gains (losses) on investments	5	-1,516,021
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	-30,535
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,126,782

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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,927,075	5,778,941	3,145,598	4,897,327	4,500,921	21,249,862
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	2,927,075	5,778,941	3,145,598	4,897,327	4,500,921	21,249,862
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)						4,259,063
6 **Public support.** Subtract line 5 from line 4						16,990,799

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,927,075	5,778,941	3,145,598	4,897,327	4,500,921	21,249,862
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	955,371	1,107,873	1,180,792	1,333,411	1,372,099	5,949,546
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					3,037	3,037
11 **Total support.** Add lines 7 through 10						27,202,445

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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	62 460 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	**15**	59 880 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	OTHER REVENUE - 2015 Amount $ 3,037

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GRAND HAVEN AREA COMMUNITY FOUNDATION INC

Employer identification number
23-7108776

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	178	22
2	Aggregate value of contributions to (during year)	2,893,228	787,155
3	Aggregate value of grants from (during year)	2,631,714	580,947
4	Aggregate value at end of year	19,475,975	832,916

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year
▶ _____

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

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

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	48,216,899	45,526,144	36,943,767	30,527,174	29,950,092
b	Contributions	1,298,771	1,421,140	1,003,089	3,495,452	2,496,213
c	Net investment earnings, gains, and losses	-133,585	3,177,942	9,014,630	4,344,061	-579,316
d	Grants or scholarships	1,533,876	1,432,985	1,026,868	1,003,391	990,825
e	Other expenditures for facilities and programs					
f	Administrative expenses	489,607	475,342	408,472	419,529	348,990
g	End of year balance	47,264,919	48,216,899	45,526,144	36,943,767	30,527,174

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		856,430	169,230	687,200
c Leasehold improvements				
d Equipment		407,693	122,031	285,662
e Other		18,559	2,935	15,624
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				988,486

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
CHARITABLE GIFT ANNUITIES PAYABLE	195,354
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	195,354

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' on Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information

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

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 FOUNDATION 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 FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS

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," on 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

