

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Department of the Treasury
Internal Revenue Service

◆ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization **THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA**

D Employer identification number **38-6095283**

E Telephone number **616-396-6590**

G Gross receipts **4,193,256**

F Name and address of principal officer:
MATTHEW LEPARD
70 WEST 8TH STREET
HOLLAND MI 49423

H(a) Is this a group return for affiliate? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: **WWW.CFHZ.ORG**

H(c) Group exemption number ◆

K Form of organization: Corporation, Trust, Association, Other ◆

L Year of formation **1951**

M State of legal domicile **MI**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	56
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,854,681	3,907,076
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	550,781	237,225
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,438	26,834
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,416,900	4,171,135
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,488,791	1,764,821
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	360,451	325,570
16a Professional fundraising fees (Part IX, column (A), line 11e)	28,650	3,000
b Total fundraising expenses (Part IX, column (D), line 25) ◆ 190,951		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	134,665	170,064
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,012,557	2,263,455
19 Revenue less expenses. Subtract line 18 from line 12	404,343	1,907,680
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	37,959,658	41,940,253
21 Total liabilities (Part X, line 26)	1,412,904	967,939
22 Net assets or fund balances. Subtract line 21 from line 20	36,546,754	40,972,314

Part II Signature Block

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

Sign Here

Signature of officer: **JANET DE YOUNG** Date: _____
Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **JAYNE E. VENLET** Preparer's signature: *Jayne E. Venlet, CPA* Date: **11/15/11** Check if self-employed PTIN: **P00585722**

Firm's name: **MEYAARD TOLMAN & VENLET P.C.** Firm's EIN: _____
Firm's address: **P.O. BOX 320 ZEELAND, MI 49464** Phone no.: **616-772-1901**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **1,861,678** including grants of \$ **1,764,821**) (Revenue \$)

THE FOUNDATION IS DEDICATED TO ENHANCING THE SPIRIT OF COMMUNITY AND THE QUALITY OF LIFE FOR ALL RESIDENTS OF HOLLAND, ZEELAND AND THE SURROUNDING COMMUNITIES. WE ACHIEVE THIS THROUGH THE GENERATION AND STEWARDSHIP OF PERMANENTLY ENDOWED FUNDS FROM A BROAD DONOR BASE AND PROACTIVELY FUND NON-PROFIT ORGANIZATION PROGRAMS THAT ADDRESS CHANGING COMMUNITY NEEDS IN THE AREAS OF HEALTH, EDUCATION, ARTS & CULTURE, SOCIAL WELFARE, ENVIRONMENT, COMMUNITY AND ECONOMIC DEVELOPMENT, YOUTH AND THE ELDERLY.

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 **◆ 1,861,678**

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	
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, XII, and XIII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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 25		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	7
2b	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	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	X
4b	If "Yes," enter the name of the foreign country: ◆ CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	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?	6a	X
6b	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).		
7a	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	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	11a	
11b	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	
12b	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.		
13a	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	
13b	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	
13c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
14b	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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	<input checked="" type="checkbox"/>	
8b	b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
13	Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RANDY THELEN** **70 WEST 8TH STREET**
HOLLAND MI 49423

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) AFRIK, TAIYOH TRUSTEE	1.00	X					0	0	0	
(2) AMANTE, CHAR TRUSTEE	1.00	X					0	0	0	
(3) BOCANEGRA, JUANITA SECRETARY	2.00	X		X			0	0	0	
(4) BUSH, LORI TRUSTEE	1.00	X					0	0	0	
(5) CHAMPASSAK, THUN TRUSTEE	1.00	X					0	0	0	
(6) CLARK MILLER, DEB TRUSTEE	1.00	X					0	0	0	
(7) DEN HERDER, SUSAN SECOND VICE PRESIDEN	1.00	X		X			0	0	0	
(8) DONNELLY, JOHN JR TRUSTEE	1.00	X					0	0	0	
(9) BRANDSEN, SHANE YOUTH TRUSTE	1.00	X					0	0	0	
(10) LEPARD, MATTHEW PRESIDENT	2.00	X		X			0	0	0	
(11) LOPEZ, ELEANOR TRUSTEE	1.00	X					0	0	0	
(12) MARQUIS, JOHN TRUSTEE	1.00	X					0	0	0	
(13) MATHUR, DR. RITA TRUSTEE	1.00	X					0	0	0	
(14) MEYERS, HANNES JR TRUSTEE	1.00	X					0	0	0	
(15) MILLER, NANCY TRUSTEE	1.00	X					0	0	0	
(16) MULDER, HAANS TRUSTEE	1.00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) QUERY, ANN 1ST VICE PRESIDENT	2.00	X		X				0	0	0
(18) SMITH, JUDY TRUSTEE	1.00	X						0	0	0
(19) THELEN, RANDY TREASURER	2.00	X		X				0	0	0
(20) ZWIER, DANIEL TRUSTEE	1.00	X						0	0	0
(21) DE YOUNG, JANET EXEC DIR	40.00			X				82,714	0	3,200
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								82,714		3,200
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								82,714		3,200

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above		3,907,076				
	g Noncash contributions included in lines 1a-f		684,808				
	h Total. Add lines 1a-1f		3,907,076				
Program Service Revenue		Busn. Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		63,690			63,690	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.		1,099			
		c Gain or (loss)		174,634	-1,099		
		d Net gain or (loss)		173,535	173,535		
	8a Gross income from fundraising events (not including contributions reported on line 1c). See Part IV, line 18	a		48,850			
		b Less: direct expenses		21,022			
		c Net income or (loss) from fundraising events		27,828			
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a ANNUAL LUNCHEON REVENUE			6,128	6,128			
b (FORM K-1) EIN 43-2071837			-7,122	-7,122			
c							
d All other revenue							
e Total. Add lines 11a-11d			-994				
12 Total revenue. See instructions.			4,171,135	172,541	0	63,690	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,508,430	1,508,430		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	256,391	256,391		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,714	24,814	16,543	41,357
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	193,228	24,461	89,892	78,875
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,294	1,481	3,199	3,614
9 Other employee benefits	20,949	3,741	8,080	9,128
10 Payroll taxes	20,385	3,640	7,863	8,882
11 Fees for services (non-employees):				
a Management				
b Legal	3,502		3,502	
c Accounting	19,251		19,251	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,000			3,000
f Investment management fees	65		65	
g Other	17,224	2,762	11,700	2,762
12 Advertising and promotion	25,850	6,250	3,307	16,293
13 Office expenses	9,967	1,657	3,872	4,438
14 Information technology	12,428	6,214	1,243	4,971
15 Royalties				
16 Occupancy	27,344	8,203	13,672	5,469
17 Travel	5,172	776	1,293	3,103
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,023	5,480	3,758	4,785
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,129	3,043	3,043	3,043
23 Insurance	7,250		7,250	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ANNUAL REPORT	7,511		7,511	
b MEMBERSHIPS AND SUBSCRIPT	5,133	257	4,363	513
c COMMUNITY LEADERSHIP	3,974	3,974		
d MISCELLANEOUS	2,054	104	1,232	718
e STAFF AND BOARD ADVANCEME	187		187	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24	2,263,455	1,861,678	210,826	190,951
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	100	1	100
	2	Savings and temporary cash investments	3,764,483	2	4,112,451
	3	Pledges and grants receivable, net	229,283	3	84,592
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net	255,687	7	505,687
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 162,208		
	b	Less: accumulated depreciation	10b 122,732	10c 34,852	39,476
	11	Investments—publicly traded securities	33,672,724	11	37,194,031
	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	2,529	15	3,916
16	Total assets. Add lines 1 through 15 (must equal line 34)	37,959,658	16	41,940,253	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	679,784	18	358,199
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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. Complete Part X of Schedule D	733,120	25	609,740	
26	Total liabilities. Add lines 17 through 25	1,412,904	26	967,939	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	36,317,471	27	40,887,722
	28	Temporarily restricted net assets	229,283	28	84,592
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	36,546,754	33	40,972,314	
34	Total liabilities and net assets/fund balances	37,959,658	34	41,940,253	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,171,135
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,263,455
3	Revenue less expenses. Subtract line 2 from line 1	3	1,907,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,546,754
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,517,880
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	40,972,314

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 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? _____
- b** Were the organization's financial statements audited by an independent accountant? _____
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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? _____
- 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. _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990 or 990-EZ)**

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

◆ Attach to Form 990 or Form 990-EZ. ◆ See separate instructions.

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA	Employer identification number 38-6095283
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing documents?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,988,657	8,305,110	7,564,929	2,854,681	3,907,076	25,620,453
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	2,988,657	8,305,110	7,564,929	2,854,681	3,907,076	25,620,453
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)						7,492,536
6 Public support. Subtract line 5 from line 4						18,127,917

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,988,657	8,305,110	7,564,929	2,854,681	3,907,076	25,620,453
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	739,988	1,078,040	574,617	779,081	63,690	3,235,416
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						28,855,869
12 Gross receipts from related activities, etc. (see instructions)					12	47,856
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	62.82%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	63.06%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2010

◆ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND / ZEELAND AREA	Employer identification number 38-6095283
--	--

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEEELAND AREA Employer identification number 38-6095283

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, and Aggregate value.

