

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 85 EAST 8TH STREET, SUITE 110</p> <p>City or town, state or province, country, and ZIP or foreign postal code HOLLAND, MI 49423</p> <p>F Name and address of principal officer: LESLIE BROWN SAME AS C ABOVE</p>	<p>D Employer identification number 38-6095283</p> <p>E Telephone number 616-396-6590</p> <p>G Gross receipts \$ 28,786,823.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>J Website: ▶ WWW.CFHZ.ORG</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
		<p>L Year of formation: 1951 M State of legal domicile: MI</p>

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA SEEKS TO ENSURE THAT OUR COMMUNITY THRIVES	
2	Check this box <input type="checkbox"/> 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 15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 9
6	Total number of volunteers (estimate if necessary)	6 200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a -24,891.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b -24,891.
8	Contributions and grants (Part VIII, line 1h)	20,831,200. 13,435,651.
9	Program service revenue (Part VIII, line 2g)	0. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,650,695. 3,199,445.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,645. -16,765.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,443,250. 16,618,331.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,090,616. 13,622,060.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	584,314. 719,199.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,973.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	617,650. 495,752.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,292,580. 14,837,011.
19	Revenue less expenses. Subtract line 18 from line 12	15,150,670. 1,781,320.
20	Total assets (Part X, line 16)	81,441,030. 93,720,564.
21	Total liabilities (Part X, line 26)	1,329,531. 1,339,927.
22	Net assets or fund balances. Subtract line 21 from line 20	80,111,499. 92,380,637.

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	<p>Signature of officer</p> <p>MICHAEL GOORHOUSE, PRESIDENT/CEO</p> <p>Type or print name and title</p>	<p>Date</p>		
Paid Preparer Use Only	<p>Print/Type preparer's name</p> <p>TINA M. PETERS, CPA</p>	<p>Preparer's signature</p> <p>TINA M. PETERS, CPA</p>	<p>Date</p> <p>11/11/20</p>	<p>Check <input type="checkbox"/> if self-employed</p> <p>PTIN</p> <p>P00904574</p>
	<p>Firm's name ▶ PLANTE & MORAN, PLLC</p> <p>Firm's address ▶ 2601 CAMBRIDGE CT., STE. 500 AUBURN HILLS, MI 48326</p>	<p>Firm's EIN ▶ 38-1357951</p> <p>Phone no. (248) 375-7100</p>		

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

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA SEEKS TO ENSURE THAT OUR COMMUNITY THRIVES TODAY, TOMORROW, AND FOREVER BY BUILDING OUR COMMUNITY'S ENDOWMENT TO SUPPORT HIGH IMPACT CHARITABLE PROJECTS, HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS, AND LEADING AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 14,095,220. including grants of \$ 13,622,060.) (Revenue \$ _____)
IN ADDITION TO HELPING MANAGE CHARITABLE CONTRIBUTIONS ON BEHALF OF DONORS, THE COMMUNITY FOUNDATION ALSO MAKES STRATEGIC GRANTS THROUGH OUR COMPETITIVE GRANTMAKING PROGRAM. WE LOOK TO SUPPORT HIGH IMPACT PROJECTS THAT ARE BEING IMPLEMENTED BY ORGANIZATIONS WITH THE APPROPRIATE CAPACITY TO SUCCESSFULLY DELIVER ON PROJECT GOALS. IN 2019, SOME OF THE KEY PROJECTS WE SUPPORTED INCLUDE: HOLLAND/ZEELAND PROMISE SCHOLARSHIP, CENTER FOR WOMEN IN TRANSITION'S PREVENTION PAYS INITIATIVE, OUT ON THE LAKESHORE'S YOUTH PROGRAMMING, READY FOR SCHOOL'S START SCHOOL READY PROGRAM, AND WEST OTTAWA PUBLIC SCHOOL'S IN SCHOOL COUNSELING PROGRAM.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 14,095,220.**

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶** _____
MICHAEL GOORHOUSE - 616-396-6590
85 EAST 8TH STREET, SUITE 110, HOLLAND, MI 49423

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MIKE GOORHOUSE PRESIDENT / CEO	50.00 0.00			X				135,000.	0.	1,500.
(2) COLLEEN HILL VP OF DEVELOPMENT AND DONOR SERVICES	40.00 0.00					X		107,500.	0.	0.
(3) LESLIE BROWN BOARD CHAIR	3.00 0.00	X		X				0.	0.	0.
(4) JIM BISHOP CHAIR ELECT - AUDIT CHAIR	2.00 0.00	X		X				0.	0.	0.
(5) MARK HARDER TRUSTEE - TREASURER	2.00 0.00	X		X				0.	0.	0.
(6) DEBORAH STERKEN TRUSTEE - SECRETARY, DEVELOPMENT CHA	1.00 0.00	X		X				0.	0.	0.
(7) BRET DOCTER PAST CHAIR - GOVERNANCE, PRI CHAIR	2.00 0.00	X						0.	0.	0.
(8) SUE FRANZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) TOM DEN HERDER TRUSTEE	0.50 0.00	X						0.	0.	0.
(10) DIANE KOOIKER TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) JANE PATTERSON TRUSTEE - DISTRIB./SCHOLARSHIP CHAIR	2.00 0.00	X						0.	0.	0.
(12) JEAN RAMIREZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) LUCIA RIOS TRUSTEE	0.50 0.00	X						0.	0.	0.
(14) DALE SOWDERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) JIM WIERSMA TRUSTEE - INVESTMENT CHAIR	2.00 0.00	X						0.	0.	0.
(16) MARGARET VAN GROUW TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) RYAN LINDBERG YOUTH TRUSTEE - YAC CHAIR	2.00 0.00	X						0.	0.	0.

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) P. HAANS MULDER TRUSTEE - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(19) SCOTT SPOELHOF TRUSTEE - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(20) CALEB STEEBY YOUTH TRUSTEE - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
1b Subtotal								242,500.	0.	1,500.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								242,500.	0.	1,500.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	117,510.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,318,141.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,636,023.				
	h Total. Add lines 1a-1f			13,435,651.			
Program Service Revenue	2 a _____	Business Code					
	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)		1,389,083.		-24,891.	1,413,974.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	13,881,623.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	12,071,261.				
	c Gain or (loss)	7c	1,810,362.				
	d Net gain or (loss)			1,810,362.		1,810,362.	
8 a Gross income from fundraising events (not including \$ 117,510. of contributions reported on line 1c). See Part IV, line 18	8a		35,010.				
			97,231.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-62,221.		-62,221.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a NONGIFT REVENUE	Business Code	900099	37,956.		37,956.	
	b PHILANTHROPIC CONSULTING		900099	7,500.		7,500.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			45,456.			
12 Total revenue. See instructions			16,618,331.	0.	-24,891.	3,207,571.	