2015

Open to Public Inspection

Name of the organization
GRAND HAVEN AREA COMMUNITY FOUNDATION INC

Employer identification number
23-7108776

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 124

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	188	382,791		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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBION COLLEGE 611 EAST PORTER ST ALBION,MI 49224	38-1359081	501(C)(3)	5,000				GENERAL/OPERATING
ALL SHORES WESLEYAN CHURCH 15550 CLEVELAND STREET SPRING LAKE,MI 49456	38-2493017	501(C)(3)	6,000				GENERAL/OPERATING
ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE ALLENDALE,MI 49401	38-1560740	501(C)(3)	38,597				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLENDALE CHRISTIAN SCHOOL 11050 64TH AVE ALLENDALE,MI 49401	38-1560740	501(C)(3)	5,960				EMERGENCY FUNDS
ALMA COLLEGE 614 WEST SUPERIOR STREET ALMA,MI 488019957	38-1359083	501(C)(3)	5,000				GENERAL/OPERATING
ALMA COLLEGE 614 WEST SUPERIOR STREET ALMA,MI 488019957	38-1359083	501(C)(3)	11,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY GRAND RAPIDS 129 JEFFERSON AVE SE GRAND RAPIDS,MI 49503	38-3209120	501(C)(3)	8,350				GENERAL/OPERATING
AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN 2966 WOODWARD AVE DETROIT,MI 48201	23-7243421	501(C)(3)	5,000				ANNUAL CAMPAIGNS
AMERICAN HEART ASSOCIATION P O BOX 22249 ST PETERSBURG,FL 33742	13-5613797	501(C)(3)	8,350				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTHRITIS FOUNDATION OF WEST MICHIGAN 3737 LAKE EASTBROOK BLVD STE 217 GRAND RAPIDS,MI 495465989	38-1366904	501(C)(3)	8,350				GENERAL/OPERATING
BARNABAS FOUNDATION 18601 NORTH CREEK DRIVE SUITE TINLEY PARK,IL 604776399	36-2904503	501(C)(3)	10,000				ENDOWMENT FUNDS
BARNABAS MINISTRIES 9479 RILEY ST 200 ZEELAND,MI 49464	38-3244843	501(C)(3)	10,000				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BE WELL CENTER 336 HALL ST SE GRAND RAPIDS,MI 49507	36-4737541	501(C)(3)	10,000				GENERAL/OPERATING
BENJAMIN'S HOPE 15468 RILEY STREET HOLLAND,MI 49424	74-3153382	501(C)(3)	5,000				GENERAL/OPERATING
BETHANY CHRISTIAN SERVICES-HOLLAND OFFICE 12048 JAMES STREET HOLLAND,MI 49424	38-3542119	501(C)(3)	5,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG RED FOUNDATION 305 HOOVER BLVD SUITE 400 HOLLAND,MI 49423	20-8145143	501(C)(3)	10,000				BUILDING/RENOVATION
CALVIN COLLEGE 3201 BURTON STREET SE GRAND RAPIDS,MI 49546	38-3071514	501(C)(3)	5,000				GENERAL/OPERATING
CALVIN COLLEGE 3201 BURTON STREET SE GRAND RAPIDS,MI 49546	38-3071514	501(C)(3)	7,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALVIN COLLEGE 3201 BURTON STREET SE GRAND RAPIDS,MI 49546	38-3071514	501(C)(3)	25,000				PROGRAM DEVELOPMENT
CALVIN THEOLOGICAL SEMINARY 3233 BURTON STREET SE GRAND RAPIDS,MI 495464387	38-3001876	501(C)(3)	10,000				ENDOWMENT FUNDS
CALVIN THEOLOGICAL SEMINARY 3233 BURTON STREET SE GRAND RAPIDS,MI 495464387	38-3001876	501(C)(3)	50,000				ENDOWMENT FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S ADVOCACY CENTER 12125 UNION ST HOLLAND, MI 49424	38-3445089	501(C)(3)	5,500				GENERAL/OPERATING
CHILDREN'S ADVOCACY CENTER 12125 UNION ST HOLLAND, MI 49424	38-3445089	501(C)(3)	10,000				ANNUAL CAMPAIGNS
CHRISTIAN HAVEN HOME 704 PENNOYER AVENUE GRAND HAVEN, MI 49417	38-1658800	501(C)(3)	28,173				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN LEADERS INSTITUTE PO BOX 1225 SOUTH HOLLAND,IL 60473	16-1733646	501(C)(3)	15,000				GENERAL/OPERATING
CHRISTIAN LEADERS INSTITUTE PO BOX 1225 SOUTH HOLLAND,IL 60473	16-1733646	501(C)(3)	35,000				GENERAL/OPERATING
CHRISTIAN REFORMED WORLD MISSIONS 2850 KALAMAZOO AVE SE GRAND RAPIDS,MI 495028033	38-1505621	501(C)(3)	8,350				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF COOPERSVILLE 289 DANFORTH ST COOPERSVILLE,MI 49404	38-6007172	115	6,000				BUILDING/RENOVATION
CITY OF FERRYSBURG P O BOX 38 FERRYSBURG,MI 49409	38-1724041	115	5,401				GENERAL/OPERATING
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN,MI 49417	38-6004687	115	10,578				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN, MI 49417	38-6004687	115	6,000				EQUIPMENT
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN, MI 49417	38-6004687	115	9,928				CAPITAL CAMPAIGNS
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN, MI 49417	38-6004687	115	17,325				EQUIPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN, MI 49417	38-6004687	115	35,371				BUILDING/RENOVATION
CITY OF GRAND HAVEN 519 WASHINGTON STREET GRAND HAVEN, MI 49417	38-6004687	115	39,091				PROGRAM DEVELOPMENT
COMMUNITY ACCESS LINE OF THE LAKESHORE 560 SEMINOLE RD MUSKEGON, MI 49444	38-3171086	501(C)(3)	8,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY 425 WEST WESTERN AVENUE MUSKEGON,MI 49440	38-6114135	501(C)(3)	10,000				CAPITAL CAMPAIGNS
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY 425 WEST WESTERN AVENUE MUSKEGON,MI 49440	38-6114135	501(C)(3)	12,500				ANNUAL CAMPAIGNS
