

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

## A For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.</b>		<b>D</b> Employer identification number <b>38-6095283</b>
	Doing business as		<b>E</b> Telephone number <b>616-396-6590</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>85 EAST 8TH STREET, SUITE 110</b>		<b>G</b> Gross receipts \$ <b>49,853,605.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HOLLAND, MI 49423</b>		
<b>F</b> Name and address of principal officer: <b>DEBORAH STERKEN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.CFHZ.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1951** **M** State of legal domicile: **MI**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA SEEKS TO ENSURE THAT OUR COMMUNITY THRIVES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-42,364.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>10,333,470.</b>	<b>Current Year</b> <b>14,942,255.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,048,811.</b>	<b>8,636,638.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>57,491.</b>	<b>-8,451.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,439,772.</b>	<b>23,570,442.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,576,696.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>692,050.</b>	<b>796,149.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>273,877.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>436,434.</b>	<b>507,432.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,705,180.</b>	<b>12,798,847.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,734,592.</b>	<b>10,771,595.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>102,848,837.</b>	<b>End of Year</b> <b>119,837,433.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,262,276.</b>	<b>993,353.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>101,586,561.</b>	<b>118,844,080.</b>

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>MICHAEL GOORHOUSE, PRESIDENT/CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>TINA PETERS</b>	<b>TINA PETERS</b>	<b>11/10/22</b>	<input type="checkbox"/>	<b>P00904574</b>
Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b>			Firm's EIN ▶ <b>38-1357951</b>		
Firm's address ▶ <b>2601 CAMBRIDGE CT., STE. 300</b> <b>AUBURN HILLS, MI 48326</b>			Phone no. (248) <b>375-7100</b>		

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

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

Form 990 (2021)

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**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 \$ 12,079,483. including grants of \$ 11,495,266. ) (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 2021, SOME OF THE KEY PROJECTS WE SUPPORTED INCLUDE: HOLLAND/ZEELAND PROMISE SCHOLARSHIP, HOUSING NEXT, STRENGTHENING THE NONPROFIT SECTOR PROGRAMMING, COMMUNITY STABILIZATION FUND, LINE OF CREDIT GUARANTEE PROGRAM, AND NNICE EQUITABLE VACCINE ACCESS PROGRAM. THE COMMUNITY FOUNDATION ALSO MAKES STRATEGIC GRANTS THROUGH OUR COMPETITIVE GRANTMAKING PROGRAM.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **12,079,483.**

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> See instructions .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	8
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

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

		Yes	No
<b>2a</b>	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		12
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</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	
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		3
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.	17	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MI**  
**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE GOORHOUSE PRESIDENT / CEO	50.00 0.00			X			151,500.	0.	0.	
(2) COLLEEN HILL VP OF DEVELOPMENT AND DONOR SERVICES	40.00 0.00				X		120,400.	0.	0.	
(3) DEBORAH STERKEN BOARD CHAIR, SCHOLARSHIP CHAIR	2.00 0.00	X		X			0.	0.	0.	
(4) MARK HARDER TREASURER, DEVELOPMENT CHAIR	2.00 0.00	X		X			0.	0.	0.	
(5) JIM BISHOP PAST CHAIR, GOVERNANCE CHAIR	2.00 0.00	X		X			0.	0.	0.	
(6) TOM DENHERDER SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(7) DIANE KOOIKER CHAIR-ELECT, AUDIT CHAIR	1.00 0.00	X		X			0.	0.	0.	
(8) SCOTT BROOKS TRUSTEE	1.00 0.00	X					0.	0.	0.	
(9) LESLIE BROWN TRUSTEE, DISTRIBUTION CHAIR	1.00 0.00	X					0.	0.	0.	
(10) BRET DOCTER TRUSTEE - PRI CHAIR	2.00 0.00	X					0.	0.	0.	
(11) SUE FRANZ TRUSTEE	1.00 0.00	X					0.	0.	0.	
(12) JONATHAN PADNOS TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) JEAN RAMIREZ TRUSTEE	1.00 0.00	X					0.	0.	0.	
(14) LUCIA RIOS TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) MARGARET VAN GROUW TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) JIM WIERSMA TRUSTEE, INVESTMENT CHAIR	2.00 0.00	X					0.	0.	0.	
(17) ERIN ZYLMAN TRUSTEE	1.00 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYDIA STEEBY YOUTH TRUSTEE - YAC CHAIR	2.00 0.00	X						0.	0.	0.
(19) KOLIN VAN FOSSAN YOUTH TRUSTEE YAC CHAIR ELECT	0.50 0.00	X						0.	0.	0.
(20) ANDREW KY YOUTH TRUSTEE YAC CHAIR - PART YEAR	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								271,900.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								271,900.	0.	0.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	139,313.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	127,174.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,675,768.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,818,432.				
	<b>h Total.</b> Add lines 1a-1f .....		14,942,255.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,215,243.		-42,364.	1257607.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	33,602,213.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	26,180,818.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	7,421,395.				
	<b>d</b> Net gain or (loss) .....		7,421,395.			7421395.	
<b>8 a</b> Gross income from fundraising events (not including \$ 139,313. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		18,575.				
			102,345.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-83,770.			-83,770.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> NONGIFT REVENUE	<b>Business Code</b>	900099	75,319.		75,319.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			75,319.			
<b>12 Total revenue.</b> See instructions .....			23,570,442.	0.	-42,364.	8670551.	