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,709,557.	12,709,557.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	912,503.	912,503.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,000.	33,750.	33,750.	67,500.
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	478,126.	185,270.	209,708.	83,148.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,969.	6,419.	7,135.	4,415.
9 Other employee benefits	43,481.	15,532.	17,265.	10,684.
10 Payroll taxes	44,623.	15,940.	17,719.	10,964.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,590.		3,590.	
c Accounting	23,215.		23,215.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	16,475.			16,475.
13 Office expenses	28,257.	5,840.	18,400.	4,017.
14 Information technology	53,542.		53,542.	
15 Royalties				
16 Occupancy	13,339.	4,765.	5,297.	3,277.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	16,796.	3,613.	2,680.	10,503.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,959.		58,959.	
23 Insurance	21,399.		21,399.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND RELATED PROGRAMS	183,436.	183,436.		
b MARKETING & PUBLICATION	37,250.	8,524.	16,663.	12,063.
c STAFF PROFESSIONAL DEVE	28,193.	10,071.	11,195.	6,927.
d MEMBERSHIPS	11,301.		11,301.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	14,837,011.	14,095,220.	511,818.	229,973.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Form 990 (2019)

38-6095283 Page **11**

Part X Balance Sheet

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

		(A)			(B)		
		Beginning of year			End of year		
Assets	1	Cash - non-interest-bearing		100.	1	100.	
	2	Savings and temporary cash investments		7,656,613.	2	7,837,012.	
	3	Pledges and grants receivable, net		7,881,433.	3	2,029,662.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	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	1,210,872.			
	b	Less: accumulated depreciation	10b	451,647.	816,330.	10c	759,225.
	11	Investments - publicly traded securities		40,026,316.	11	51,851,141.	
	12	Investments - other securities. See Part IV, line 11		25,060,238.	12	31,243,424.	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 33)		81,441,030.	16	93,720,564.		
Liabilities	17	Accounts payable and accrued expenses		38,309.	17	60,552.	
	18	Grants payable		1,074,276.	18	1,081,689.	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		216,946.	25	197,686.	
	26	Total liabilities. Add lines 17 through 25		1,329,531.	26	1,339,927.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		77,648,546.	27	90,350,975.	
	28	Net assets with donor restrictions		2,462,953.	28	2,029,662.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building, or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		80,111,499.	32	92,380,637.	
33	Total liabilities and net assets/fund balances		81,441,030.	33	93,720,564.		

Form **990** (2019)

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	16,618,331.
2 Total expenses (must equal Part IX, column (A), line 25)	2	14,837,011.
3 Revenue less expenses. Subtract line 2 from line 1	3	1,781,320.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,111,499.
5 Net unrealized gains (losses) on investments	5	10,426,684.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	61,135.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	92,380,638.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

THE COMMUNITY FOUNDATION OF THE

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8616129.	6951932.	10203029.	20831200.	13435651.	60037941.
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	8616129.	6951932.	10203029.	20831200.	13435651.	60037941.
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)						5144238.
6 Public support. Subtract line 5 from line 4.						54893703.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	8616129.	6951932.	10203029.	20831200.	13435651.	60037941.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	356,049.	552,490.	1727102.	757,561.	1413099.	4806301.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	35,891.	17,189.	58,605.	34,435.	0.	146,120.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,799.	24,560.	18,910.	48,571.	80,466.	199,306.
11 Total support. Add lines 7 through 10						65189668.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	84.21 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	81.53 %

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

THE COMMUNITY FOUNDATION OF THE

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT REVENUE

2015 AMOUNT: \$ 26,799.

2016 AMOUNT: \$ 24,560.

2017 AMOUNT: \$ 18,910.

2018 AMOUNT: \$ 16,527.

2019 AMOUNT: \$ 35,010.

MISCELLANEOUS REVENUE

2018 AMOUNT: \$ 32,044.

2019 AMOUNT: \$ 45,456.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Employer identification number

38-6095283

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number 38-6095283
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,663,146.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>642,934.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>400,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>365,945.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>334,992.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>313,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number 38-6095283
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 311,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 305,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number 38-6095283
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	SECURITIES _____ _____ _____	\$ <u>365,945.</u>	<u>12/03/19</u>
<u>5</u>	SECURITIES _____ _____ _____	\$ <u>334,992.</u>	<u>11/06/19</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number 38-6095283
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	68,531,306.	61,838,481.	53,534,489.	48,650,069.	48,189,188.
b Contributions	11,484,614.	18,184,355.	6,226,930.	7,265,001.	6,951,261.
c Net investment earnings, gains, and losses	12,019,573.	-3,623,437.	7,902,445.	3,237,048.	-1,340,910.
d Grants or scholarships	10,445,188.	6,650,526.	4,959,878.	4,472,527.	4,055,109.
e Other expenditures for facilities and programs	1,285,071.	1,217,567.	865,505.	1,145,102.	1,094,361.
f Administrative expenses					
g End of year balance	80,305,234.	68,531,306.	61,838,481.	53,534,489.	48,650,069.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment .00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		887,107.	144,426.	742,681.
c Leasehold improvements				
d Equipment		323,765.	307,221.	16,544.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				759,225.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY REAL		
(B) ESTATE	4,950,278.	END-OF-YEAR MARKET VALUE
(C) GLOBAL REITS	4,227,100.	END-OF-YEAR MARKET VALUE
(D) GLOBAL FIXED-INCOME FUNDS	6,739,220.	END-OF-YEAR MARKET VALUE
(E) NON-US DEVELOPED EQUITY		
(F) FUND	3,307,797.	END-OF-YEAR MARKET VALUE
(G) EMERGING MARKETS EQUITY		
(H) FUND	3,285,695.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	31,243,424.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	197,686.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	197,686.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

FUNDS HELD BY THE FOUNDATION ARE REPORTED IN ACCORDANCE WITH FASB ASC 958 AND ARE CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS. ALL AMOUNTS REPORTED IN PART V ARE BOARD-DESIGNATED, OR QUASI-ENDOWMENTS, AS DEFINED WITHIN THE IRS FORM INSTRUCTIONS, AND INCLUDE ALL FUNDS OVER WHICH THE FOUNDATION ITSELF IMPOSES RESTRICTIONS ON THEIR USE.

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

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" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEE LAND AREA, INC.**

Employer identification number
38-6095283

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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

2 a 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 10 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			
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.

THE COMMUNITY FOUNDATION OF THE

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		FALL EVENT CELEBRATION (event type)	ANNUAL LUNCHEON (event type)	NONE (total number)	
Revenue	1	Gross receipts	135,140.	17,380.	152,520.
	2	Less: Contributions	111,020.	6,490.	117,510.
	3	Gross income (line 1 minus line 2)	24,120.	10,890.	35,010.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	50,085.	2,588.	52,673.
	7	Food and beverages	7,199.	8,188.	15,387.
	8	Entertainment	13,094.		13,094.
	9	Other direct expenses	12,519.	3,558.	16,077.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			97,231.
11	Net income summary. Subtract line 10 from line 3, column (d)			-62,221.	

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

THE COMMUNITY FOUNDATION OF THE

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

FORM 990, SCHEDULE G, PART II:

EXPLANATION REGARDING FUNDRAISING EVENTS

THE ECONOMIC PROFIT EARNED FROM THESE EVENTS IS THE NET OF LINE 1, TOTAL GROSS RECEIPTS (\$152,520) AND LINE 10, DIRECT EXPENSES (\$97,231), OR \$55,289 NET GAIN.

THE FOLLOWING ITEMS ARE REPORTED IN COMPLIANCE WITH THE INSTRUCTIONS FOR SCHEDULE G:

Part IV Supplemental Information (continued)

LINE 1, GROSS RECEIPTS - \$152,520 - REPRESENTS TOTAL RECEIPTS FROM THE EVENTS.

LINE 2, CHARITABLE CONTRIBUTIONS - \$117,510 - REPRESENTS AMOUNT REQUIRED BY THE IRS TO BE ACKNOWLEDGED TO DONORS AS CONTRIBUTIONS.

LINE 3, GROSS INCOME - \$35,010 - REPRESENTS PAYMENTS BY DONORS FOR VALUE RECEIVED.