COMMUNITY REFORMED CHURCH 10376 FELCH ST ZEELAND,MI 49464	38-6155592	501(C)(3)	10,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY REFORMED CHURCH 10376 FELCH ST ZEELAND,MI 49464	38-6155592	501(C)(3)	20,000				DEBT REDUCTION
COMMUNITY REFORMED CHURCH 10376 FELCH ST ZEELAND,MI 49464	38-6155592	501(C)(3)	200,000				BUILDING/RENOVATION
COOPERSVILLE AREA DISTRICT LIBRARY 333 OTTAWA COOPERSVILLE,MI 49404	38-1884904	115	5,000				EXHIBITIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COOPERSVILLE BAND BOOSTERS 198 EAST STREET COOPERSVILLE,MI 49404	38-2624241	501(C)(3)	5,000				CAPITAL CAMPAIGNS
COOPERSVILLE FARM MUSEUM 375 MAIN STREET P O BOX 65 COOPERSVILLE,MI 49404	20-2297381	501(C)(3)	13,967				GENERAL/OPERATING
COOPERSVILLE FARM MUSEUM 375 MAIN STREET P O BOX 65 COOPERSVILLE,MI 49404	20-2297381	501(C)(3)	13,967				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COOPERSVILLE FARM MUSEUM 375 MAIN STREET P O BOX 65 COOPERSVILLE,MI 49404	20-2297381	501(C)(3)	13,967				GENERAL/OPERATING
COOPERSVILLE FARM MUSEUM 375 MAIN STREET P O BOX 65 COOPERSVILLE,MI 49404	20-2297381	501(C)(3)	13,967				GENERAL/OPERATING
COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR DRIVE GRAND HAVEN,MI 49417	38-6263347	501(C)(3)	5,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COVENANT LIFE CHURCH 101 COLUMBUS GRAND HAVEN,MI 49417	38-2794856	501(C)(3)	5,000				GENERAL/OPERATING
COVENANT LIFE CHURCH 101 COLUMBUS GRAND HAVEN,MI 49417	38-2794856	501(C)(3)	5,000				GENERAL/OPERATING
COVENANT LIFE CHURCH 101 COLUMBUS GRAND HAVEN,MI 49417	38-2794856	501(C)(3)	5,100				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COVENANT LIFE CHURCH 101 COLUMBUS GRAND HAVEN,MI 49417	38-2794856	501(C)(3)	5,500				GENERAL/OPERATING
COVENANT LIFE CHURCH 101 COLUMBUS GRAND HAVEN,MI 49417	38-2794856	501(C)(3)	8,400				GENERAL/OPERATING
COVENANT LIFE CHURCH 101 COLUMBUS GRAND HAVEN,MI 49417	38-2794856	501(C)(3)	9,200				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROCKERY TOWNSHIP 17431 112TH NUNICA,MI 49448	38-2699378	115	5,000				LAND ACQUISITION
CROSSWORLD 10000 N OAK TRAFFICWAY KANSAS CITY,MO 64155	23-1352564	501(C)(3)	8,500				ANNUAL CAMPAIGNS
EVERY WOMAN'S PLACE 1221 W LAKETON AVE MUSKEGON,MI 49441	38-2072675	501(C)(3)	25,000				CAPITAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVERY WOMAN'S PLACE 1221 W LAKETON AVE MUSKEGON, MI 49441	38-2072675	501(C)(3)	25,000				CAPITAL CAMPAIGNS
FAITH IN ACTION INTERNATIONAL PO BOX 171 SPRING LAKE, MI 49456	38-3506259	501(C)(3)	20,000				GENERAL/OPERATING
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN, MI 49417	38-1367309	501(C)(3)	9,150				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN,MI 49417	38-1367309	501(C)(3)	13,178				PROGRAM DEVELOPMENT
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN,MI 49417	38-1367309	501(C)(3)	81,390				GENERAL/OPERATING
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN,MI 49417	38-1367309	501(C)(3)	5,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN,MI 49417	38-1367309	501(C)(3)	5,000				GENERAL/OPERATING
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN,MI 49417	38-1367309	501(C)(3)	6,200				GENERAL/OPERATING
FIRST PRESBYTERIAN CHURCH OF GRAND HAVEN 508 FRANKLIN GRAND HAVEN,MI 49417	38-1367309	501(C)(3)	10,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK,FL 33073	59-2174510	501(C)(3)	6,400				PROGRAM DEVELOPMENT
FOUR POINTES CENTER FOR SUCCESSFUL AGING 1051 S BEACON BLVD GRAND HAVEN,MI 49417	38-1915121	501(C)(3)	11,280				BUILDING/RENOVATION
GILDA'S CLUB OF GRAND RAPIDS 1806 BRIDGE STREET NW GRAND RAPIDS,MI 49504	38-3367525	501(C)(3)	5,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE 3275 WALKER AVENUE NW GRAND RAPIDS,MI 49544	38-1366924	501(C)(3)	7,180				GENERAL/OPERATING
GLOBAL PARTNERS PO BOX 50434 INDIANAPOLIS,IN 46250	26-4605790	501(C)(3)	6,000				EMERGENCY FUNDS
GRACIOUS GROUNDS PO BOX 393 SPRING LAKE,MI 49456	46-4025239	501(C)(3)	5,000				BUILDING/RENOVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRACIOUS GROUNDS 1015 MOORINGS CT MUSKEGON,MI 49445	46-4025239	501(C)(3)	50,000				BUILDING/RENOVATION
GRACIOUS GROUNDS PO BOX 393 SPRING LAKE,MI 49456	46-4025239	501(C)(3)	5,000				BUILDING/RENOVATION
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 SOUTH BEECHTREE GRAND HAVEN,MI 49417	38-6003290	501(C)(3)	25,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 SOUTH BEECHTREE GRAND HAVEN,MI 49417	38-6003290	501(C)(3)	25,000				PROGRAM DEVELOPMENT
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 SOUTH BEECHTREE GRAND HAVEN,MI 49417	38-6003290	501(C)(3)	7,109				PROGRAM DEVELOPMENT
GRAND HAVEN AREA PUBLIC SCHOOLS 1415 SOUTH BEECHTREE GRAND HAVEN,MI 49417	38-6003290	501(C)(3)	6,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT STREET GRAND HAVEN,MI 49417	38-1467641	501(C)(3)	9,905				EMERGENCY FUNDS
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT STREET GRAND HAVEN,MI 49417	38-1467641	501(C)(3)	8,000				PROGRAM DEVELOPMENT