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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with columns: Line number, Held at the End of the Tax Year.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,850,207	23,643,308	31,021,101		
b Contributions	1,302,601	1,431,883	1,744,102		
c Net investment earnings, gains, and losses	2,834,455	5,036,512	-7,448,542		
d Grants or scholarships	521,505	505,981	889,058		
e Other expenditures for facilities and programs					
f Administrative expenses	783,135	755,515	784,295		
g End of year balance	31,682,623	28,850,207	23,643,308		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ♦ **13.75 %**
 - b** Permanent endowment ♦ **86.25 %**
 - c** Term endowment ♦ %
- 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 | | X |
| (ii) related organizations | | X |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		162,208	122,732	39,476
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ♦				39,476

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	◆	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	◆	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	◆

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ANNUITIES PAYABLE	605,584	
(3) PAYROLL TAXES PAYABLE	4,156	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	◆ 609,740	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,171,135
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,263,455
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,907,680
4	Net unrealized gains (losses) on investments	4	2,517,880
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-424,370
9	Total adjustments (net). Add lines 4 through 8	9	2,093,510
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,001,190

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

1	Total revenue, gains, and other support per audited financial statements	1	6,475,228
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,517,880
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	22,121
e	Add lines 2a through 2d	2e	2,540,001
3	Subtract line 2e from line 1	3	3,935,227
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 XIV.)	4b	235,908
c	Add lines 4a and 4b	4c	235,908
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,171,135

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

1	Total expenses and losses per audited financial statements	1	2,474,038
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 XIV.)	2d	210,583
e	Add lines 2a through 2d	2e	210,583
3	Subtract line 2e from line 1	3	2,263,455
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 XIV.)	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	2,263,455

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - LIABILITY UNDER FIN 48 FOOTNOTE

THE FOUNDATION HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE FOUNDATION HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND STATE JURISDICTIONS WHERE IT OPERATES. THE FOUNDATION'S MANAGEMENT BELIEVES TAX YEARS 2007 THROUGH 2010, FOLLOWING ADMINISTRATIVE PRACTICE OF TAXING AUTHORITIES, REMAIN OPEN

Part XIV Supplemental Information (continued)

AND SUBJECT TO REVIEW. MANAGEMENT BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON ITS FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, FOR ALL OPEN TAX YEARS, THE FOUNDATION HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2010.

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

NET CHANGE IN AGENCY ENDOWMENT	\$ - 424,370
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PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES	21,022
------------------------	--------

LOSS ON ASSET DISPOSITION	1,099
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PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

AGENCY ENDOWMENT REVENUE	510,444
--------------------------	---------

INTERFUND TRANSFERS	- 277,536
---------------------	-----------

PRESENTATION OF PROFESSIONAL FUNDRAISING EXPENSES	3,000
---	-------

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES	21,022
------------------------	--------

INTERFUND TRANSFERS	277,536
---------------------	---------

LOSS ON ASSET DISPOSITION	1,099
---------------------------	-------

AGENCY ENDOWMENT GRANTS	- 86,074
-------------------------	----------

PRESENTATION OF PROFESSIONAL FUNDRAISING EXPENSES	- 3,000
---	---------

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
◆ Attach to Form 990 or Form 990-EZ. ◆ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF
THE HOLLAND/ZEELAND AREA** Employer identification number
38-6095283

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA EVENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	48,850		48,850
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	48,850		48,850
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	21,022		21,022
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				27,828

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No
 b If "Yes," explain: _____

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

2010

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELEND AREA Employer identification number 38-6095283

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? [X] Yes [] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 7 columns: (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, non-cash assistance, other), (g) Description of grant or assistance, (h) Purpose of grant or assistance. Row 1 contains data: 1,274,781.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

38-6095283

Schedule I (Form 990) (2010) THE COMMUNITY FOUNDATION OF

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 1) SCHOLARSHIP AT \$9,000	1	9,000			
2 1) SCHOLARSHIP AT \$7,200	1	7,200			
3 13) SCHOLARSHIPS AT \$7,000	13	91,000			
4 4) SCHOLARSHIPS AT \$5,000	4	20,000			
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THE FOUNDATION REQUESTS A GRANT EVALUATION FORM TO BE COMPLETED BY ALL ORGANIZATIONS RECEIVING GRANTS. ONE OF THE QUESTIONS ON THE EVALUATION ADDRESSES USE OF THE GRANT FUNDS. ALSO, IN THE AWARDING LETTER, GRANTEEES ARE INFORMED OF THE PURPOSE OF THE GRANT AND ARE REQUIRED TO RETURN ANY GRANT FUNDS NOT EXPENDED FOR THE STATED PURPOSE.

PART IV - ADDITIONAL INFORMATION
 THE FOUNDATION AWARDED ONE SCHOLARSHIP OF \$9,000; ONE OF \$7,200; THIRTEEN OF \$7,000 AND FOUR AT \$5,000, TOTALING \$127,200. ALL OTHER SCHOLARSHIPS

Schedule I (Form 990) (2010) **THE COMMUNITY FOUNDATION OF 38-6095283**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

WERE LESS THAN \$5,000. TOTAL SCHOLARSHIPS AWARDED TO INDIVIDUAL RECIPIENTS
 AND THEIR EDUCATIONAL INSTITUTIONS WERE \$256,391.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

◆ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

◆ Attach to Form 990 or Form 990-EZ. ◆ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

**THE COMMUNITY FOUNDATION OF
THE HOLLAND/ZEELAND AREA**

Employer identification number

38-6095283

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ◆ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ◆ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				◆ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) GOOD SAMARITAN MINISTRY/JOHN QUERY	SEE BELOW	16,750	GRANTS		X
(2) READY FOR SCHOOL/NANCY MILLER	SEE BELOW		PROJECT INITIATIVE		X
(3) LAKESHORE ADVANTAGE/RANDY THELEN	SEE BELOW	100,000	GRANTS		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

PART IV, LINE 1:

ANN QUERY IS A BOARD MEMBER OF THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA. HER SPOUSE, JOHN QUERY, IS A BOARD MEMBER OF GOOD SAMARITAN MINISTRIES, INC. THE COMMUNITY FOUNDATION DISBURSED GRANTS TOTALING \$16,750 TO GOOD SAMARITAN MINISTRIES DURING 2010. ALL GRANTS TO GOOD SAMARITAN MINISTRIES WERE SUBJECTED TO THE RIGOROUS GRANT APPROVAL PROCESS OF THE COMMUNITY FOUNDATION.

PART IV, LINE 2:

NANCY MILLER IS A BOARD MEMBER OF THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA. SHE ALSO SERVES ON THE EXECUTIVE BOARD OF READY FOR SCHOOL, A COMPONENT FUND AND PROJECT INITIATIVE, FORMED BY THE BOARD OF DIRECTORS OF THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA. THE COMMUNITY FOUNDATION SERVES AS THE FISCAL SPONSOR FOR THE INITIATIVE. DURING 2010, ALL EXPENSES INCURRED ON BEHALF OF THE INITIATIVE WERE PAID FROM THE READY FOR SCHOOL FUND.

PART IV, LINE 3:

RANDY THELEN IS AN OFFICER/BOARD MEMBER OF THE COMMUNITY FOUNDATION OF THE

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

AREA. HE ABSTAINS FROM ANY FOUNDATION VOTES PERTAINING TO LAKESHORE ADVANTAGE AND ALL GRANTS MADE BY THE FOUNDATION ARE USED DIRECTLY AND FULLY FOR CHARITABLE PURPOSE PROJECTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE COMMUNITY FOUNDATION OF
THE HOLLAND/ZEELEND AREA**

Employer identification number
38-6095283

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	23	484,797	FAIR MARKET VALUE
10 Securities—Closely held stock	X	1	200,011	FAIR MARKET VALUE
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 **1**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

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

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.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELEND AREA	Employer identification number	38-6095283
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FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO ADVANCE THE COMMON GOOD THROUGH GRANTS THAT WORK TODAY AND GIFTS THAT
LAST FOREVER. THE FOUNDATION'S GOAL IS TO ENHANCE THE QUALITY OF
COMMUNITY LIFE THROUGH THE SUPPORT OF A BROAD RANGE OF SERVICES NECESSARY
TO SUSTAIN THE COMMUNITY IN SUCH AREAS AS HEALTH, EDUCATION, YOUTH, SOCIAL
WELFARE, ENVIRONMENT AND ARTS AND CULTURE.