LINE 10, DIRECT EXPENSE SUMMARY - \$97,231 - COSTS INCURRED IN CONNECTION WITH FUNDRAISING EVENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.** 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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
70 X 7 LIFE RECOVERY PO BOX 1797 HOLLAND, MI 49422-1797	20-8857935	501(C)(3)	10,500.	0.			LEADERSHIP TRANSITIONS - ORGANIZATIONAL SUPPORT
ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LANE ALLENDALE, MI 49401	38-6003258	GOVERNMENT	19,900.	0.			COMPANY MATCH FOR ODL EMPLOYEE
ALZHEIMER'S ASSOCIATION - GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH STE 100 - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	10,930.	0.			DONATION TO ALZHEIMER'S ASSOCIATION WALK IN HOLLAND, MICHIGAN
AMERICAN CANCER SOCIETY 8400 SILVER CROSSING OKLAHOMA CITY, OK 73132	13-1788491	501(C)(3)	29,039.	0.			GREAT LAKES DIVISION - COMPANY MATCH FOR EMPLOYEE
ARBOR CIRCLE CORPORATION 412 CENTURY LANE HOLLAND, MI 49423	38-3263853	501(C)(3)	9,243.	0.			2019 OTTAWA COUNTY YOUTH ASSESSMENT SURVEY
AUDIO SCRIPTURE MINISTRIES 760 S. WAVERLY ROAD HOLLAND, MI 49423-9121	23-6296186	501(C)(3)	46,020.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 167.**

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

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

Schedule I (Form 990) (2019)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKER COLLEGE FINANCIAL AID OFFICE MUSKEGON, MI 49442-3404	38-1948719	501(C)(3)	6,233.	0.			FREEDOM VILLAGE RESIDENTS SCHOLARSHIP
BEACON OF HOPE PO BOX 2703 HOLLAND, MI 49422	30-0085138	501(C)(3)	7,445.	0.			EMOTIONAL HEALTH GROUP FOR ADULTS ON PROBATION
BEECHWOOD REFORMED CHURCH 895 OTTAWA BEACH ROAD HOLLAND, MI 49424	38-1508500	501(C)(3)	26,000.	0.			BAT REMOVAL AND SKYLIGHT REPAIR
BENJAMIN'S HOPE 15468 RILEY ST HOLLAND, MI 49424	74-3153382	501(C)(3)	14,300.	0.			HARVEST FESTIVAL
BETHANY CHRISTIAN SERVICES 11335 JAMES ST. HOLLAND, MI 49424	38-1405282	501(C)(3)	18,900.	0.			ENCOMPASS KIDS SOUTH AFRICA
BIG BROTHERS BIG SISTERS OF THE LAKESHORE - 4265 GRAND HAVEN RD STE 201 - MUSKEGON, MI 49441-5546	38-1918631	501(C)(3)	13,484.	0.			GENERAL SUPPORT
BLACK RIVER PUBLIC SCHOOL 491 COLUMBIA AVE HOLLAND, MI 49423	38-3298569	GOVERNMENT	9,000.	0.			UNRESTRICTED SUPPORT
BOYS AND GIRLS CLUB OF GREATER HOLLAND - 435 VAN RAALTE AVE. - HOLLAND, MI 49423	38-2756671	501(C)(3)	72,793.	0.			NORTHSIDE PROJECT
BOYS AND GIRLS CLUBS OF GRAND RAPIDS YOUTH COMMONWEALTH - 235 STRAIGHT AVE NW - GRAND RAPIDS, MI 49504	38-0593958	501(C)(3)	10,000.	0.			POWER HOUR

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY CHRISTIAN REFORMED CHURCH OF HOLLAND - 400 BEELINE ROAD - HOLLAND, MI 49424	38-2051351	501(C)(3)	39,250.	0.			UNRESTRICTED SUPPORT
CALVARY SCHOOLS OF HOLLAND 518 PLASMAN AVE HOLLAND, MI 49423	38-2060154	501(C)(3)	50,000.	0.			UNRESTRICTED SUPPORT
CALVIN UNIVERSITY 3201 BURTON STREET SE GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	49,810.	0.			STUDENT COMMONS
CAMP SUNSHINE 430 EAST 8TH STREET, PMB 200 HOLLAND, MI 49423	38-3444227	501(C)(3)	7,000.	0.			UNRESTRICTED SUPPORT
CARING AND NURTURING PO BOX 2433 EASLEY, SC 29641	82-0733488	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
CASA-CHILDREN'S AFTER SCHOOL ACHIEVEMENT - 263 COLLEGE AVENUE - HOLLAND, MI 49422-9000	38-1381271	501(C)(3)	254,674.	0.			STEP UP PROGRAM
CHILDREN'S ADVOCACY CENTER 12125 UNION STREET HOLLAND, MI 49424	38-3445089	501(C)(3)	77,275.	0.			BIDS & BITES GALA
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST MI - 4938 NILES RD. - ST. JOSEPH, MI 49085	38-2265793	501(C)(3)	8,000.	0.			UNRESTRICTED SUPPORT
CHRIST MEMORIAL REFORMED CHURCH 595 GRAAFSCHAP ROAD HOLLAND, MI 49423	38-6032818	501(C)(3)	50,314.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HOLLAND 270 S RIVER AVENUE HOLLAND, MI 49423	38-6004622	GOVERNMENT	2,274,826.	0.			PROVEN WINNERS NEW PLANTINGS
CITY OF ZEELAND 21 SOUTH ELM STREET ZEELAND, MI 49464	38-6004744	GOVERNMENT	239,775.	0.			IMPROVEMENT COSTS
CITY ON A HILL MINISTRIES 100 PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	33,689.	0.			BEHAVIORAL HEALTH INTEGRATION PROGRAM
COMMUNITY ACTION HOUSE 345 WEST 14TH STREET HOLLAND, MI 49423	23-7120670	501(C)(3)	101,342.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF COLLIER COUNTY - 1110 PINE RIDGE ROAD, SUITE 200 - NAPLES, FL 34108	59-2396243	501(C)(3)	15,000.	0.			NEW HORIZONS OF SOUTHWEST FLORIDA YOUTH DEVELOPMENT PROGRAMS
COMMUNITY REFORMED CHURCH 10376 FELCH STREET ZEELAND, MI 49464-6839	38-6155592	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
COMMUNITY SPOKE 96 WEST 15TH STREET, SUITE #105 HOLLAND, MI 49423	47-4508043	501(C)(3)	35,000.	0.			OPERATING SUPPORT
COMPASSIONATE HEART MINISTRIES 404 CENTERSTONE CT ZEELAND, MI 49464	20-5101543	501(C)(3)	30,955.	0.			FRIEND OF THE HEART
CORNERSTONE UNIVERSITY FINANCIAL AID OFFICE GRAND RAPIDS, MI 49525	38-1443369	501(C)(3)	8,647.	0.			BROOKS FAMILY FIRST GENERATION SCHOLARSHIP