GRAND HAVEN HIGH SCHOOL ATHLETIC DEPT 17001 FERRIS GRAND HAVEN,MI 49417	38-6003290	115	10,400				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272 GRAND HAVEN,MI 49417	38-3218960	501(C)(3)	40,132				PROGRAM DEVELOPMENT
GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272 GRAND HAVEN,MI 49417	38-3218960	501(C)(3)	5,000				PROGRAM DEVELOPMENT
GRAND RAPIDS CHRISTIAN SCHOOL ASSOCIATION 1508 ALEXANDER ST SE GRAND RAPIDS,MI 49506	23-7017305	501(C)(3)	6,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE SUITE 100 GRAND RAPIDS,MI 49503	38-6005447	501(C)(3)	10,000				GENERAL/OPERATING
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE SUITE 100 GRAND RAPIDS,MI 49503	38-6005447	501(C)(3)	20,000				GENERAL/OPERATING
GRAND RAPIDSMUSKEGON YOUTH FOR CHRIST PO BOX 711 MUSKEGON,MI 49443	38-6033586	501(C)(3)	5,409				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND VALLEY STATE UNIVERSITY FOUNDATION 301 FULTON ST WEST GRAND RAPIDS,MI 495011945	38-6086770	501(C)(3)	5,000				CONFERENCES/SEMINARS/STAFF/BOARD DEVELOPMENT
GRAND VALLEY STATE UNIVERSITY FOUNDATION 301 FULTON ST WEST GRAND RAPIDS,MI 495011945	38-6086770	501(C)(3)	5,000				ENDOWMENT FUNDS
GRAND VALLEY STATE UNIVERSITY FOUNDATION 301 FULTON ST WEST GRAND RAPIDS,MI 495011945	38-6086770	501(C)(3)	5,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAND VALLEY STATE UNIVERSITY FOUNDATION 301 FULTON ST WEST GRAND RAPIDS,MI 495011945	38-6086770	501(C)(3)	30,000				GENERAL/OPERATING
GREATER EUROPE MISSION PO BOX 1669 MONUMENT,CO 80132	36-2345199	501(C)(3)	8,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND,MI 494221349	38-3522782	501(C)(3)	17,650				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND,MI 494221349	38-3522782	501(C)(3)	10,000				GENERAL/OPERATING
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND,MI 494221349	38-3522782	501(C)(3)	10,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND,MI 494221349	38-3522782	501(C)(3)	10,000				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	5,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	5,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	5,000				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	5,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	10,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	10,000				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	10,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	10,000				ANNUAL CAMPAIGNS
GREATER OTTAWA COUNTY UNITED WAY INC P O BOX 1349 HOLLAND, MI 494221349	38-3522782	501(C)(3)	24,000				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HABITAT FOR HUMANITY INTERNATIONAL-LAKESHORE 12727 RILEY STREET HOLLAND,MI 49424	38-2893355	501(C)(3)	6,000				GENERAL/OPERATING
HARBOR HUMANE SOCIETY 14345 BAGLEY STREET WEST OLIVE,MI 49460	38-1623660	501(C)(3)	12,840				GENERAL/OPERATING
HARVARD BUSINESS SCHOOL TEELE HALLSOLDIERS FIELD ROAD BOSTON,MA 02163	04-2103580	501(C)(3)	10,000				ENDOWMENT FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELP FOR REFUGEES INC PO BOX 5161 TORRANCE,CA 90510	95-3064521	501(C)(3)	10,000				GENERAL/OPERATING
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE,MI 49242	38-1374230	501(C)(3)	5,000				GENERAL/OPERATING
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND,MI 49423	38-1416520	501(C)(3)	5,000				EMERGENCY FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMANITY FOR PRISONERS PO BOX 687 GRAND HAVEN, MI 49417	38-3620946	501(C)(3)	5,000				ANNUAL CAMPAIGNS
INDIAN TRAILS CAMP 0-1859 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49534	38-6027165	501(C)(3)	12,000				PROGRAM DEVELOPMENT
INTERNATIONAL AID INC 17011 HICKORY STREET SPRING LAKE, MI 494569712	38-2323550	501(C)(3)	5,409				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES INC 3351 CLAYSTONE ST SE SUITE 201 GRAND RAPIDS,MI 49546	38-1557861	501(C)(3)	6,000				PROGRAM DEVELOPMENT
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES INC 3351 CLAYSTONE ST SE SUITE 201 GRAND RAPIDS,MI 49546	38-1557861	501(C)(3)	10,000				PROGRAM DEVELOPMENT
LAKESHORE ETHNIC DIVERSITY ALLIANCE PO BOX 2945 HOLLAND,MI 49422	38-3360686	501(C)(3)	5,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAMONT CHRISTIAN SCHOOL 5260 LEONARD ROAD COOPERSVILLE,MI 49404	38-1558421	501(C)(3)	6,162				GENERAL/OPERATING
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN ST NW SUITE 102 GRAND RAPIDS,MI 49504	38-2363129	501(C)(3)	10,000				GENERAL/OPERATING
LIFE ACTION MINISTRIES 1696 E CLEAR LAKE RD BUCHANAN,MI 49107	38-2157686	501(C)(3)	7,080				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY 1044 ALTA VISTA RD LOUISVILLE,KY 40205	61-0444768	501(C)(3)	5,000				ENDOWMENT FUNDS
LOUTIT DISTRICT LIBRARY 407 COLUMBUS STREET GRAND HAVEN,MI 49417	38-3551480	115	11,148				PROGRAM DEVELOPMENT
LOVE INC 1106 FULTON GRAND HAVEN,MI 49417	38-2856482	501(C)(3)	11,250				PROGRAM DEVELOPMENT