FORM 990, PART I, LINE 6

ALL BOARD MEMBERS ARE ON A VOLUNTEER BASIS. DURING 2010, INDIVIDUALS
SERVED AS VOLUNTEERS IN THE FOLLOWING CAPACITIES:

BOARD MEMBERS, INCLUDING EXITING AND INCOMING BOARD MEMBERS

ADVISORY BOARD PARTICIPANTS

YOUTH ADVISORY COMMITTEE MEMBERS INCLUDING EXISTING AND

INCOMING PARTICIPANTS

ADVISORY AND STANDING COMMITTEES

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

CAYMAN ISLANDS. THESE FINANCIAL ACCOUNTS ARE HELD WITHIN A HEDGE FUND, IN
ACCORDANCE W/STRATEGY USED WITHIN THE FOUNDATION'S INVESTMENT POLICIES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

HAANS MULDER

THUN CHAMPASSAK

DIRECTOR

DIRECTOR

ATTORNEY - CLIENT

RANDY THELEN

MATTHEW LEPARD

Name of the organization

THE COMMUNITY FOUNDATION OF

Employer identification number

38-6095283

TREASURER

PRESIDENT

BUSINESS PARTNERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

DONORS WHO CONTRIBUTE \$50 OR MORE ARE CONSIDERED TO BE "MEMBERS" AND ARE INVITED TO VOTE IN THE GOVERNING BOARD AT THE ANNUAL MEETING HELD IN THE SPRING OF EACH YEAR. OTHERWISE, SUCH "MEMBERS" HAVE NO GOVERNING AUTHORITY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT COPY OF FORM 990, AND SUPPORTING SCHEDULES, WAS SUBMITTED, VIA EMAIL, TO THE EXECUTIVE COMMITTEE AND THE AUDIT COMMITTEE MEMBERS FOR THEIR APPROVAL. CONFIRMATION OF RECEIPT AND APPROVAL WAS SENT VIA RETURN EMAIL RESPONSE. AFTER SAID APPROVAL BY THESE COMMITTEE MEMBERS, A COPY OF THE 990 WAS PROVIDED TO ALL BOARD MEMBERS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE COMMUNITY FOUNDATION STRIVES TO MAINTAIN THE HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES AND PROGRAMS AND TO AVOID ANY CONFLICTS OF INTEREST.

EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS AND EMPLOYEES, SHALL SIGN A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON:

- 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- 2) HAS READ AND UNDERSTANDS THE POLICY;
- 3) HAS AGREED TO COMPLY WITH THE POLICY, AND
- 4) UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE

Name of the organization THE COMMUNITY FOUNDATION OF	Employer identification number 38-6095283
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.....
 PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

 TAX-EXEMPT PURPOSES.

.....
 IN CONNECTION WITH ANY DIRECT OR INDIRECT FINANCIAL INTEREST OR DUALITY OF

 INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS/HER

 FINANCIAL INTEREST OR AFFILIATION AND ALL MATERIAL FACTS TO THE TRUSTEES

 AND MEMBERS OF COMMITTEE WITH BOARD DELEGATED POWERS CONSIDERING THE

 PROPOSED TRANSACTION OR ARRANGEMENT.

.....
 AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

 AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE

 BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF

 INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

 MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

.....
 FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

 PURPOSE: OVER AND ABOVE ANY LEGAL REQUIREMENT OR PUBLIC SCRUTINY, AS GOOD

 STEWARDS OF PHILANTHROPIC RESOURCES, THE FOUNDATION WOULD LIKE TO GO THE

 EXTRA MILE TO BE CERTAIN THAT LEVELS OF COMPENSATION ARE REASONABLE.

 REASONABLE IS GENERALLY DEFINED AS WHAT SIMILAR PERSONS IN SIMILAR

 POSITIONS WITH SIMILAR DUTIES AT SIMILAR ORGANIZATIONS ARE PAID.

.....
 PROCESS:

.....
 1) EACH NOVEMBER, THE EXECUTIVE DIRECTOR WILL WRITE A SELF-ASSESSMENT OF

 HIS/HER ACHIEVEMENTS BASED ON THE PERFORMANCE GOALS SET FOR THE YEAR.

.....
 THE ASSESSMENT SHOULD INCLUDE: OBJECTIVES SET FOR THE PAST YEAR;

 ACCOMPLISHMENTS TOWARDS OBJECTIVES; DISCUSSION OR EXPLANATIONS OF UNMET

 OBJECTIVES; AND OTHER ITEMS AS NEEDED TO BE DISCUSSED.

.....
 2) THE PRESIDENT OF THE BOARD WILL SEND A MEMO BY EARLY DECEMBER TO ALL

 TRUSTEES ALONG WITH AN EVALUATION FORM AND A COPY OF THE SELF-ASSESSMENT.

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- 3) TRUSTEES ARE ASKED TO COMPLETE AN EVALUATION FORM AND RETURN IT DIRECTLY TO THE PRESIDENT, ALONG WITH ANY COMMENTS OR RESPONSES ABOUT THE EXECUTIVE DIRECTOR'S PERFORMANCE OR SELF-ASSESSMENT BY MID-DECEMBER.
- 4) STAFF IS ALSO ASKED TO COMPLETE AN EVALUATION FORM AND MAIL DIRECT TO THE BOARD PRESIDENT BY MID-DECEMBER. (STAFF IS NOT PROVIDED A COPY OF THE SELF-ASSESSMENT).
- 5) THE BOARD PRESIDENT WILL COLLECT AND CONDENSE THE EVALUATION INTO A SUMMARY FORM AND INCLUDE COMMENTS PROVIDED BY TRUSTEES AND STAFF.
- 6) THE EXECUTIVE COMMITTEE WILL SERVE AS THE COMPENSATION COMMITTEE (I.E. DISINTERESTED GOVERNING BOARD) AND WILL CONVENE, REVIEW THE PERFORMANCE SUMMARY AND AGREE ON POINTS TO COVER DURING THE REVIEW.
- 7) EXECUTIVE COMMITTEE WILL OBTAIN AND REFERENCE APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS SALARY DETERMINATION. RELEVANT DATA INCLUDES, BUT IS NOT LIMITED TO:
- CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT SOURCES. FOR EXAMPLE: COUNCIL ON FOUNDATION'S GRANT MAKER'S SALARIED BENEFITS REPORTS (PUBLISHED ANNUALLY); CHARITABLE FORM 990'S ON GUIDESTAR; NONPROFIT SALARY SURVEYS.
- THE COMMITTEE WILL REVIEW COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS AND WILL THEN RECOMMEND SALARY ADJUSTMENTS OR BONUS PAYMENTS IN ACCORDANCE WITH THE RULES SET FORTH IN IRC 4958.
- 8) THE EXECUTIVE COMMITTEE WILL MEET WITH THE EXECUTIVE DIRECTOR TO PROVIDE FEEDBACK AND REVIEW COMMENTS. DISCUSSION SHOULD INCLUDE OBJECTIVES OR GOALS TO BE INCLUDED IN THE FOLLOWING YEAR'S OBJECTIVES.
- 9) DOCUMENTATION MEETING MINUTES SHOULD INCLUDE:
- COMMITTEE MEMBERS IN ATTENDANCE AND THOSE THAT VOTED ON IT;

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BASIC TERMS OF THE CONTRACT AND THE DATE IS WAS APPROVED;

THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE

DATA WAS OBTAINED; AND

ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE TRANSACTION

BY ANYONE WHO MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO

THE DECISION ON THE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

NO COMPENSATION IS ISSUED TO BOARD OF DIRECTORS.

THERE ARE NO OTHER EMPLOYEES MEETING THE DEFINITION OF A KEY EMPLOYEE.

NOTE: A FORMAL REVIEW OF ALL EMPLOYEES IS CONDUCTED BY THE EXECUTIVE

DIRECTOR ANNUALLY. EMPLOYEES ARE ASKED TO SUBMIT ORGANIZATIONAL GOALS

WITHIN THEIR AREA OF RESPONSIBILITY AND A SEMI-ANNUAL MEETING IS SCHEDULED

THAT SEEKS TO MONITOR PROGRESS TOWARDS STATED ACCOMPLISHMENT GOALS IN EACH

OF THOSE AREAS. AT YEAR-END, EMPLOYEES CONDUCT A SELF-REVIEW IN THE AREAS

OF JOB KNOWLEDGE, PROFESSIONALISM, EFFICIENCY AND ACCURACY, TEAMWORK AND

INITIATIVE AND MEETS WITH THE EXECUTIVE DIRECTOR TO DISCUSS AREAS OF

STRENGTH, WEAKNESS OR SUGGESTIONS FOR IMPROVEMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, SUCH AS FORM 1023, ARTICLES OF INCORPORATION, BY-LAWS,

CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND RECORDS RETENTION

POLICY, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 IS AVAILABLE ON GUIDESTAR.

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND

UPON REQUEST.