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORPUS CHRISTI CATHOLIC SCHOOL 12100 QUINCY STREET HOLLAND, MI 49424	38-3473661	501(C)(3)	10,493.	0.			TUITION ASSISTANCE
CRITTER BARN 9275 ADAMS STREET ZEELAND, MI 49464	32-0028470	501(C)(3)	724,089.	0.			GENERAL SUPPORT
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD #153 CULVER, IN 46511-9980	35-0868071	501(C)(3)	30,000.	0.			SCHOLARSHIPS - \$25,000; ANNUAL FUND CLASS OF 66 - \$5,000
EASTERN AVENUE CRC 514 EASTERN AVE GRAND RAPIDS, MI 49503	38-1368331	501(C)(3)	10,000.	0.			BUILDING IMPROVEMENTS FOR THE OPERATIONS COMMITTEE
ENGEDI CHURCH 710 CHICAGO DR., STE. 100 HOLLAND, MI 49423	38-3717953	501(C)(3)	18,950.	0.			MEXICO MISSION TRIP
ESCAPE YFGK 202 EAST 32ND STREET HOLLAND, MI 49423	45-3015164	501(C)(3)	73,000.	0.			ASAP TEACHER
EVERGREEN COMMONS SENIOR CENTER 480 STATE STREET HOLLAND, MI 49423	38-2526940	501(C)(3)	39,183.	0.			GENERAL SUPPORT
FAMILY HOPE FOUNDATION 7086 8TH AVENUE JENISON, MI 49428	26-4505914	501(C)(3)	25,624.	0.			GENERAL SUPPORT
FELLOWSHIP REFORMED CHURCH OF HOLLAND - 2165 W LAKEWOOD BLVD - HOLLAND, MI 49424	38-1919779	501(C)(3)	6,100.	0.			MONTHLY TITHE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRIS STATE UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID - BIG RAPIDS, MI 49307	38-6005159	GOVERNMENT	95,844.	0.			CAREERLINE TECH CENTER DELEEUW MEMORIAL SCHOLARSHIP
FIRST REFORMED CHURCH 148 E. CENTRAL AVE. ZEELAND, MI 49464-1718	38-1505635	501(C)(3)	40,000.	0.			UNRESTRICTED SUPPORT
FIRST REFORMED CHURCH OF HOLLAND 630 STATE STREET HOLLAND, MI 49423-5164	38-1399160	501(C)(3)	9,000.	0.			FREE AT 3
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501(C)(3)	11,150.	0.			PATRIOT GOLF DAY
FROM THE MOUNTAIN MINISTRY INC 210 WEST MAIN ST. ZEELAND, MI 49464	45-4030389	501(C)(3)	8,775.	0.			FISHERS OF MEN - COMPANY MATCH FOR ODL EMPLOYEE
GENERAL SYNOD COUNCIL OF THE REFORMED CHURCH IN AMERICA - 4500 60TH ST SE - GRAND RAPIDS, MI 49512	23-7300358	501(C)(3)	50,000.	0.			GENERAL SUPPORT
GENEVA CAMP & RETREAT CENTER 3995 N. LAKESHORE DR. HOLLAND, MI 49424	38-1417381	501(C)(3)	20,736.	0.			GENERAL SUPPORT
GOOD SAMARITAN MINISTRIES 513 EAST 8TH STREET, SUITE 25 HOLLAND, MI 49423	38-1887347	501(C)(3)	67,243.	0.			CIRCLES AND AFFORDABLE HOUSING CONNECTIONS
GRACE COMMUNITY CHURCH 600 WEST CAMINO REAL BLVD BOCA RATON, FL 33486	59-0895905	501(C)(3)	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE EPISCOPAL CHURCH 555 MICHIGAN AVENUE HOLLAND, MI 49423	38-1840930	501(C)(3)	13,450.	0.			QUARTERLY SUPPORT PLEDGE
GRAND RAPIDS COMMUNITY COLLEGE 143 BOSTWICK AVE. NE GRAND RAPIDS, MI 49503	38-6100380	GOVERNMENT	45,385.	0.			ANN QUERY SCHOLARSHIP
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST. W, 9TH FLOOR GRAND RAPIDS, MI 49501	38-1684280	GOVERNMENT	342,883.	0.			UNIVERSITY ADVANCEMENT - COMPANY MATCH FOR ODL EMPLOYEE
GREATER HOLLAND AREA YOUNG LIFE 96 W 15TH ST STE 108 HOLLAND, MI 49423	84-0385934	501(C)(3)	21,550.	0.			GOLF OUTING
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1349 HOLLAND, MI 49422	38-3522782	501(C)(3)	143,030.	0.			LAKESHORE HOUSING ALLIANCE/HOMELESSNESS PREVENTION ACTIVITIES
HABITAT FOR HUMANITY COLLIER COUNTY - 11145 TAMiami TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
HAND2HAND 2900 BALDWIN HUDSONVILLE, MI 49426	27-2973348	501(C)(3)	5,250.	0.			FOOD FOR KIDS - OTTAWA AND KENT COUNTY
HARBOR HUMANE SOCIETY 14345 BAGLEY WEST OLIVE, MI 49460	38-1623660	501(C)(3)	16,158.	0.			GENERAL SUPPORT
HARDERWYK MINISTRIES 1627 W. LAKEWOOD BLVD HOLLAND, MI 49424	38-1738401	501(C)(3)	58,500.	0.			FEED MY STARVING CHILDREN

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERRICK DISTRICT LIBRARY 300 S. RIVER AVENUE HOLLAND, MI 49423	38-3350933	GOVERNMENT	41,000.	0.			CREATE LAB
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND, MI 49423	38-1416520	501(C)(3)	71,893.	0.			ROBOTICS AND GAME ON
HOLLAND CHURCH OF CHRIST 405 BEELINE RD. HOLLAND, MI 49424	38-2498583	501(C)(3)	16,683.	0.			UNRESTRICTED SUPPORT
HOLLAND DEACON'S CONFERENCE 224 W. 30TH ST., STE. 1 HOLLAND, MI 49423	38-2309172	501(C)(3)	74,792.	0.			GENERAL SUPPORT
HOLLAND FREE HEALTH CLINIC 99 W. 26TH STREET HOLLAND, MI 49423	30-0072620	501(C)(3)	24,000.	0.			INCREASING ACCESS TO HEALTHCARE FOR THE HISPANIC POPULATION IN OUR COMMUNITY
HOLLAND HARBOR LIGHTHOUSE 114 MAIDSTONE CT NE GRAND RAPIDS, MI 49546	38-7396083	501(C)(3)	15,000.	0.			FIREWORKS
HOLLAND HISTORICAL TRUST 31 W 10TH ST HOLLAND, MI 49423	38-1692502	501(C)(3)	67,780.	0.			GENERAL SUPPORT
HOLLAND HOSPITAL 602 MICHIGAN AVENUE HOLLAND, MI 49423	38-2800065	501(C)(3)	40,280.	0.			CULINARY CABARET 2019 SILVER SPONSOR
HOLLAND JUNIOR WELFARE LEAGUE P O BOX 1633 HOLLAND, MI 49422	38-6093496	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLAND PUBLIC SCHOOLS 320 W 24TH ST HOLLAND, MI 49423	38-6003257	GOVERNMENT	6,000.	0.			8TH GRADERS LEADERSHIP CAMP FUNDING
HOLLAND SYMPHONY ORCHESTRA PO BOX 2685 HOLLAND, MI 49422-2685	38-2953082	501(C)(3)	31,787.	0.			2018 ROUND 3 COMPETITIVE GRANT - LINK UP PROGRAM
HOLLAND/LAKESHORE RESCUE MISSION 661 EAST 24TH STREET HOLLAND, MI 49423	38-1734763	501(C)(3)	104,527.	0.			2017 ROUND 3 COMPETITIVE GRANT
HOMECOR 151 CENTRAL AVENUE, STE 280 HOLLAND, MI 49423	38-3281993	501(C)(3)	8,000.	0.			UNRESTRICTED SUPPORT
HOPE CHURCH 77 W. 11TH STREET HOLLAND, MI 49423	38-1387880	501(C)(3)	8,400.	0.			GENERAL FUND
HOSPICE OF HOLLAND 270 HOOVER BLVD HOLLAND, MI 49423	38-2355709	501(C)(3)	88,789.	0.			GENERAL SUPPORT
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	9,520.	0.			COMPANY MATCH FOR ODL EMPLOYEE
INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 53707	36-2171714	501(C)(3)	7,000.	0.			MINISTRY AT DAVENPORT UNIVERSITY.
JUBILEE MINISTRIES 96 WEST 15TH STREET HOLLAND, MI 49423	38-3477214	501(C)(3)	22,014.	0.			PARTNERS FOR RENEWAL