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

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LOVE INC 1106 FULTON GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	11,250				PROGRAM DEVELOPMENT
LOVE INC 1106 FULTON GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	10,000				EMERGENCY FUNDS
LOVE INC 326 N FERRY ST SUITE A GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	10,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOVE INC 326 N FERRY ST SUITE A GRAND HAVEN,MI 49417	38-2856482	501(C)(3)	12,500				GENERAL/OPERATING
LOVE INC 1106 FULTON GRAND HAVEN,MI 49417	38-2856482	501(C)(3)	20,000				GENERAL/OPERATING
LOVE INC OF MUSKEGON COUNTY 2735 E APPLE AVE SUITE A MUSKEGON,MI 49442	38-2450507	501(C)(3)	10,000				GENERAL/OPERATING

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

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MICHIGAN COLLEGES ALLIANCE 26555 EVERGREEN ROAD SUITE 870 SOUTHFIELD,MI 48076	38-1332962	501(C)(3)	15,000				GENERAL/OPERATING
MISSION PARTNERS INDIA INC PO BOX 168 ZEELAND,MI 49464	81-0552652	501(C)(3)	7,500				GENERAL/OPERATING
MULLIGAN'S HOLLOW SKI BOWL ASSOCIATION PO BOX 969 GRAND HAVEN,MI 49417	27-1033904	501(C)(3)	5,000				EQUIPMENT

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

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MULLIGAN'S HOLLOW SKI BOWL ASSOCIATION PO BOX 969 GRAND HAVEN,MI 49417	27-1033904	501(C)(3)	10,000				GENERAL/OPERATING
MUSKEGON MUSEUM OF ART 296 WEST WEBSTER MUSKEGON,MI 49440	38-3402560	501(C)(3)	18,169				GENERAL/OPERATING
MUSKEGON RESCUE MISSION 1691 PECK STREET MUSKEGON,MI 49444	38-3525239	501(C)(3)	5,409				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	12,500				CAPITAL CAMPAIGNS
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	75,000				CAPITAL CAMPAIGNS
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	100,000				CAPITAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	5,268				EQUIPMENT
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	10,000				CAPITAL CAMPAIGNS
NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	25,000				CAPITAL CAMPAIGNS

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

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NORTH OTTAWA COMMUNITY HEALTH SYSTEMS 1309 SHELDON ROAD GRAND HAVEN,MI 49417	38-3330803	501(C)(3)	50,000				CAPITAL CAMPAIGNS
NORTHWEST OTTAWA COUNTY CHAMBER FOUNDATION 1 SOUTH HARBOR GRAND HAVEN,MI 49417	38-3163993	501(C)(3)	10,000				PROGRAM DEVELOPMENT
OPERATION MOBILIZATION PO BOX 444 TYRONE,GA 30290	22-2513811	501(C)(3)	12,500				ANNUAL CAMPAIGNS