Forms 990 / 990-PF	Other Notes and Loans Receivable	2010
For calendar year 2010, or tax year beginning _____, and ending _____		

Name THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA	Employer Identification Number 38-6095283
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FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) HOLLAND CHORALE	UNRELATED NONPROFIT ENTITY
(2) CENTER FOR INNOVATION & APPLD DESIGN	UNRELATED NONPROFIT ENTITY
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 9,500	06/01/07		\$750 ANNUALLY	0.000
(2) 250,000	08/07/09	08/06/14	MATURES AUGUST 6, 2014	5.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) NO COLLATERAL	WORKING CAPITAL
(2) EQUIPMENT, INVENTORY, ACCOUNTS, OTHER	PROGRAM-RELATED LINE OF CREDIT
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	5,687	5,687	
(2)	250,000	500,000	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	255,687	505,687	

Federal Statements**Form 990 - Federal General Footnote****Description**

PART VIII, STATEMENT OF REVENUE: LINE 7C THE COMMUNITY FOUNDATION INVESTS IN VARIOUS TYPES OF INVESTMENTS. THE FINANCIAL REPORTINGS FROM THESE INVESTMENTS ARE IN VARIOUS FORMATS. ALL OF THE INVESTMENT SOURCES DO REPORT REALIZED GAIN AND LOSS TOTALS, BUT SOME SOURCES DO NOT REPORT COST AND SALE PROCEED DATA. THEREFORE, THE NET GAIN ON SALE OF SECURITIES IS REPORTED ON LINE 7C ONLY.

PART VI, SECTION C, LINE 19: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA MAKES ITS GOVERNING DOCUMENTS, SUCH AS ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND DOCUMENT RETENTION POLICY, AS WELL AS AUDITED FINANCIAL STATEMENTS AND FORM 990 AND 990-T (IF APPLICABLE) AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE FOUNDATION'S OFFICE. ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE AND GUIDESTAR.

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEEAND AREA
 FORM 990, SCHEDULE I, PART II - GRANTS AND OTHER
 ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS WITHIN THE U.S. - IN EXCESS OF \$5,000
 EIN 38-6095283 YEAR ENDED 12-31-10

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desc Non-cash Assistance	Purpose of Grant or Assistance
20th Judicial Circuit Court - Ottawa County,414 Washington Street Grand Haven, MI 49417	Gov't.		\$ 5,000	-			Legal Self Help Center
Benjamin's Hope,895 Ottawa Beach Road Holland, MI 49424	74-3153382	501(c)(3)	7,500	-			Riley Street Development
Boys & Girls Club of Greater Holland,435 Van Raalte Ave. Holland, MI 49423	38-2756671	501(c)(3)	500	-			Program Support
Boys & Girls Club of Greater Holland,435 Van Raalte Ave. Holland, MI 49423	38-2756671	501(c)(3)	8,000	-			Project Learn
Boys & Girls Club of Greater Holland,435 Van Raalte Ave. Holland, MI 49423	38-2756671	501(c)(3)	5,000	-			Teen Tech
Boys & Girls Club of Greater Holland,435 Van Raalte Ave. Holland, MI 49423	38-2756671	501(c)(3)	1,000	-			Unrestricted Support
Boys & Girls Club of Greater Holland,435 Van Raalte Ave. Holland, MI 49423	38-2756671	501(c)(3)	13,400	-			Northside Facility
Camp Sunshine,430 East 8th Street, P.M.B. 200 Holland, MI 49423	38-344227	501(c)(3)	7,400	-			Spending Policy Distribution
CASA-Children's After School Achievement,263 College Avenue P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	6,000	-			Science Explosion: Our Future Comes to Life
CASA-Children's After School Achievement,263 College Avenue P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	1,000	-			Annual Support
Center for Women in Transition,411 Butternut Holland, MI 49424	38-2181204	501(c)(3)	1,000	-			Unrestricted Support
Center for Women in Transition,411 Butternut Holland, MI 49424	38-2181204	501(c)(3)	1,000	-			Annual Fund
Center for Women in Transition,411 Butternut Holland, MI 49424	38-2181204	501(c)(3)	250	-			Unrestricted Support
Center for Women in Transition,411 Butternut Holland, MI 49424	38-2181204	501(c)(3)	17,345	-			Emergency Shelter
Center for Women in Transition,411 Butternut Holland, MI 49424	38-2181204	501(c)(3)	1,000	-			Unrestricted Support
Center for Women in Transition,411 Butternut Holland, MI 49424	38-2181204	501(c)(3)	8,000	-			Children's Therapy Program
Center for Women in Transition,411 Butternut Holland, MI 49424	38-2181204	501(c)(3)	500	-			Annual Support
Child Development Services of Ottawa County,100 Pine St Ste 220 Zeeland, MI 49464-2602	38-1840604	501(c)(3)	5,200	-			Positive Parent and Child Support Group
Children's Advocacy Center,12125 Union Street Holland, MI 49424	38-3445089	501(c)(3)	1,000	-			Unrestricted Support
Children's Advocacy Center,12125 Union Street Holland, MI 49424	38-3445089	501(c)(3)	1,000	-			Annual Support
Children's Advocacy Center,12125 Union Street Holland, MI 49424	38-3445089	501(c)(3)	5,457	-			Child Assessments
Christ Memorial Church,595 Graafschap Road Holland, MI 49423	38-6032818	501(c)(3)	10,200	-			Spending Policy Distribution
Christian Learning Center - Grand Rapids,4340 Burlingame SW Wyoming, MI 49509	38-2619844	501(c)(3)	5,000	-			Jeff Van Daalen Fund
Church of the Burning Bush - Imagine Fellowship,21 W. 16th Street Holland, MI 49423	38-3323997	501(c)(3)	500	-			Juneeteenth Festival Supporting Contributor
Church of the Burning Bush - Imagine Fellowship,21 W. 16th Street Holland, MI 49423	38-3323997	501(c)(3)	7,250	-			Center of African-American Art & History - Children's Reading & Arts Corner
City on a Hill Ministries,100 Pine Street Zeeland, MI 49464	20-3901260	501(c)(3)	8,000	-			Health Clinic
City on a Hill Ministries,100 Pine Street Zeeland, MI 49464	20-3901260	501(c)(3)	1,000	-			Health Clinic - Health Care Services
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	1,000	-			Unrestricted Support
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	5,000	-			Homelessness & Foreclosure Prevention
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	1,225	-			Homelessness Assistance Recovery Program - AmeriCorps March
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	1,000	-			Unrestricted Support
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	7,600	-			Spending Policy Distribution
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	2,000	-			Personal Hygiene & Household Necessities
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	26,000	-			Building Maintenance
Community Action House,345 West 14th Street Holland, MI 49423	23-7120670	501(c)(3)	1,000	-			Annual Support
Community Reformed Church,10376 Felch Street Zeeland, MI 49464-6839	38-6155592	501(c)(3)	3,300	-			Benevolence Fund
Community Reformed Church,10376 Felch Street Zeeland, MI 49464-6839	38-6155592	501(c)(3)	1,900	-			Spending Policy Distribution
Cornerstone Youth Ministries,407 Central Holland, MI 49423	38-2437241	501(c)(3)	8,000	-			Homeless Youth Resource Center Initiative
Corpus Christi Foundation of Holland, Zeeland, 5887 Lakeshore Dr N Holland, MI 49424-1019	38-3473661	501(c)(3)	9,775	-			School/Parish Projects and Programs
Corpus Christi Foundation of Holland, Zeeland, 5887 Lakeshore Dr N Holland, MI 49424-1019	38-3473661	501(c)(3)	400	-			Spending Policy Distribution

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEEAND AREA
 FORM 990, SCHEDULE I, PART II - GRANTS AND OTHER
 ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS WITHIN THE U.S. - IN EXCESS OF \$5,000
 EIN 38-6095283 YEAR ENDED 12-31-10