**THE COMMUNITY FOUNDATION OF THE  
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**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,616,738.	10,616,738.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	878,528.	878,528.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	151,500.	90,900.	30,300.	30,300.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	489,891.	228,233.	190,266.	71,392.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,003.	10,450.	7,223.	3,330.
<b>9</b> Other employee benefits	84,388.	41,988.	29,020.	13,380.
<b>10</b> Payroll taxes	49,367.	24,563.	16,977.	7,827.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,020.		2,020.	
<b>c</b> Accounting	7,445.		7,445.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	14,664.			14,664.
<b>13</b> Office expenses	23,309.	6,944.	14,152.	2,213.
<b>14</b> Information technology	51,409.		51,409.	
<b>15</b> Royalties				
<b>16</b> Occupancy	13,082.	6,509.	4,499.	2,074.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	128,475.	29,376.	4,193.	94,906.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	22,100.		22,100.	
<b>23</b> Insurance	23,754.		23,754.	
<b>24</b> 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.)				
<b>a</b> <b>FUND RELATED PROGRAMS</b>	129,401.	129,401.		
<b>b</b> <b>MARKETING &amp; PUBLICATION</b>	35,867.	4,905.	16,846.	14,116.
<b>c</b> <b>STAFF PROFESSIONAL DEVE</b>	22,004.	10,948.	7,567.	3,489.
<b>d</b> <b>MEMBERSHIPS</b>	13,589.		13,589.	
<b>e</b> All other expenses	20,313.		4,127.	16,186.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,798,847.	12,079,483.	445,487.	273,877.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>	100.	
	<b>2</b> Savings and temporary cash investments .....	7,557,373.	<b>2</b>	10,608,232.	
	<b>3</b> Pledges and grants receivable, net .....	1,078,567.	<b>3</b>	1,003,130.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> 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 .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	142,500.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,221,714.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 502,373.	738,865.	<b>10c</b>	719,341.
	<b>11</b> Investments - publicly traded securities .....	57,855,647.	<b>11</b>	65,146,122.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	35,721,035.	<b>12</b>	42,267,258.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	-102,750.	<b>15</b>	-49,250.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	102,848,837.	<b>16</b>	119,837,433.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	276,391.	<b>17</b>	194,518.	
	<b>18</b> Grants payable .....	792,214.	<b>18</b>	592,724.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	193,671.	<b>25</b>	206,111.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,262,276.	<b>26</b>	993,353.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	100,507,994.	<b>27</b>	117,842,450.	
	<b>28</b> Net assets with donor restrictions .....	1,078,567.	<b>28</b>	1,001,630.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	101,586,561.	<b>32</b>	118,844,080.	
<b>33</b> Total liabilities and net assets/fund balances .....	102,848,837.	<b>33</b>	119,837,433.		

**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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	23,570,442.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	12,798,847.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	10,771,595.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	101,586,561.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	6,575,220.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	-57,421.
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	-31,875.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	118,844,080.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....
- If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....
- If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....
- If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10203029.	20831200.	13435651.	10333470.	14942255.	69745605.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10203029.	20831200.	13435651.	10333470.	14942255.	69745605.
<b>5</b> 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) .....						5779402.
<b>6 Public support.</b> Subtract line 5 from line 4.						63966203.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	10203029.	20831200.	13435651.	10333470.	14942255.	69745605.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1727102.	757,561.	1413099.	862,860.	1215168.	5975790.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	58,605.	34,435.				93,040.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	18,910.	48,571.	80,466.	57,491.	93,894.	299,332.
<b>11 Total support.</b> Add lines 7 through 10						76113767.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	84.04 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	84.01 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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

2017 AMOUNT: \$ 18,910.

2018 AMOUNT: \$ 16,527.

2019 AMOUNT: \$ 35,010.

2021 AMOUNT: \$ 18,575.

MISCELLANEOUS REVENUE

2018 AMOUNT: \$ 32,044.

2019 AMOUNT: \$ 45,456.

2020 AMOUNT: \$ 57,491.

2021 AMOUNT: \$ 75,319.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization <b>THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.</b>	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		\$ 1,886,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,040,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 530,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 500,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.</b>	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	_____ _____ _____	\$ 384,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 360,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.</b>	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
2	SECURITIES <hr/> <hr/> <hr/>	\$ 1,038,740.	06/09/21
4	SECURITIES <hr/> <hr/> <hr/>	\$ 530,373.	11/04/21
5	SECURITIES <hr/> <hr/> <hr/>	\$ 500,006.	08/25/21
8	SECURITIES <hr/> <hr/> <hr/>	\$ 360,023.	08/27/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____