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS' FOOD BASKET 2055 OAK INDUSTRIAL DRIVE NE STE C GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	107,114.	0.			GRAND RAPIDS SUPPORT
LADDER, INC. 14152 PHEASANT RUN HOLLAND, MI 49423	38-2940956	501(C)(3)	7,250.	0.			UNRESTRICTED SUPPORT
LAKESHORE ADVANTAGE 201 WEST WASHINGTON STE 410 ZEELAND, MI 49464	06-1708014		178,000.	0.			FOR JOB CREATION PROGRAMMING
LAKESHORE ETHNIC DIVERSITY ALLIANCE - PO BOX 2945 - HOLLAND, MI 49422-2945	38-3360686	501(C)(3)	21,500.	0.			LEDA LEADERSHIP TRANSITION ORGANIZATION SUPPORT
LAKESHORE HABITAT FOR HUMANITY 12727 RILEY STREET HOLLAND, MI 49424	38-2893355	501(C)(3)	30,775.	0.			COMPANY MATCH FOR ODL EMPLOYEES
LAKESHORE NONPROFIT ALLIANCE 96 WEST 15TH STREET, SUITE #105 HOLLAND, MI 49423	20-4328927	501(C)(3)	49,850.	0.			OPERATING SUPPORT, PROGRAM SUPPORT, BOARD TRAININGS
LATIN AMERICANS UNITED FOR PROGRESS - 96 W 15TH STREET STE 103 - HOLLAND, MI 49423	38-2099880	501(C)(3)	25,750.	0.			COLLEGE VISITS
LIFEQUEST CHURCH 10875 CHICAGO DRIVE ZEELAND, MI 49464	35-2484484	501(C)(3)	50,000.	0.			UNRESTRICTED SUPPORT
LIGHTHOUSE IMMIGRANT ADVOCATES PO BOX 2144 HOLLAND, MI 49422	37-1790725	501(C)(3)	12,239.	0.			2019 WEST MICHIGAN IMMIGRANT AND REFUGEE RIGHTS SUMMIT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LIVING THREADS MINISTRY 100 S PINE ZEELAND, MI 49464	46-1944634	501(C)(3)	5,500.	0.			GENERAL SUPPORT WITH THANKS
MADISON SQUARE CHRISTIAN REFORMED CHURCH - 1441 MADISON AVE. SE - GRAND RAPIDS, MI 49507	23-7081131	501(C)(3)	24,000.	0.			GENERAL SUPPORT
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - 349 DIVISION AVE S - GRAND RAPIDS, MI 49503	38-2822359	501(C)(3)	17,772.	0.			"BE NICE" PROGRAM
MICHIGAN STATE UNIVERSITY 535 CHESTNUT EAST LANSING, MI 48824-1005	38-6005984	GOVERNMENT	101,422.	0.			SCHOLARSHIP ENDOWMENT, FOOD INDUSTRY MANAGEMENT, COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
MIDTOWN COUNSELING SERVICES 96 WEST 15TH STREET, SUITE 208-209 HOLLAND, MI 49423	26-2196399	501(C)(3)	32,500.	0.			FOR PROGRAMS RELATED TO ON-SITE SCHOOL COUNSELING
MORAN PARK CHURCH OF HOLLAND MICHIGAN - 97 WEST 22ND STREET - HOLLAND, MI 49423	47-2966236	501(C)(3)	23,000.	0.			UNRESTRICTED SUPPORT
MOSAIC COUNSELING 1703 S. DESPELDER GRAND HAVEN, MI 49417	38-2216806	501(C)(3)	9,200.	0.			GENERAL SUPPORT PROVIDED BY WOMEN WHO CARE
MOVEMENT.ORG 2 WASHINGTON STREET, FL 20 NEW YORK, NY 10004	20-8991671	501(C)(3)	50,000.	0.			UNRESTRICTED SUPPORT
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	8,000.	0.			UNRESTRICTED SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH POINT CHURCH 211 E BANNISTER ST PLAINWELL, MI 49080-1372	35-2298172	501(C)(3)	8,040.	0.			TITHE AND BUILDING
NORTH POINT COMMUNITY CHURCH 4350 NORTH POINT PARKWAY ALPHARETTA, GA 30022	81-4460278	501(C)(3)	7,700.	0.			UNRESTRICTED SUPPORT
NORTHERN PATHWAYS EQUINE CENTER 7889 LYMAN ROAD KALEVA, MI 49645	26-0776763	501(C)(3)	7,500.	0.			CAPITAL CAMPAIGN FOR ARENA
OAKLAND CHRISTIAN REFORMED CHURCH 4452A 38TH ST HAMILTON, MI 49419	38-6095462	501(C)(3)	6,600.	0.			MISSION SUPPORT FOR ONE MEMBER
OAR, INC. PO BOX 1875 HOLLAND, MI 49422-1875	38-1984739	501(C)(3)	71,454.	0.			GENERAL SUPPORT
ODC NETWORK 4214 56TH STREET HOLLAND, MI 49423	38-2461102	501(C)(3)	244,035.	0.			CAPITAL CAMPAIGN
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT - 13565 PORT SHELDON RD. - HOLLAND, MI 49424	38-1709520	GOVERNMENT	15,000.	0.			READING NOW NETWORK DEVELOPMENTAL EVALUATION
OTTAWA COUNTY ADMINISTRATIVE OFFICES - 12220 FILLMORE ST, ROOM 260 - WEST OLIVE, MI 49460	38-6004883	GOVERNMENT	55,498.	0.			TAPAS EXPENSES AND TITLE COMMITMENT FEE
OUT ON THE LAKESHORE PO BOX 2064 HOLLAND, MI 49422	81-3619194	501(C)(3)	25,750.	0.			FRIEND OF PRIDE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK CHRISTIAN REFORMED CHURCH 1496 W 32ND ST. HOLLAND, MI 49423	38-6060944	501(C)(3)	8,000.	0.			LEAD 365 TUITION FOR DAN STEEN
PARK THEATRE FOUNDATION PO BOX 1933 HOLLAND, MI 49422-1933	38-3631936	501(C)(3)	7,500.	0.			SAVING THE WALL
PEACH PHILANTHROPIC ENDOWMENT ADVANCING CHILDRENS HEALTH - 496 LINCOLN AVE. - HOLLAND, MI 49423	82-4631546	501(C)(3)	38,000.	0.			UNRESTRICTED SUPPORT
PILLAR CHRISTIAN REFORMED CHURCH 57 EAST 10TH STREET HOLLAND, MI 49423	38-1437928	501(C)(3)	2,908,504.	0.			BILL PAYMENTS
PORTER HILLS FOUNDATION 4450 CASCADE RD., STE. 200 GRAND RAPIDS, MI 49546	38-3243846	501(C)(3)	13,334.	0.			RECREATIONAL THERAPY AT LIFE CIRCLES PACE HOLLAND
READY FOR SCHOOL 268 E. 8TH ST., STE 10 HOLLAND, MI 49423	27-4898652	501(C)(3)	112,092.	0.			GENERAL SUPPORT
REAL LIFE FELLOWSHIP PO BOX 1347 HOLLAND, MI 49422-1347	20-1522312	501(C)(3)	12,000.	0.			SUPPORT OF DOMINICAN REPUBLIC
REGENTS OF THE UNIVERSITY OF MICHIGAN - 535 W WILLIAM ST, SUITE 110 - ANN ARBOR, MI 48103	38-6006309	GOVERNMENT	67,596.	0.			UNRESTRICTED GRANT FOR MICHIGAN RADIO
RELIANT MISSION, INC. 11002 LAKE HART DRIVE ORLANDO, FL 32832	52-1707002	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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RENEW THERAPEUTIC RIDING CENTER 5080 146TH AVENUE HOLLAND, MI 49423	90-0857463	501(C)(3)	508,250.	0.			CAPITAL CAMPAIGN OR OPERATIONS
RESILIENCE 411 BUTTERNUT HOLLAND, MI 49424	38-2181204	501(C)(3)	118,464.	0.			GENERAL SUPPORT
RESTHAVEN CARE COMMUNITY 948 WASHINGTON AVENUE HOLLAND, MI 49423	38-1387113	501(C)(3)	36,750.	0.			GENERAL SUPPORT
RIDGE POINT COMMUNITY CHURCH 340 104TH AVE. HOLLAND, MI 49423	38-3102786	501(C)(3)	73,300.	0.			ALL-IN CAMPAIGN
SALVATION ARMY 104 CLOVER AVENUE HOLLAND, MI 49423	22-2406433	501(C)(3)	13,002.	0.			ANGEL TREE PROGRAM - COMPANY MATCH FOR ODL INC. EMPLOYEE
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	8,500.	0.			HURRICANE DORIAN RELIEF
SECOND REFORMED CHURCH 225 EAST CENTRAL AVENUE ZEELAND, MI 49464	38-1507304	501(C)(3)	79,827.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS MICHIGAN 1239 76TH ST SW STE E BYRON CENTER, MI 49315	38-1964643	501(C)(3)	14,100.	0.			GENERAL SUPPORT
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST. NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	31,600.	0.			BLUE ENVELOPE SUICIDE PREVENTION PROGRAM