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desc Non-cash Assistance	Purpose of Grant or Assistance
Deep River Books,26306 Metolius Meadows Camp Sherman, OR 97730		Literary	6,795	-			"Earth Angels" Literary publishing on behalf of Wings of Mercy
DeGraaf Nature Center,600 Graafschap Rd., Holland, MI 49423	38-6004622	501(c)(3)	3,000	-			Kavaking for Everyone
DeGraaf Nature Center,600 Graafschap Rd., Holland, MI 49423	38-6004622	501(c)(3)	2,800	-			Spending Policy Distribution
DeGraaf Nature Center,600 Graafschap Rd., Holland, MI 49423	38-6004622	501(c)(3)	1,500	-			Kavaking Program
Evergreen Commons Senior Center,480 State Street Holland, MI 49423	38-2526940	501(c)(3)	250	-			Annual Support
Evergreen Commons Senior Center,480 State Street Holland, MI 49423	38-2526940	501(c)(3)	17,345	-			Meals on Wheels
Evergreen Commons Senior Center,480 State Street Holland, MI 49423	38-2526940	501(c)(3)	9,100	-			Spending Policy Distributions
Evergreen Commons Senior Center,480 State Street Holland, MI 49423	38-2526940	501(c)(3)	4,500	-			Early Memory Loss Program
Evergreen Commons Senior Center,480 State Street Holland, MI 49423	38-2526940	501(c)(3)	5,000	-			25th Anniversary Celebration
Evergreen Commons Senior Center,480 State Street Holland, MI 49423	38-2526940	501(c)(3)	1,000	-			Unrestricted Support
Evergreen Commons Senior Center,480 State Street Holland, MI 49423	38-2526940	501(c)(3)	1,000	-			Lessons in Leadership
Family Hope Foundation,7086 8th Avenue Jenison, MI 49428	26-4505914	501(c)(3)	1,000	-			Therapy services assistance for special needs children
Family Hope Foundation,7086 8th Avenue Jenison, MI 49428	26-4505914	501(c)(3)	6,000	-			Therapy Scholarship Program
Geneva Camp & Retreat Center,3995 N. Lakeshore Dr. N. Holland, MI 49424	38-1417381	501(c)(3)	17,345	-			Kids Hope Program
Geneva Camp & Retreat Center,3995 N. Lakeshore Dr. N. Holland, MI 49424	38-1417381	501(c)(3)	500	-			Unrestricted Support
Geneva Camp & Retreat Center,3995 N. Lakeshore Dr. N. Holland, MI 49424	38-1417381	501(c)(3)	1,000	-			Unrestricted Support
Good Samaritan Ministries,513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	7,000	-			AmeriCorps Members Match - Affordable Housing/Clearinghouse Services
Good Samaritan Ministries,513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	1,000	-			Annual Donation
Good Samaritan Ministries,513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	1,000	-			Housing Search, Short-term Rental Assistance & Case Management
Good Samaritan Ministries,513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	1,000	-			Unrestricted Support
Good Samaritan Ministries,513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	250	-			Unrestricted Support
Good Samaritan Ministries,513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	1,500	-			Parents as Teachers Training Extension
Good Samaritan Ministries,513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	5,000	-			Beyond the Walls - Developing Local Leaders & Unity Group
Grand Rapids Community College,143 Bostwick Ave. NE Grand Rapids, MI 49503-3201	38-6100380	501(c)(3)	35,306	-			GRCC Lakeshore MidTown Campus Project
Grand Rapids Community College,143 Bostwick Ave. NE Grand Rapids, MI 49503-3201	38-6100380	501(c)(3)	45,000	-			Lakeshore Campus Capital Improvement Project
Grand Valley State University,301 Michigan St NE Ste 100 Grand Rapids, MI 49503-3314	38-1684280	501(c)(3)	250	-			Interfaith Institute Fund
Grand Valley State University,301 Michigan St NE Ste 100 Grand Rapids, MI 49503-3314	38-1684280	501(c)(3)	5,000	-			Annual Fund
Grand Valley State University,301 Michigan St NE Ste 100 Grand Rapids, MI 49503-3314	38-1684280	501(c)(3)	1,500	-			\$500 Parent Fund, \$1,000 Young Leaders Fund
Greater Ottawa County United Way,PO Box 1349 115 Clover Street,STE 300 Holland, MI 49422	38-3522782	501(c)(3)	5,000	-			Student Service Learning
Greater Ottawa County United Way,PO Box 1349 115 Clover Street,STE 300 Holland, MI 49422	38-3522782	501(c)(3)	700	-			Substance Abuse Programs
Greater Ottawa County United Way,PO Box 1349 115 Clover Street,STE 300 Holland, MI 49422	38-3522782	501(c)(3)	2,500	-			Student Service Learning Program
Heights of Hope,995 East 8th Street Holland, MI 49423	20-0123010	501(c)(3)	692	-			Food, Personal & Household Necessities
Heights of Hope,995 East 8th Street Holland, MI 49423	20-0123010	501(c)(3)	5,500	-			WHOA Fitness and Health Education Program
Holland Alano Association,201 E. 39th Street Holland, MI 49423	38-2656590	501(c)(3)	3,500	-			Teen Room and Teen Support Program
Holland Alano Association,201 E. 39th Street Holland, MI 49423	38-2656590	501(c)(3)	6,000	-			Leadership Capacity
Holland Area Arts Council,150 East 8th Street Holland, MI 49423	38-2420156	501(c)(3)	500	-			Spending Policy Distribution

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEEAND AREA
 FORM 990, SCHEDULE I, PART II - GRANTS AND OTHER
 ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS WITHIN THE U.S. - IN EXCESS OF \$5,000
 EIN 38-6095283 YEAR ENDED 12-31-10

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desc Non-cash Assistance	Purpose of Grant or Assistance
Holland Area Arts Council,150 East 8th Street Holland, MI 49423	38-2420156	501(c)(3)	3,000	-			Keeping Arts in the Picture - Youth Arts Festival
Holland Area Arts Council,150 East 8th Street Holland, MI 49423	38-2420156	501(c)(3)	2,000	-			LakeshoreArts.org
Holland Area Arts Council,150 East 8th Street Holland, MI 49423	38-2420156	501(c)(3)	200	-			Unrestricted Support
Holland Area Arts Council,150 East 8th Street Holland, MI 49423	38-2420156	501(c)(3)	1,500	-			Patron support
Holland Area Arts Council,150 East 8th Street Holland, MI 49423	38-2420156	501(c)(3)	5,000	-			Outreach Programs
Holland Free Health Clinic,99 W. 26th Street Holland, MI 49423	30-0072620	501(c)(3)	8,000	-			Restorative Dental & Extracraction Clinic
Holland Free Health Clinic,99 W. 26th Street Holland, MI 49423	30-0072620	501(c)(3)	1,000	-			Annual Support
Holland Free Health Clinic,99 W. 26th Street Holland, MI 49423	30-0072620	501(c)(3)	1,000	-			Urgent Medical & Dental Assistance
Holland Free Health Clinic,99 W. 26th Street Holland, MI 49423	30-0072620	501(c)(3)	8,000	-			Volunteer & Health Provider Coordination
Holland Harbor Lighthouse,3277 Lake Drive SE E. Grand Rapids, MI 49506	38-7396083	501(c)(3)	2,420	-			Insurance and Lighthouse Brochures
Holland Harbor Lighthouse,3277 Lake Drive SE E. Grand Rapids, MI 49506	38-7396083	501(c)(3)	1,585	-			Lighthouse Painting & Repairs
Holland Harbor Lighthouse,3277 Lake Drive SE E. Grand Rapids, MI 49506	38-7396083	501(c)(3)	978	-			Architectural Renderings for Historic Display
Holland Harbor Lighthouse,3277 Lake Drive SE E. Grand Rapids, MI 49506	38-7396083	501(c)(3)	3,375	-			Area Utility Cart
Holland Harbor Lighthouse,3277 Lake Drive SE E. Grand Rapids, MI 49506	38-7396083	501(c)(3)	362	-			Lighthouse Maintenance
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	3,000	-			Maintenance, Repairs & Expenses
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	1,000	-			Preserving Art Through Proper Storage
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	1,000	-			Program Support
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	1,000	-			Program Support
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	100	-			Annual Fund
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	600	-			Spending Policy Distribution
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	250	-			Unrestricted Support
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	250	-			Unrestricted Support
Holland Historical Trust,31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	2,500	-			Van Raalte Civil War Muster
Holland Hospital,602 Michigan Ave Holland, MI 49423	38-2800065	501(c)(3)	21,600	-			READY Kits & Outreach to at-risk Families
Holland Hospital Foundation,602 Michigan Ave Holland, MI 49423	38-2800065	501(c)(3)	5,000	-			Gala/School Nursing Program
Holland Hospital Foundation,602 Michigan Ave Holland, MI 49423	38-2800065	501(c)(3)	1,000	-			Medication Assistance & Medical Supplies
Holland Hospital Foundation,602 Michigan Ave Holland, MI 49423	38-2800065	501(c)(3)	250	-			School Nurse Program
Holland Hospital Foundation,602 Michigan Ave Holland, MI 49423	38-2800065	501(c)(3)	8,000	-			Holland Community Health Center
Holland Hospital Foundation,602 Michigan Ave Holland, MI 49423	38-2800065	501(c)(3)	5,000	-			Culinary Cabaret
Homcor,151 Central Avenue, Ste 280 Holland, MI 49423	38-3281993	501(c)(3)	5,000	-			Annual Support
Hope College,141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	2,000	-			Hope Fund
Hope College,141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	5,500	-			\$5,000 to Annual Fund, \$500 to Patron of Arts
Hope College,141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	1,000	-			Patron of the Arts \$500 and Hope Fund \$500
Hope College,141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	5,500	-			\$5,000 Annual Fund, \$500 Patron of the Arts
Hope College,141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	2,500	-			Center for Faithful Leadership LdOut3 Program
Hope College,141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	500	-			Unrestricted Support
Hope College,141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	6,750	-			\$3,000 Miller Children's Scholarship Fund, \$2,000 Annual Fund, \$250 Patron of Arts, \$1,500 Concert Hall
Hope Summer Repertory Theatre,DeWitt Cultural Center P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	10,000	-			Center Stage Circle (\$5,000) and Play Underwriting (\$5,000)
InterCare Community Health Network, Inc.,50 Industrial Park Drive Bangor, MI 49013	38-2009364	501(c)(3)	8,000	-			Health Care Voucher Program
Jordan River Ministries,2907 Wurtsboro Lane Holland, MI 49424	86-1089788	501(c)(3)	5,000	-			Women's Graduate Home
Lakeshore Advantage,201 West Washington Ste 410 Zeeland, MI 49464	06-1708014	501(c)(6)	50,000	-			Job Retention and Expansion Program
Lakeshore Advantage,201 West Washington Ste 410 Zeeland, MI 49464	06-1708014	501(c)(6)	40,000	-			Job Retention and Expansion Program
Lakeshore Advantage,201 West Washington Ste 410 Zeeland, MI 49464	06-1708014	501(c)(6)	10,000	-			Advanced Energy Center Marketing
Lakeshore Ethnic Diversity Alliance, P.O. Box 2945 Zeeland, MI 49422-2945	38-3360686	501(c)(3)	15,000	-			Champion of Diversity