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

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OTTAWA COUNTY PARKS & RECREATION 12220 FILLMORE STREET WEST OLIVE,MI 49460	38-6004883	115	150,000				BUILDING/RENOVATION
OTTAWA COUNTY PLANNING AND PERFORMANCE IMPROVEMENT DEPARTMEN 12220 FILLMORE RM 170 WEST OLIVE,MI 49460	38-6004883	115	17,000				PROGRAM DEVELOPMENT
OTTAWA COUNTY PLANNING AND PERFORMANCE IMPROVEMENT DEPARTMEN 12220 FILLMORE RM 170 WEST OLIVE,MI 49460	38-6004883	115	18,000				PROGRAM DEVELOPMENT

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

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OUT SIDE IN INC 12511 152ND AVE GRAND HAVEN,MI 49417	27-4898039	501(C)(3)	10,000				PROGRAM DEVELOPMENT
OUT SIDE IN INC 12511 152ND AVE GRAND HAVEN,MI 49417	27-4898039	501(C)(3)	10,000				GENERAL/OPERATING
POLKTON CHARTER TOWNSHIP 6900 ARTHUR ST COOPERSVILLE,MI 49404	38-2720880	115	29,070				BUILDING/RENOVATION

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

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POTTER'S HOUSE SCHOOL 810 VAN RAALTE DR SW WYOMING,MI 49509	38-2372676	501(C)(3)	5,000				ANNUAL CAMPAIGNS
POTTER'S HOUSE SCHOOL 810 VAN RAALTE DR SW WYOMING,MI 49509	38-2372676	501(C)(3)	10,000				ENDOWMENT FUNDS
PRESBYTERIAN CHURCH OF WYOMING 225 WYOMING WYOMING,OH 45215	31-0564122	501(C)(3)	10,000				BUILDING/RENOVATION

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

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PRINCETON THEOLOGICAL SEMINARY P O BOX 821 PRINCETON,NJ 085420803	21-0635010	501(C)(3)	10,000				ANNUAL CAMPAIGNS
PRINCETON THEOLOGICAL SEMINARY P O BOX 821 PRINCETON,NJ 085420803	21-0635010	501(C)(3)	100,000				ANNUAL CAMPAIGNS
REACH OUT FOR CHRIST 16917 QUINCY STREET HOLLAND,MI 494245636	38-1966151	501(C)(3)	5,000				GENERAL/OPERATING

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

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REACH OUT FOR CHRIST 16917 QUINCY STREET HOLLAND,MI 494245636	38-1966151	501(C)(3)	10,000				GENERAL/OPERATING
REMEMBRANCE RANCH PO BOX 113 ALLENDALE,MI 49401	20-5019866	501(C)(3)	5,000				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	5,000				GENERAL/OPERATING