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALENT 2025 48 LOGAN STREET, SW GRAND RAPIDS, MI 49503	27-0193853	501(C)(3)	11,000.	0.			UNRESTRICTED SUPPORT
THE BRIDGE MINISTRY CENTER 210 EAST MAIN ST ZEELAND, MI 49464	38-3577991	501(C)(3)	18,319.	0.			GENERAL PROGRAMMING AND MENTAL HEALTH INITIATIVE
THE CENTER FOR MICHIGAN 4100 N DIXBORO RD ANN ARBOR, MI 48105	32-0167398	501(C)(3)	10,120.	0.			SUPPORT OF THE BRIDGE E-NEWS SOURCE
THE REFUGEE EDUCATION CENTER 2130 ENTERPRISE ST. SE KENTWOOD, MI 49508	06-1770896	501(C)(3)	15,000.	0.			HOLLAND/ZEELAND AREA EXPANSION
THIRD REFORMED CHURCH 111 W 13TH STREET HOLLAND, MI 49423	38-1398838	501(C)(3)	5,250.	0.			SPECIAL EDUCATION MINISTRIES
TULIP TIME FESTIVAL 42 W 8TH ST HOLLAND, MI 49423	38-1266660	501(C)(3)	11,300.	0.			FIREWORKS AND KLOMPEN GARDEN SUPPORT
UNION COLLEGE STUDENT FINANCIAL SERVICES LINCOLN, NE 68506	47-0405319	501(C)(3)	7,000.	0.			KAREN AND LARRY MULDER SCHOLARSHIP
UNIVERSITY OF TEXAS RIO GRANDE VALLEY - U CENTRAL STUDENT SERVICES - BROWNSVILLE, TX 78520	46-5292740	GOVERNMENT	7,000.	0.			KAREN AND LARRY MULDER SCHOLARSHIP
UPWARD BOUND MINISTRIES INC. PO BOX 103 ZEELAND, MI 49464	26-0681206	501(C)(3)	13,525.	0.			UNRESTRICTED FUNDS

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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VOX PO BOX 1425 HOLLAND, MI 49422	20-8989756	501(C)(3)	30,000.	0.			UNRESTRICTED SUPPORT
WASHINGTON SCHOOL NEIGHBORS 77 W 11TH STREET HOLLAND, MI 49423	82-4191162	501(C)(3)	10,300.	0.			COMMUNITY GARDEN PROJECT
WEST COAST CHAMBER OF COMMERCE FOUNDATION - 272 E. 8TH STREET - HOLLAND, MI 49423	38-2476780	501(C)(3)	15,750.	0.			GENERAL SUPPORT
WEST OTTAWA HIGH SCHOOL - NORTH 3685 BUTTERNUT DRIVE HOLLAND, MI 49424	38-6032447	GOVERNMENT	26,500.	0.			COLLEGE VISITS
WESTERN MICHIGAN UNIVERSITY STUDENT FINANCIAL AID OFFICE KALAMAZOO, MI 49008-5337	38-6007327	GOVERNMENT	38,539.	0.			CHARLES C. AND CELESTE Y. FERRELL MEMORIAL SCHOLARSHIP
WESTERN THEOLOGICAL SEMINARY 101 EAST 13TH STREET HOLLAND, MI 49423	38-2009204	501(C)(3)	24,075.	0.			GENERAL SUPPORT
WINGS OF MERCY - WEST MICHIGAN 100 PINE ST STE 393 ZEELAND, MI 49464	38-2998695	501(C)(3)	5,035.	0.			GENERAL SUPPORT
WINNING AT HOME 300 S STATE ST STE 13 ZEELAND, MI 49464-1678	38-3234306	501(C)(3)	141,000.	0.			GENERAL SUPPORT
WORLD VISION PO BOX 9716 - MAILSTOP 110 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	5,938.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH WITH A MISSION 501 BLACKTAIL RD. LAKESIDE, MT 59922	81-6037128	501(C)(3)	23,000.	0.			OUTDOOR MINISTRY PROGRAM AND GENERAL SUPPORT
ZEELAND EDUCATION FOUNDATION 183 WEST ROOSEVELT ZEELAND, MI 49464	82-1829249	GOVERNMENT	7,639.	0.			GENERAL SUPPORT
ZEELAND CHRISTIAN SCHOOL 334 W. CENTRAL AVE ZEELAND, MI 49464	38-1566660	501(C)(3)	54,480.	0.			GENERAL SUPPORT
ZEELAND HISTORICAL SOCIETY PO BOX 165 ZEELAND, MI 49464	38-2147423	501(C)(3)	11,148.	0.			DIRECTOR'S FUND
ZEELAND NEIGHBORHOOD CONNECTIONS PO BOX 311 ZEELAND, MI 49464	83-0865945	501(C)(3)	5,500.	0.			UNRESTRICTED SUPPORT
ZEELAND PUBLIC SCHOOLS PO BOX 110 ZEELAND, MI 49464-1127	38-6003307	GOVERNMENT	26,851.	0.			EAST AND WEST HS COLLEGE VISITS
CALVIN CHRISTIAN REFORMED CHURCH 387 W. LAKEWOOD BLVD. HOLLAND, MI 49424	38-1863979	501(C)(3)	8,000.	0.			UNRESTRICTED SUPPORT
CENTRAL MICHIGAN UNIVERSITY 1633 E BELTLINE AVE NE FL1 GRAND RAPIDS, MI 49525	38-6004447	501(C)(3)	21,763.	0.			FREEDOM VILLAGE RESIDENTS SCHOLARSHIP
COTTONWOOD CHRISTIAN REFORMED CHURCH - 1101 CYPRESS DR - JENISON, MI 49428	23-7410139	501(C)(3)	5,820.	0.			BUDGET PARTICIPATION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLAND COMMUNITY AQUATIC CENTER 550 MAPLE AVE. HOLLAND, MI 49423-4764	46-1157667	501(C)(3)	18,170.	0.			EXPANSION EVALUATION
KALAMAZOO COLLEGE OFFICE OF FINANCIAL AID - 1200 ACADEMY STREET - KALAMAZOO, MI 49006	38-1358014	501(C)(3)	25,577.	0.			FRANKLIN D. KRAAI SCHOLARSHIP
KENDALL COLLEGE OF ART AND DESIGN FINANCIAL AID OFFICE GRAND RAPIDS, MI 49503	38-6005159	GOVERNMENT	7,322.	0.			CHRIS MARTIN MEMORIAL ART SCHOLARSHIP
LAKE MICHIGAN COLLEGE FINANCIAL AID OFFICE BENTON HARBOR, MI 49022	38-2714753	GOVERNMENT	28,075.	0.			PAMELA S. ELHART MEMORIAL SCHOLARSHIP
LOYOLA UNIVERSITY CHICAGO SULLIVAN CENTER CHICAGO, IL 60660	36-1408475	501(C)(3)	5,220.	0.			WAGNER CATHOLIC SCHOLARSHIP
MICHIGAN STATE UNIVERSITY ADMINISTRATION BLDG EAST LANSING, MI 48824	38-6005984	GOVERNMENT	102,672.	0.			ODL MATCHING FOR EMPLOYEE FOR UNIVERSITY ADVANCEMENT
MICHIGAN TECHNOLOGICAL UNIVERSITY ADMINISTRATION BUILDING, ROOM 160 HOUGHTON, MI 49931-1295	38-6005955	GOVERNMENT	7,235.	0.			GENERAL SUPPORT - SCHOLARSHIP
MOODY BIBLE INSTITUTE 820 NORTH LA SALLE BLVD CHICAGO, IL 60610	36-2167792	501(C)(3)	23,000.	0.			GENERAL SUPPORT - SCHOLARSHIP
MUSKEGON COMMUNITY COLLEGE FINANCIAL AID OFFICE MUSKEGON, MI 49442-3404	38-1717800	GOVERNMENT	5,461.	0.			FREEDOM VILLAGE RESIDENTS SCHOLARSHIP