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA
 FORM 990, SCHEDULE I, PART II - GRANTS AND OTHER
 ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS WITHIN THE U.S. - IN EXCESS OF \$5,000
 EIN 38-6095283 YEAR ENDED 12-31-10

(1a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Desc Non-cash Assistance	Purpose of Grant or Assistance
Lakeshore Ethnic Diversity Alliance, P.O. Box 2945 Holland, MI 49422-2945	38-3360686	501(c)(3)	7,500	-			Migrant Sports Program
Lakeshore Latino Outreach Center, Inc., PO Box 1664 Holland, MI 49422-1664	38-3775669	501(c)(3)	7,500	-			Counseling Services
Land Conservancy of West Michigan, 1345 Monroee Avenue NW Suite 324 Grand Rapids, MI 49505	38-2363129	501(c)(3)	10,000	-			Saugatuck Harbor Natural Area Campaign Literature
Land Conservancy of West Michigan, 1345 Monroee Avenue NW Suite 324 Grand Rapids, MI 49505	38-2363129	501(c)(3)	1,000	-			Annual Support
Latin Americans United for Progress, 96 W. 15th Street, Ste. 102 PO Box 1384 Holland, MI 49422-1384	38-2099880	501(c)(3)	3,500	-			Hispanic Youth Leadership Development
Latin Americans United for Progress, 96 W. 15th Street, Ste. 102 PO Box 1384 Holland, MI 49422-1384	38-2099880	501(c)(3)	10,000	-			Annual Support
Latin Americans United for Progress, 96 W. 15th Street, Ste. 102 PO Box 1384 Holland, MI 49422-1384	38-2099880	501(c)(3)	2,500	-			Adelante! Youth Leadership Program
Life Services System of Ottawa County, Inc., 11172 Adams St Holland, MI 49423	38-2854059	501(c)(3)	1,000	-			Thomas O. DePree Fund for Families in Need
Life Services System of Ottawa County, Inc., 11172 Adams St Holland, MI 49423	38-2854059	501(c)(3)	1,500	-			Parents as Teachers Training Extension
Life Services System of Ottawa County, Inc., 11172 Adams St Holland, MI 49423	38-2854059	501(c)(3)	(7,905)	-			Parents as Teachers Training
Life Services System of Ottawa County, Inc., 11172 Adams St Holland, MI 49423	38-2854059	501(c)(3)	11,250	-			Five Playgroups
Life Services System of Ottawa County, Inc., 11172 Adams St Holland, MI 49423	38-2854059	501(c)(3)	2,500	-			Leaders for the 21st Century Program
Michigan State University, 300 Spartan Way East Lansing, MI 48824-1005	38-6005984	501(c)(3)	25,000	-			Campaign for the Secchia Center
NewNorth Center for Design in Business, 201 W Washington STE 410 Zeeland, MI 49464	27-0440934	501(c)(3)	12,375	-			Fiscal Sponsorship Distribution
NewNorth Center for Design in Business, 201 W Washington STE 410 Zeeland, MI 49464	27-0440934	501(c)(3)	100,000	-			Start-Up Support
Ottawa Area Intermediate School District, 13565 Port Sheldon Rd. Holland, MI 49424	School	501(c)(3)	6,750	-			Three Playgroups
Ottawa Area Intermediate School District, 13565 Port Sheldon Rd. Holland, MI 49424	School	501(c)(3)	204	-			MTEC Scholarship Fund
Ottawa County Human Services Coordinating Council, 12120 Fillmore West Olive, MI 49460	School	501(c)(3)	5,000	-			Community Coordination/Access to Health
Outdoor Discovery Center, 4214 56th Street Holland, MI 49423	38-2461102	501(c)(3)	5,000	-			Outdoor Discovery Without Limits
Outdoor Discovery Center, 4214 56th Street Holland, MI 49423	38-2461102	501(c)(3)	400	-			Spending Policy Distribution
Outdoor Discovery Center, 4214 56th Street Holland, MI 49423	38-2461102	501(c)(3)	15,000	-			Macatawa River Greenway Property Acquisition
Outdoor Discovery Center, 4214 56th Street Holland, MI 49423	38-2461102	501(c)(3)	1,000	-			Unrestricted Support
Outdoor Discovery Center, 4214 56th Street Holland, MI 49423	38-2461102	501(c)(3)	1,000	-			MGP Spending Policy Distribution
Outdoor Discovery Center, 4214 56th Street Holland, MI 49423	38-2461102	501(c)(3)	1,000	-			Annual Donation
Pathways, MI, 412 Century Lane Holland, MI 49423	38-2118103	501(c)(3)	8,000	-			Accessibility Project
Pathways, MI, 412 Century Lane Holland, MI 49423	38-2118103	501(c)(3)	56,000	-			\$50,000 Tuition Assistance / \$6,000 Project Administration
Pathways, MI, 412 Century Lane Holland, MI 49423	38-2118103	501(c)(3)	2,500	-			Ultimate Tribal Challenge
Resthaven Care Community, 9 East 8th Street Holland, MI 49423	38-1387113	501(c)(3)	3,000	-			Spending Policy Distribution
Resthaven Care Community, 9 East 8th Street Holland, MI 49423	38-1387113	501(c)(3)	100	-			Unrestricted Support
Resthaven Care Community, 9 East 8th Street Holland, MI 49423	38-1387113	501(c)(3)	1,000	-			Annual Fund
Resthaven Care Community, 9 East 8th Street Holland, MI 49423	38-1387113	501(c)(3)	2,000	-			Blueprint for Action Project
Salvation Army, 104 Clover Avenue Holland, MI 49423	22-2406433	501(c)(3)	2,000	-			Unrestricted Support
Salvation Army, 104 Clover Avenue Holland, MI 49423	22-2406433	501(c)(3)	1,000	-			Unrestricted Support

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 ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS WITHIN THE U.S. - IN EXCESS OF \$5,000
 EIN 38-6095283 YEAR ENDED 12-31-10

1(a) Name, address, and zip	(b) EIN	(c) IRC Code	(d) Cash Grant	€ Non-Cash Grant	(f) Valuation Method	(g) Desc Non-cash Assistance	(h) Purpose of Grant or Assistance
Salvation Army,104 Clover Avenue Holland, MI 49423	22-2406433	501(c)(3)	2,500	-			Utility Assistance
Salvation Army,104 Clover Avenue Holland, MI 49423	22-2406433	501(c)(3)	1,000	-			Program Support
Second Reformed Church,225 East Central Avenue Zeeland, MI 49464	38-1507304	501(c)(3)	3,000	-			General Fund
Second Reformed Church,225 East Central Avenue Zeeland, MI 49464	38-1507304	501(c)(3)	1,500	-			Access Point
Second Reformed Church,225 East Central Avenue Zeeland, MI 49464	38-1507304	501(c)(3)	1,000	-			Food, Utility, & Transportation Assistance
Second Reformed Church,225 East Central Avenue Zeeland, MI 49464	38-1507304	501(c)(3)	10,000	-			Annual Fund
SportsQuest Family Center,43 East 8th Street SITE 150 Holland, MI 49423	20-5821743	501(c)(3)	59,400	-			Capital Campaign - Tennis Court
Tulip Time Festival,74 W. 8th Street Holland, MI 49423	38-1266660	501(c)(3)	5,000	-			2010 Gould Sponsor
Urban Institute for Contemporary Arts,41 Sheldon Blvd SE Grand Rapids, MI 49503	38-2220005	501(c)(3)	5,000	-			ArtPrize 2010 - GYSU Pew Campus
Waterfront Film Festival,P.O. Box 387 Saugatuck, MI 49453	38-3519701	501(c)(3)	10,000	-			Annual Support
West Michigan Strategic Alliance,P.O. Box 68046 Grand Rapids, MI 49516	38-3551109	501(c)(3)	100,000	-			Annual Support
West Michigan Strategic Alliance,P.O. Box 68046 Grand Rapids, MI 49516	38-3551109	501(c)(3)	5,000	-			Talent 2025
West Michigan TEAM,PO Box 68553 Grand Rapids, MI 49516-8553	20-8873170	501(c)(3)	5,000	-			Lakeshore Employer Resource Network
West Ottawa Public Schools,1138 136th Avenue Holland, MI 49424	School	501(c)(3)	500	-			Preschool Scholarships
West Ottawa Public Schools,1138 136th Avenue Holland, MI 49424	School	501(c)(3)	500	-			Preschool Scholarships
West Ottawa Public Schools,1138 136th Avenue Holland, MI 49424	School	501(c)(3)	87,644	-			West Ottawa International Baccalaureate Program
West Ottawa Public Schools,1138 136th Avenue Holland, MI 49424	School	501(c)(3)	150	-			Theater Department
West Ottawa Public Schools,1138 136th Avenue Holland, MI 49424	School	501(c)(3)	750	-			Science Olympiad Program
Western Theological Seminary,101 East 13th Street Holland, MI 49423	38-2009204	501(c)(3)	6,000	-			\$5,000 Voskuil Chair Fund, \$1,000 Annual Fund
Young Life - Holland,96 W 15th St. Ste 108 Holland, MI 49423	84-0385934	501(c)(3)	500	-			Unrestricted Support
Young Life - Holland,96 W 15th St. Ste 108 Holland, MI 49423	84-0385934	501(c)(3)	7,500	-			Life Skills Curriculum for Teen Moms
Total Grants in Excess of \$5,000			\$ 1,274,781				