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

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REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	5,000				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	7,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	14,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	14,200				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	17,500				GENERAL/OPERATING
REMEMBRANCE REFORMED CHURCH 4575 REMEMBRANCE NW GRAND RAPIDS,MI 49534	38-1844325	501(C)(3)	50,000				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROBINSON TOWNSHIP 12010 120TH AVE GRAND HAVEN,MI 49417	38-1860282	501(C)(3)	6,000				BUILDING/RENOVATION
ROSE PARK REFORMED CHURCH 14241 ROSE PARK DR HOLLAND,MI 49424	38-1626000	501(C)(3)	7,500				GENERAL/OPERATING
SCOTTSDALE BIBLE CHURCH 7601 EAST SHEA BOULEVARD SCOTTSDALE,AZ 85260	86-0179808	501(C)(3)	5,000				GENERAL/ANNUAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND CHRISTIAN REFORMED CHURCH 2021 SHELDON RD GRAND HAVEN, MI 49417	38-1747900	501(C)(3)	5,000				GENERAL/OPERATING
SECOND REFORMED CHURCH 1000 WAVERLY STREET GRAND HAVEN, MI 49417	38-1722342	501(C)(3)	9,565				GENERAL/OPERATING
SPRING LAKE CHRISTIAN REFORMED CHURCH 364 S LAKE AVE SPRING LAKE, MI 49456	38-1722443	501(C)(3)	8,350				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPRING LAKE CREW CLUB INC C/O MIKE GABLE TREASURER16118 SCENIC TRAIL SPRING LAKE, MI 49456	47-2264599	501(C)(3)	10,000				GENERAL/OPERATING
SPRING LAKE DISTRICT LIBRARY 123 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-1920511	115	8,500				GENERAL/OPERATING
SPRING LAKE DISTRICT LIBRARY 123 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-1920511	115	6,390				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPRING LAKE DISTRICT LIBRARY 123 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-1920511	115	12,840				GENERAL/OPERATING
SPRING LAKE HIGH SCHOOL 16140 148TH AVE SPRING LAKE, MI 49456	38-6003347	115	5,000				CONFERENCES/SEMINARS/STAFF/BOARD DEVELOPMENT
SPRING LAKE INTERMEDIATE SCHOOL 345 HAMMOND SPRING LAKE, MI 49456	38-6003347	115	10,500				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPRING LAKE JUNIOR SAILING ASSOCIATION PO BOX 444 SPRING LAKE, MI 49456	38-2670583	501(C)(3)	7,000				CAPITAL CAMPAIGNS
SPRING LAKE JUNIOR SAILING ASSOCIATION PO BOX 444 SPRING LAKE, MI 49456	38-2670583	501(C)(3)	10,000				BUILDING/RENOVATION
SPRING LAKE PRESBYTERIAN CHURCH 760 EAST SAVIDGE SPRING LAKE, MI 49456	38-1671040	501(C)(3)	16,623				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND STREET SPRING LAKE, MI 49456	38-6003347	115	7,000				PROGRAM DEVELOPMENT
SPRING LAKE PUBLIC SCHOOLS 345 HAMMOND STREET SPRING LAKE, MI 49456	38-6003347	115	5,000				PROGRAM DEVELOPMENT
SPRING LAKE PUBLIC SCHOOLS FOUNDATION 345 HAMMOND STREET SPRING LAKE, MI 49456	38-2480733	501(C)(3)	16,575				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPRING LAKE PUBLIC SCHOOLS FOUNDATION 345 HAMMOND STREET SPRING LAKE, MI 49456	38-2480733	501(C)(3)	20,334				PROGRAM DEVELOPMENT
SPRING LAKE PUBLIC SCHOOLS FOUNDATION 345 HAMMOND STREET SPRING LAKE, MI 49456	38-2480733	501(C)(3)	5,000				PROGRAM DEVELOPMENT
SPRING LAKE TOWNSHIP SPRING LAKE VILLAGE HALL101 S BUCHANAN SPRING LAKE, MI 49456	38-6006815	115	5,304				EQUIPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY'S CATHOLIC CHURCH 406 SAVIDGE SPRING LAKE, MI 49456	38-1404598	501(C)(3)	35,000				CAPITAL CAMPAIGNS
ST PATRICK'S CHURCH 920 FULTON GRAND HAVEN, MI 49417	38-1575680	501(C)(3)	5,000				ANNUAL CAMPAIGNS
ST PATRICK-ST ANTHONY CHURCH 920 FULTON AVE GRAND HAVEN, MI 49417	38-1575680	501(C)(3)	50,000				CAPITAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LITTLE RED HOUSE INC 311 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-2119160	501(C)(3)	7,500				GENERAL/OPERATING
THE LITTLE RED HOUSE INC 311 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-2119160	501(C)(3)	10,000				CAPITAL CAMPAIGNS
THE LITTLE RED HOUSE INC 311 EAST EXCHANGE STREET SPRING LAKE, MI 49456	35-2119160	501(C)(3)	25,000				BUILDING/RENOVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE RONALD MCDONALD HOUSE OF WESTERN MICHIGAN INC 1323 CEDAR STREET GRAND RAPIDS,MI 49503	38-2781170	501(C)(3)	5,000				PROGRAM DEVELOPMENT
THE SALVATION ARMY 310 N DESPELDER GRAND HAVEN,MI 49417	22-2406433	501(C)(3)	10,000				GENERAL/OPERATING
TRI-CITIES AREA HABITAT FOR HUMANITY P O BOX 707 GRAND HAVEN,MI 494170707	38-2885443	501(C)(3)	5,000				GENERAL/OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRI-CITIES FAMILY YMCA 1 Y DRIVE GRAND HAVEN, MI 49417	38-1717502	501(C)(3)	41,704				GENERAL/OPERATING