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Schedule I (Form 990)

38-6095283

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND UNIVERSITY NORTH FOUNDATION HALL, ROOM 120 ROCHESTER, MI 48309-4454	38-1714400	GOVERNMENT	54,154.	0.			FREEDOM VILLAGE RESIDENTS' SCHOLARSHIP
OTTAWA COUNTY COMMUNITY ACTION AGENCY - 12251 JAMES ST., STE. 300 - HOLLAND, MI 49424	38-6004883	501(C)(3)	10,000.	0.			WALK FOR WARMTH
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263-7999	95-1644037	501(C)(3)	130,000.	0.			GENERAL SUPPORT - SCHOLARSHIP
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106	95-1644035	501(C)(3)	15,009.	0.			JOHN T. AND ESTHER M. HOOGLAND EDUCATIONAL SCHOLARSHIP
SAUGATUCK HIGH SCHOOL 401 ELIZABETH SAUGATUCK, MI 49453	38-2762308	GOVERNMENT	25,000.	0.			GENERAL SUPPORT - SCHOLARSHIP
UNIVERSITY OF FLORIDA S-107 CRISER HALL GAINSVILLE, FL 32611	59-6002052	GOVERNMENT	7,000.	0.			HAWORTH SCHOLARSHIP
UNIVERSITY OF NOTRE DAME OFFICE OF STUDENT FINANCIAL SERVICE NOTRE DAME, IN 46556	35-0868188	501(C)(3)	18,200.	0.			ROCKNE ATHLETICS FUND
UNIVERSITY OF WISCONSIN-MILWAUKEE 2442 E. KENWOOD BLVD., MELLENCAMP HALL. ROOM 162 - MILWAUKEE, WI 53201-0469	39-6006492	GOVERNMENT	5,800.	0.			KAMINSKI FAMILY SCHOLARSHIP
VILLANOVA UNIVERSITY 800 E. LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501(C)(3)	30,000.	0.			CHEMISTRY DEPARTMENT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING POST-SECONDARY EDUCATIONAL INSTITUTIONS	310	912,503.	0.	N/A	N/A

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

PART I, LINE 2:

ALL GRANTS OF THE FOUNDATION ARE DISTRIBUTED, AT A MINIMUM, WITH A TRANSMITTAL LETTER THAT ITEMIZES THE PURPOSE OF THE GRANT, CONFIRMS THE CHARITABLE NATURE OF THE GRANT AND ACKNOWLEDGES THE FUND(S) FROM WHICH THE GRANT IS MADE.

COMPETITIVE GRANTS REQUIRE A SIGNED GRANT ACCEPTANCE AGREEMENT THAT OUTLINES THE PURPOSE OF THE GRANT AND INSTRUCTS THE GRANTEE TO USE THE FUNDS FOR THE PURPOSE OUTLINED IN THEIR APPLICATION. IT REQUIRES THAT ANY

Part IV Supplemental Information

CHANGES IN THE USE OF FUNDS MUST FIRST BE APPROVED BY THE FOUNDATION. A
FINAL NARRATIVE AND FINANCIAL REPORT ON THE USE OF FUNDS IS REQUIRED AT THE
END OF THE PROGRAM PERIOD. THAT REPORT IS REVIEWED BY THE VICE PRESIDENT OF
COMMUNITY IMPACT TO VERIFY THE FUNDS WERE USED FOR THEIR INTENDED PURPOSE.
ANY FUNDS REMAINING THAT ARE NOT USED FOR THE STATED PURPOSE ARE REQUIRED
TO BE RETURNED.

SCHOLARSHIP AWARDS ARE ISSUED DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR
CREDIT TO THE STUDENT'S ACCOUNT. ANY DOLLARS NOT USED FOR THE STUDENT'S
EDUCATIONAL PURPOSES ARE REQUIRED TO BE RETURNED BY THE SCHOOL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.** 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	102	2,636,023.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

THE COMMUNITY FOUNDATION OF THE

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT LISTED IN COLUMN B REPRESENTS THE NUMBER OF ITEMS (STOCK NAMES) RECEIVED.

SCHEDULE M, LINE 32B:

STOCK BROKERS ASSISTED WITH THE SALE OF PUBLICLY TRADED SECURITIES.

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Employer identification number
38-6095283

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TODAY, TOMORROW, AND FOREVER BY BUILDING OUR COMMUNITY'S ENDOWMENT TO
SUPPORT HIGH IMPACT CHARITABLE PROJECTS, HELPING DONORS ACHIEVE THEIR
CHARITABLE GOALS, AND LEADING AND PARTNERING IN COMMUNITY-LEVEL
INITIATIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARTNERING IN COMMUNITY-LEVEL INITIATIVES.

FORM 990, PART VI, SECTION A, LINE 6:

DONORS WHO CONTRIBUTE \$50 OR MORE ARE CONSIDERED TO BE "MEMBERS" AND ARE
INVITED TO VOTE IN THE ELECTION OF 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, SECTION A, LINE 7A:

DONORS WHO CONTRIBUTE \$50 OR MORE ARE CONSIDERED TO BE "MEMBERS" AND ARE
INVITED TO VOTE IN THE ELECTION OF 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, SECTION B, LINE 11B:

A DRAFT COPY OF FORM 990 WITH SUPPORTING SCHEDULES WAS PERSONALLY PRESENTED
BY THE AUDITORS TO THE AUDIT COMMITTEE FOR THEIR EDITS AND QUESTIONS. ON
BEHALF OF THE AUDIT COMMITTEE, THE PRESIDENT E-MAILED TO THE FULL BOARD
(ALL OFFICERS AND TRUSTEES/DIRECTORS) A FINAL DRAFT OF THE FORM 990 AND

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number	38-6095283
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SUPPORTING SCHEDULES (WITH SCHEDULE B NAMES AND ADDRESSES REDACTED),
ALLOWING TIME FOR THEIR REVIEW, COMMENTS AND/OR QUESTIONS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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, ANNUALLY SIGNS 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
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 THE 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 MAY BE REQUESTED TO LEAVE THE BOARD
OR COMMITTEE MEETING WHILE THE DETERMINATION OF 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, SECTION B, LINE 15A:

PURPOSE OVER AND ABOVE ANY LEGAL REQUIREMENT OR PUBLIC SCRUTINY, AS GOOD
STEWARDS OF PHILANTHROPIC RESOURCES, THE FOUNDATION GOES THE EXTRA MILE TO
BE CERTAIN THAT LEVELS OF COMPENSATION ARE REASONABLE. REASONABLE IS