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA
SCHOLARSHIPS TO INDIVIDUALS - TAX YEAR 2010

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RECIPIENT NAME	Grant #	CASH GRANTS	Grant Date	Name of the Award
Ms. Emily Diekema	2010305	500	5/10/2010	Agnes Zuverink-Norman Nursing Scholarship
Ms. Janet Pitsenberger	2010306	500	5/10/2010	Agnes Zuverink-Norman Nursing Scholarship
Ms. Barbara Van Der Male	2010253	3,550	5/10/2010	Barbara Van Der Male - Kammeraad Nursing Scholarship
Ms. Shawn Hillman	2010254	1,550	5/10/2010	Shawn Hillman - Kammeraad Nursing Scholarship
Ms. Jennifer Dilly	2010255	1,000	5/10/2010	Jennifer Dilly - Kammeraad Nursing Scholarship
Ms. Dona Wheeler	2010256	1,000	5/10/2010	Dona Wheeler - Kammeraad Nursing Scholarship
Miss Cailin Lutz	2010240	500	5/10/2010	Anne Dirkse Memorial Nursing Scholarship
Mr. Nathan DeJonge	2010288	500	5/10/2010	Soeters Family Scholarship
Miss Somaly VarChhorn	2010222	4,000	5/10/2010	Brooks Family Minority Scholarship
Miss Rachna Goswami	2010221	3,000	5/10/2010	Brooks Family Minority Scholarship
Mr. Henry Chhum	2010220	4,000	5/10/2010	Brooks Family Minority Scholarship
Mr. Marada Chau	2010219	4,000	5/10/2010	Brooks Family Minority Scholarship
Mr. Hack Ly	2010218	3,000	5/10/2010	Brooks Family Minority Scholarship
Ms. Katherine Mata	2010217	2,000	5/10/2010	Brooks Family Minority Scholarship
Mr. Ruben Juarez	2010216	2,000	5/10/2010	Brooks Family Minority Scholarship
Ms. Ashley Thomas	2010215	1,000	5/10/2010	Brooks Family Minority Scholarship
Ms. Laura Steenstra	2010229	500	5/10/2010	Careerline Tech Center Scholarship
Ms. Ronnie Ryu	2010224	1,000	5/10/2010	Careerline Tech Center Scholarship
Mr. Nicholas Burgess	2010223	1,000	5/10/2010	Careerline Tech Center Scholarship
Ms. Rebekah Wiersma	2010225	1,000	5/10/2010	Careerline Tech Center Scholarship
Mr. Kristoffer Jones	2010231	500	5/10/2010	Careerline Tech Center Scholarship
Ms. Rachel Yost	2010230	500	5/10/2010	Careerline Tech Center Scholarship
Ms. Katherine Parker	2010228	500	5/10/2010	Careerline Tech Center Scholarship
Ms. Kelly DeNeef	2010227	500	5/10/2010	Careerline Tech Center Scholarship
Ms. Alicia Bordner	2010226	500	5/10/2010	Careerline Tech Center Scholarship
Ms. Hannah Heneveld	2010303	500	5/10/2010	Catherine Bosch Wasson Family Scholarship
Ms. Daisy MacGilbert	2010212	1,000	4/15/2010	Chris Martin Memorial Art Scholarship
Mr. Jordan Dischinger-Smedes	2010294	500	5/10/2010	Donald J. and Lileeth Brouwer Van Ark Scholarship
Ms. Alison Neevel	2010295	500	5/10/2010	Donald J. and Lileeth Brouwer Van Ark Scholarship
Ms. Jacqueline Woudenberg	2010296	500	5/10/2010	Donald J. and Lileeth Brouwer Van Ark Scholarship
Ms. Katherine Seifert	2010257	100	5/10/2010	Dr. J. H. Kamps/Louis Roberts Speech Award
Mr. Kyle Weener	2010258	100	5/10/2010	Dr. J. H. Kamps/Louis Roberts Speech Award

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA

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Mr. Travis Ball	2010259	100	5/10/2010	Dr. J. H. Kamps/Louis Roberts Speech Award
Ms. Ashley Blauwkamp	2010260	100	5/10/2010	Dr. J. H. Kamps/Louis Roberts Speech Award
Mr. Andrew Lewis	2010261	100	5/10/2010	Dr. J. H. Kamps/Louis Roberts Speech Award
Ms. Madison Werley	2010262	100	5/10/2010	Dr. J. H. Kamps/Louis Roberts Speech Award
Mr. Dai Phuc Do	2010242	600	5/10/2010	Fifth Third Bank Minority Scholarship
Ms. Andrea Balderas	2010243	600	5/10/2010	Fifth Third Bank Minority Scholarship
Ms. Susan DeJonge	2010355	942	7/22/2010	Freedom Village Scholarship
Ms. Courtney Cook	2010354	1,265	7/22/2010	Freedom Village Scholarship
Ms. Laura Coney	2010353	1,283	7/22/2010	Freedom Village Scholarship
Mr. Joshua Bareman	2010352	1,290	7/22/2010	Freedom Village Scholarship
Ms. Kaitlyn Hanrahan	2010362	1,373	7/22/2010	Freedom Village Scholarship
Ms. Lauren Hoffman	2010363	1,355	7/22/2010	Freedom Village Scholarship
Mr. Cory Hanrahan	2010361	1,428	7/22/2010	Freedom Village Scholarship
Ms. Jessica Ames	2010351	1,229	7/22/2010	Freedom Village Scholarship
Ms. Andrea Lim	2010366	1,252	7/22/2010	Freedom Village Scholarship
Ms. Katie Nykerk	2010367	1,059	7/22/2010	Freedom Village Scholarship
Ms. Ann Perkins	2010368	1,366	7/22/2010	Freedom Village Scholarship
Mr. Connor Scholten	2010374	1,336	7/22/2010	Freedom Village Scholarship
Ms. Sene Simpson	2010375	1,223	7/22/2010	Freedom Village Scholarship
Ms. Chelsea Poest	2010369	926	7/22/2010	Freedom Village Scholarship
Miss Sarah Sprick	2010376	1,220	7/22/2010	Freedom Village Scholarship
Ms. Emily Tieman	2010377	941	7/22/2010	Freedom Village Scholarship
Miss Elizabeth Rademacher	2010370	1,373	7/22/2010	Freedom Village Scholarship
Miss Rachael VanOss	2010378	1,317	7/22/2010	Freedom Village Scholarship
Miss Samantha Lenters	2010365	479	7/22/2010	Freedom Village Scholarship
Ms. Kate Jacobs	2010364	1,511	7/22/2010	Freedom Village Scholarship
Ms. Diana Villalobos	2010379	876	7/22/2010	Freedom Village Scholarship
Ms. Leah Zuverink	2010380	933	7/22/2010	Freedom Village Scholarship
Mr. Jeton Grajcevic	2010360	1,481	7/22/2010	Freedom Village Scholarship
Ms. Brittany Gillette	2010359	994	7/22/2010	Freedom Village Scholarship
Ms. Courtney Dykema	2010358	1,201	7/22/2010	Freedom Village Scholarship
Ms. Katie Dozeman	2010357	1,417	7/22/2010	Freedom Village Scholarship
Ms. Carrie Reynolds	2010371	1,350	7/22/2010	Freedom Village Scholarship
Mr. James Rose	2010372	1,186	7/22/2010	Freedom Village Scholarship
Mr. Jordan Rotman	2010373	946	7/22/2010	Freedom Village Scholarship