TRI-CITIES FAMILY YMCA 1 Y DRIVE GRAND HAVEN, MI 49417	38-1717502	501(C)(3)	5,000				BUILDING/RENOVATION
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	13,105				BUILDING/RENOVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	25,000				GENERAL/OPERATING
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	50,000				GENERAL/OPERATING
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	5,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	5,000				GENERAL/OPERATING
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	10,000				GENERAL/OPERATING
TRI-CITIES HISTORICAL MUSEUM 200 WASHINGTON AVENUE GRAND HAVEN, MI 49417	23-7070227	501(C)(3)	12,500				CAPITAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRI-CITIES MINISTRIES COUNSELING 120 S 5TH STREET GRAND HAVEN, MI 494171410	38-2856482	501(C)(3)	12,852				EMERGENCY FUNDS
UC BERKELEY FOUNDATION 2080 ADDISON 4200 BERKELEY, CA 947204200	94-6090626	501(C)(3)	20,000				ENDOWMENT FUNDS
VILLAGE OF SPRING LAKE 102 WEST SAVIDGE STREET SPRING LAKE, MI 49456	38-6007205	501(C)(3)	5,000				BUILDING/RENOVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VILLAGE OF SPRING LAKE 102 WEST SAVIDGE STREET SPRING LAKE, MI 49456	38-6007205	501(C)(3)	15,000				BUILDING/RENOVATION
VILLAGE OF SPRING LAKE 102 WEST SAVIDGE STREET SPRING LAKE, MI 49456	38-6007205	501(C)(3)	15,000				BUILDING/RENOVATION
VILLAGE OF SPRING LAKE 102 WEST SAVIDGE STREET SPRING LAKE, MI 49456	38-6007205	501(C)(3)	5,000				BUILDING/RENOVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VILLAGE OF SPRING LAKE 102 WEST SAVIDGE STREET SPRING LAKE, MI 49456	38-6007205	501(C)(3)	25,000				CAPITAL CAMPAIGNS
WCSG RADIO - CORNERSTONE COLLEGE 1159 EAST BELTLINE NE GRAND RAPIDS, MI 49509	38-1443369	501(C)(3)	15,000				ANNUAL CAMPAIGNS
WEST MICHIGAN MIRACLE LEAGUE 1878 SUNTREE LN ZEELAND, MI 49464	45-2775297	501(C)(3)	6,000				GENERAL /OPERATING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST MICHIGAN SYMPHONY 360 WEST WESTERN AVENUESUITE 200 MUSKEGON,MI 49440	38-6092131	501(C)(3)	5,000				GENERAL/OPERATING
WEST MICHIGAN SYMPHONY 360 WEST WESTERN AVENUESUITE 200 MUSKEGON,MI 49440	38-6092131	501(C)(3)	5,500				PROGRAM DEVELOPMENT
WEST MICHIGAN SYMPHONY 360 WEST WESTERN AVENUESUITE 200 MUSKEGON,MI 49440	38-6092131	501(C)(3)	5,500				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST MICHIGAN TEAM PO BOX 68553 GRAND RAPIDS,MI 49516	20-8873170	501(C)(3)	6,000				PROGRAM DEVELOPMENT
WEST MICHIGAN TEAM PO BOX 68553 GRAND RAPIDS,MI 49516	20-8873170	501(C)(3)	6,000				PROGRAM DEVELOPMENT
WESTERN THEOLOGICAL SEMINARY 101 E 13TH ST HOLLAND,MI 49423	38-2009204	501(C)(3)	30,000				ENDOWMENT FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WETLAND WATCH 111 W ANN STREET SPRING LAKE, MI 49456	81-0573165	501(C)(3)	20,000				PROGRAM DEVELOPMENT
WGVU-GRAND VALLEY STATE UNIVERSITY 301 W FULTON GRAND RAPIDS, MI 49504	38-6086770	501(C)(3)	5,000				GENERAL/OPERATING
WOMAN'S LIFE INSURANCE SOCIETY - CHAPTER 893 PO BOX 495 SPRING LAKE, MI 49456	38-1185570	501(C)(8)	5,000				ANNUAL CAMPAIGNS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WORLD VISION 34834 WEYERHAEUSER WAY SO FEDERAL WAY,WA 98001	95-1922279	501(C)(3)	10,000				GENERAL/OPERATING
YOUNG LIFE PO BOX 520420 NORTH CASCADE COLORADO SPRINGS,CO 80903	84-0385934	501(C)(3)	6,000				PROGRAM DEVELOPMENT

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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	32	1,503,915	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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 990-EZ 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

2015

Open to Public Inspection

Name of the organization	Employer identification number
GRAND HAVEN AREA COMMUNITY FOUNDATION INC	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 2015

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 -107,695 TRANSFER OF FUND BALANCE FROM GRAND HAVEN FOUNDATION SUPPORTING ORG 77,160

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR

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SCHEDULE R (Form 990)

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	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	Yes

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	88,576	FMV
(2) GRAND HAVEN FOUNDATION SUPPORTING ORGANIZATION	S	77,160	FMV

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