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number	38-6095283
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GENERALLY DEFINED AS WHAT SIMILAR PERSONS IN SIMILAR POSITIONS WITH SIMILAR DUTIES AT SIMILAR ORGANIZATIONS ARE PAID. PROCESS 1) EACH YEAR, THE CHAIR OF THE BOARD SENDS AN ELECTRONIC EVALUATION SURVEY AND A COPY OF THE PRESIDENT/CEO'S RESPONSIBILITIES TO ALL TRUSTEES AND ALL STAFF. 2) ALL RECIPIENTS ARE ASKED TO COMPLETE THE CONFIDENTIAL SURVEY WHICH HAS QUESTIONS DIRECTLY RELATED TO THE PRESIDENT/CEO'S PERFORMANCE AND AREAS OF STRENGTH AND WEAKNESS. 3) THE BOARD CHAIR COLLECTS AND CONDENSES THE RESPONSES INTO A SUMMARY FORM. 4) THE PERSONNEL COMMITTEE SERVES 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. 5) PERSONNEL COMMITTEE OBTAINS AND REFERENCES APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS SALARY RECOMMENDATION. RELEVANT DATA INCLUDES, BUT IS NOT LIMITED TO CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT SOURCES; FOR EXAMPLE, THE COUNCIL ON FOUNDATION'S GRANT MAKER'S SALARIED BENEFIT REPORTS (PUBLISHED ANNUALLY), CHARITABLE FORM 990'S ON GUIDESTAR, AND NONPROFIT SALARY SURVEYS. THE COMMITTEE REVIEWS COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS AND THEN RECOMMENDS SALARY ADJUSTMENTS OR BONUS PAYMENTS. 6) DOCUMENTATION OF MEETING MINUTES INCLUDE COMMITTEE MEMBERS IN ATTENDANCE AND THOSE THAT VOTED ON IT, BASIC TERMS OF THE CONTRACT AND THE DATE IT 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. 7) BOARD APPROVES PRESIDENT/CEO'S SALARY ADJUSTMENT. THE ANNUAL EVALUATION WAS CONDUCTED IN OCTOBER 2019. THIS YEAR'S EVALUATION INCLUDED ADDITIONAL REVIEWS WITH A WIDER SCOPE OF RECIPIENTS IN PREPARATION FOR OFFERING THE PRESIDENT/CEO A CONTRACT EXTENSION. THIS INVOLVED SENDING THE ELECTRONIC

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number	38-6095283
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EVALUATION TO A SELECT NUMBER OF DONORS AND NON-PROFITS, IN ADDITION TO ALL TRUSTEES AND STAFF IDENTIFIED ABOVE.

MEMBERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSATED. THERE ARE NO OTHER EMPLOYEES MEETING THE DEFINITION OF A KEY EMPLOYEE. A FORMAL REVIEW OF ALL EMPLOYEES IS CONDUCTED ANNUALLY. EMPLOYEES SUBMIT ORGANIZATIONAL GOALS WITHIN THEIR AREA OF RESPONSIBILITY AND PROGRESS TOWARDS THOSE GOALS IN EACH OF THE AREAS DISCUSSED. AT YEAR-END EMPLOYEES CONDUCT A SELF-REVIEW IN THE AREAS OF JOB KNOWLEDGE, PROFESSIONALISM, EFFICIENCY AND ACCURACY, TEAMWORK AND INITIATIVE. THEN THE EMPLOYEE'S SUPERVISOR MEETS WITH EMPLOYEES TO DISCUSS AREAS OF STRENGTH, WEAKNESS OR SUGGESTIONS FOR IMPROVEMENT. THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2019.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, SUCH AS FORM 1023, ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND RECORDS RETENTION POLICY, ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND FORM 990 (AND FORM 990-T, IF REQUIRED) ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	27,835.
GRANT EXPENSE REVERSAL	33,300.
TOTAL TO FORM 990, PART XI, LINE 9	61,135.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOLLAND/ZEELAND HOUSING PRE-DEVELOPMENT FUND, INC. - 83-3567788, 85 EAST 8TH STREET, SUITE 110, HOLLAND, MI 49423	INCREASE THE AFFORDABILITY OF HOUSING IN THE	MI	N/A	C CORP	1,781,320.	93,720,564.	75.60%		X

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.**

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOLLAND/ZEELAND HOUSING PRE-DEVELOPMENT FUND, INC.	B	77,500.	CAPITAL COMMITMENT
(2)			
(3)			
(4)			
(5)			
(6)			

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

HOLLAND/ZEELAND HOUSING PRE-DEVELOPMENT FUND, INC.

PRIMARY ACTIVITY: INCREASE THE AFFORDABILITY OF HOUSING IN THE
HOLLAND/ZEELAND AREA

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 85 EAST 8TH STREET, SUITE 110 City or town, state or province, country, and ZIP or foreign postal code HOLLAND, MI 49423	<p>D Employer identification number (Employees' trust, see instructions.) 38-6095283</p> <p>E Unrelated business activity code (See instructions.) 523000</p>
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C Book value of all assets at end of year **93,720,564.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **MICHAEL GOORHOUSE** Telephone number ▶ **616-396-6590**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	6,683.		6,683.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	372.		372.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	-31,946.	STMT 2	-31,946.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	-24,891.		-24,891.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-24,891.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-24,891.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-24,891.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-24,891.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-24,891.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-24,891.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	2,325.
b	2019 estimated tax payments	51b	4,235.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	6,560.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	6,560.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 6,560. Refunded	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT/CEO**

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

Paid Preparer Use Only

Print/Type preparer's name: **TINA M. PETERS, CPA** Preparer's signature: **TINA M. PETERS, CPA** Date: **11/11/20** Check if self-employed PTIN: **P00904574**

Firm's name: **PLANTE & MORAN, PLLC** Firm's EIN: **38-1357951**

Firm's address: **2601 CAMBRIDGE CT., STE. 500 AUBURN HILLS, MI 48326** Phone no.: **(248) 375-7100**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2			7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
3	Cost of labor	3			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

THE COMMUNITY FOUNDATION OF THE

Form 990-T (2019) HOLLAND/ZEELAND AREA, INC.

38-6095283

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

THE COMMUNITY FOUNDATION OF THE

Form 990-T (2019) HOLLAND/ZEELAND AREA, INC.

38-6095283

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

INVESTMENT INCOME FROM PARTNERSHIP

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

DESCRIPTION	NET INCOME OR (LOSS)
LANDMARK EQUITY PARTNERS XV LP - ORDINARY BUSINESS INCOME (LOSS)	-1,972.
PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - ORDINARY BUSINESS INCOME (L	-16,918.
SUMMIT PARTNERS GROWTH EQUITY FUND IX-A, LP - ORDINARY BUSINESS INCOME (LOSS	6,952.
LANDMARK EQUITY PARTNERS XVI LP - ORDINARY BUSINESS INCOME (LOSS)	-14,786.
RESOLUTE FUND IV LP - ORDINARY BUSINESS INCOME (LOSS)	-4,826.
GREENSPRING GLOBAL PARTNERS VIII-B, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-293.
RESOLUTE FUND IV LP - ORDINARY BUSINESS INCOME (LOSS)	-103.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-31,946.

Capital Gains and Losses
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

2019

Name **THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEE LAND AREA, INC.** Employer identification number **38-6095283**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	2,655.			2,655.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2,655.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	6,831.	2,803.		4,028.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	4,028.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2,655.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	4,028.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	6,683.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Social security number or taxpayer identification no.
38-6095283

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	LANDMARK EQUITY PARTNERS XV, LP			2,141.				2,141.
	LANDMARK EQUITY PARTNERS XVI, L.P.			514.				514.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				2,655.				2,655.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

38-6095283

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	LANDMARK EQUITY PARTNERS XV, LP				2,803.			<2,803.>
	LANDMARK EQUITY PARTNERS XVI, L.P.			6,831.				6,831.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				6,831.	2,803.			4,028.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

OMB No. 1545-0184

2019
Attachment
Sequence No. **27**

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELAND AREA, INC.

Identifying number
38-6095283

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From
Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SEE STATEMENT 3			372.				372.	
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16	
17	Combine lines 10 through 16						17	372.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.							
	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a	
	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	▶	Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

ORDINARY GAINS AND LOSSES

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP			3.			3.
LANDMARK EQUITY PARTNERS XV, LP			252.			252.
LANDMARK EQUITY PARTNERS XVI, L.P.			117.			117.
TOTAL TO 4797, PART II, LINE 10			372.			372.