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	TAX ID	38-6095283	
Ms. Emily Diekema	2010356	1,448	7/22/2010 Freedom Village Scholarship
Mr. Jacob Heemstra	2010263	500	5/10/2010 Gene Kraai Memorial Scholarship
Mr. Andrew Oonk	2010310	9,500	5/13/2010 Holland/Zeeland Promise Scholarship
Ms. Alison VanDeusen	2010311	7,200	5/13/2010 Holland/Zeeland Promise Scholarship
Ms. Priscilla Silvas	2010312	4,231	6/3/2010 Holland/Zeeland Promise Scholarship
Ms. Priscilla Silvas	2010388	610	7/1/2010 Priscilla Silvas - Holland/Zeeland Promise Scholarship
Miss Christine Crosby	2010246	1,400	5/10/2010 Ian Guarr Memorial Scholarship
Ms. Tessa Perez	2010211	1,000	4/15/2010 Ian Guarr Memorial Scholarship
Mr. Simon Creek	2010245	1,400	5/10/2010 Ian Guarr Memorial Scholarship
Ms. Glenna M. Russell	2010244	1,200	5/10/2010 Ian Guarr Memorial Scholarship
Ms. Katelyn VerHage	2010203	500	3/25/2010 J. Russel and Julia Bouws Scholarship
Ms. Katelyn Tucker	2010202	500	3/25/2010 J. Russel and Julia Bouws Scholarship
Ms. Kyla Postmus	2010201	500	3/25/2010 J. Russel and Julia Bouws Scholarship
Ms. Teresa Kuyers	2010200	500	3/25/2010 J. Russel and Julia Bouws Scholarship
Mr. Jason Berkenpas	2010199	500	3/25/2010 J. Russel and Julia Bouws Scholarship
Ms. Rebecca J. Haddock	2010100	450	2/18/2010 Parish Nurse Education Scholarship
Ms. Amanda Witte	2010238	500	5/10/2010 Jessie F. Dalman Scholarship
Ms. Megan Bos	2010237	500	5/10/2010 Jessie F. Dalman Scholarship
Mr. Matthew Stoel	2010247	500	5/10/2010 John and Esther Hoogland Educational Scholarship
Ms. Jessica Mac Vane	2010308	500	5/13/2010 Justin "Jup" Elhart Memorial Scholarship
Ms. Jessie Moulter	2010249	500	5/10/2010 Kaminski Family Scholarship
Ms. Katelyn Puente	2010250	500	5/10/2010 Kaminski Family Scholarship
Ms. Ashley Thomas	2010251	500	5/10/2010 Kaminski Family Scholarship
Ms. Alisha McGrew	2010252	500	5/10/2010 Kaminski Family Scholarship
Ms. Natalie Allardyce	2010273	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Racheal Barman	2010274	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Elisabeth Bletsch	2010275	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Miss Kara Brown	2010276	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Jennifer Fileman	2010277	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Aleida Ibarra	2010278	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Mr. Eric Ostrowski	2010279	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Jayne Spence	2010280	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Erin Wilkinson	2010281	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Eliza Estrada	2010282	7,000	5/10/2010 Karen and Larry Mulder Scholarship
Ms. Veronica N. Landin Delgado	2010283	7,000	5/10/2010 Veronica Landin Delgado - Karen & Larry Mulder Scholarship

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Ms. Marlene Padron	2010284	7,000	5/10/2010	Karen and Larry Mulder Scholarship
Miss Priscilla Vargas	2010285	7,000	5/10/2010	Karen and Larry Mulder Scholarship
Ms. Anna Vander Kooi	2010248	750	5/10/2010	Karri B. and David E. Jasperse Scholarship
Mr. Nicholas Moench	2010264	1,000	5/10/2010	Lakeshore United Soccer Club Scholarship
Ms. Sarah Rudy	2010265	1,000	5/10/2010	Lakeshore United Soccer Club Scholarship
Ms. Karlee Schreur	2010266	1,000	5/10/2010	Lakeshore United Soccer Club Scholarship
Ms. Brittany Hiefije	2010267	1,000	5/10/2010	Lakeshore United Soccer Club Scholarship
Mr. Parker Bussies	2010268	1,000	5/10/2010	Lakeshore United Soccer Club Scholarship
Mr. Jonathan Spoelhof	2010269	1,000	5/10/2010	Lakeshore United Soccer Club Scholarship
Ms. Veronica Beltran	2010204	500	3/25/2010	LAUP Dream Scholarship
Ms. Cassandra Padding	2010307	500	5/13/2010	Lillian Mulder Dalman Scholarship for Resthaven Employees
Ms. Corrin Timmer	2010270	1,000	5/10/2010	Lanting Family Scholarship
Ms. Hayley Van Dyke	2010271	1,000	5/10/2010	Hayley Van Dyke - Lanting Family Scholarship
Ms. Rebecca Westveer	2010300	500	5/10/2010	Margaret Van Vyven Music Scholarship
Ms. Sydney Beaudreault	2010286	1,200	5/10/2010	Munson Memorial Scholarship
Mr. Simon VanLangevelde	2010241	500	5/10/2010	Martin Dykstra Memorial Scholarship
Mr. Matthew Stael	2010287	1,000	5/10/2010	Neydon Scholarship for Children of Widows
Ms. Ann Duong	2010309	500	5/13/2010	Pamela Elhart Memorial Scholarship
Ms. Jessica Ganzevoort	2010297	500	5/10/2010	Patricia K. Winchester Vanderbilt Scholarship
Ms. Molly Coyle	2010298	500	5/10/2010	Patricia K. Winchester Vanderbilt Scholarship
Mr. Matthew Whinnen	2010299	500	5/10/2010	Patricia K. Winchester Vanderbilt Scholarship
Ms. Malory Stael	2010213	1,000	5/10/2010	Brinks Elementary Education Scholarship
Ms. Katelyn Tucker	2010214	1,000	5/10/2010	Brinks Holland Christian Schools Scholarship
Mr. Parker Bussies	2010272	500	5/10/2010	Samuel Meengs Memorial Scholarship
Mr. Austin Homkes	2010304	500	5/10/2010	Shawn D. Wiersma Memorial Scholarship
Mr. Travis Ball	2010289	500	5/10/2010	Shelley Speet-Mills Creative Arts Scholarship
Mr. Tyler Daugherty	2010290	1,000	5/10/2010	Ted Vanden Bosch Scholarship
Ms. Anna Vander Kooi	2010291	1,000	5/10/2010	Ted Vanden Bosch Scholarship
Mr. Casey Brewer	2010292	900	5/10/2010	Ted Vanden Bosch Scholarship
Ms. Michelle VanCompernelle	2010293	900	5/10/2010	Ted Vanden Bosch Scholarship
Ms. Hannah Pratt	2010239	250	5/10/2010	Thomas & Susan Den Herder Education Scholarship
Ms. Hope Mlynarek	2010208	1,000	3/25/2010	U of M Club of Holland Scholarship
Mr. Logan De Roos	2010207	1,000	3/25/2010	U of M Club of Holland Scholarship
Mr. David Moore	2010206	1,000	3/25/2010	U of M Club of Holland Scholarship
Mr. Charles Matrosic	2010205	1,000	3/25/2010	U of M Club of Holland Scholarship

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA
SCHOLARSHIPS TO INDIVIDUALS - TAX YEAR 2010

		TAX ID 38-6095283		
Ms. Tessa Perez	2010209	1,000	4/15/2010	U of M Club of Holland Scholarship
Mr. Andrew Lewis	2010235	500	5/10/2010	Community Service Scholarship
Ms. Alison Neevel	2010233	500	5/10/2010	Community Service Scholarship
Ms. Hope Mlynarek	2010232	500	5/10/2010	Community Service Scholarship
Ms. Hannah Pratt	2010236	500	5/10/2010	Community Service Scholarship
Ms. Megan Bos	2010210	500	4/15/2010	Community Service Scholarship
Ms. Alexis Warner	2010234	500	5/20/2010	Community Service Scholarship
Mr. Samuel Bruns	2010301	5,000	5/10/2010	Wagner Catholic Scholarship
Ms. Amanda Hathaway	2010302	5,000	5/10/2010	Wagner Catholic Scholarship
Mr. Benjamin Lievense	2010313	5,000	5/20/2010	Wagner Catholic Scholarship
Mr. Connor Sweeney	2010314	5,000	5/20/2010	Wagner Catholic Scholarship
Mr. Michael Erickson	2010315	500	5/20/2010	West Ottawa Class of 1999 Scholarship
Mr. Austin Homkes	2010387	1,500	9/21/2010	Wuskowhan Players Club Caddie Scholarship
150 Recipients in 2010		256,391		



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

SEP 08 2011

Notice Number: CP211A
Date: September 5, 2011

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[Barcode]

Taxpayer Identification Number:
38-6095283
Tax Form: 990
Tax Period: December 31, 2010



COMMUNITY FOUNDATION OF THE HOLLAND
ZEELAND AREA
70 W BTH ST STE 100
HOLLAND MI 49423-3166255

092358

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.