Name of organization <b>THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.</b>	Employer identification number <b>38-6095283</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	199	490
2 Aggregate value of contributions to (during year)	8,940,545.	4,507,292.
3 Aggregate value of grants from (during year)	7,470,398.	3,019,289.
4 Aggregate value at end of year	40,406,343.	65,318,280.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

**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	89,345,945.	80,305,234.	68,531,306.	61,838,481.	53,534,489.
b Contributions	15,492,778.	11,037,130.	11,484,614.	18,184,355.	6,226,930.
c Net investment earnings, gains, and losses	13,302,721.	9,406,162.	12,019,573.	-3,623,437.	7,902,445.
d Grants or scholarships	13,428,754.	11,402,581.	10,445,188.	6,650,526.	4,959,878.
e Other expenditures for facilities and programs			1,285,071.	1,217,567.	865,505.
f Administrative expenses					
g End of year balance	104,712,690.	89,345,945.	80,305,234.	68,531,306.	61,838,481.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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.	189,845.	697,262.
c Leasehold improvements				
d Equipment		334,607.	312,528.	22,079.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				719,341.

**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) GLOBAL FIXED-INCOME FUNDS	5,307,059.	END-OF-YEAR MARKET VALUE
(B) EMERGING MARKETS EQUITY		
(C) FUND	4,323,637.	END-OF-YEAR MARKET VALUE
(D) DIVERSIFIED HEDGE FUNDS	8,054,600.	END-OF-YEAR MARKET VALUE
(E) DISTRESSED CREDIT HEDGE		
(F) FUNDS	2,875,626.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY REAL		
(H) ESTATE	13,993,317.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>42,267,258.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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	206,111.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>206,111.</b>

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.

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

**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.

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

**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.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization <b>THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.</b>	Employer identification number <b>38-6095283</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		16,278,532.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,155,504.
<b>3 a</b> Subtotal .....	0	0			17,434,036.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			17,434,036.

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

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ► \_\_\_\_\_



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)

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

**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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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 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			
<b>Total</b> .....						

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  
HOLLAND/ZEELAND AREA, INC.

**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)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	153,168.		153,168.
	2	Less: Contributions	134,593.		134,593.
	3	Gross income (line 1 minus line 2)	18,575.		18,575.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	65,208.		65,208.
	7	Food and beverages	11,661.		11,661.
	8	Entertainment	4,656.		4,656.
	9	Other direct expenses	20,820.		20,820.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-83,770.

**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			
	2	Cash prizes			
Direct Expenses	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 HOLLAND/ZEELAND AREA, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility

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?
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?
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.



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
70 X 7 LIFE RECOVERY 97 WEST 22ND STREET HOLLAND, MI 49423	20-8857935	501(C)(3)	42,900.	0.			OPERATING SUPPORT
ACE MENTOR PROGRAM OF AMERICA INC 3535 MOORES RIVER DR LANSING, MI 48910	20-3424582	501(C)(3)	11,024.	0.			GENERAL SUPPORT
AGEWELL SERVICES OF W MICHIGAN 275 W CLAY AVE STE 100 MUSKEGON, MI 49440-1205	38-2033822	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LANE ALLENDALE, MI 49401	38-6003258	501(C)(3)	7,000.	0.			ODL 75TH ANNIVERSARY COMMUNITY INITIATIVE: FOR HIGHSCHOOL ROBOTICS TEAM
AMERICAN FRIENDS OF BEAUTIFUL GATE MINISTRIES INTERNATIONAL - 100 PINE ST., STE. 107 - ZEELAND, MI 49464	20-5270714	501(C)(3)	9,150.	0.			COMPANY MATCH FOR ODL EMPLOYEE
ARBOR CIRCLE CORPORATION 412 CENTURY LANE HOLLAND, MI 49423	38-3263853	501(C)(3)	19,130.	0.			ANNUAL SPENDABLE GRANT TO ARBOR CIRCLE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **207.**

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

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

Schedule I (Form 990) 2021



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

Schedule I (Form 990)

38-6095283

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCTIC BARNABAS MINISTRIES 135 N. WILLOW ST. KENAI, AR 99611	92-0172389	501(C)(3)	5,534.	0.			GENERAL SUPPORT
AUDIO SCRIPTURE MINISTRIES 760 S. WAVERLY ROAD HOLLAND, MI 49423-9121	23-6296186	501(C)(3)	209,188.	0.			NEW HARVEST FORM CONTAINER
AUTISM SUPPORT OF WEST SHORE INC PO BOX 39 SPRING LAKE, MI 49456	20-0845561	501(C)(3)	5,875.	0.			GENERAL SUPPORT
BARNABAS FOUNDATION 3801 EAGLE NEST DRIVE, SUITE B CRETE, IL 60417	36-2904503	501(C)(3)	6,500.	0.			GENERAL SUPPORT
BEACON OF HOPE PO BOX 2703 HOLLAND, MI 49422	30-0085138	501(C)(3)	15,000.	0.			EMOTIONAL HEALTH GROUP FOR ADULTS ON PROBATION
BEECHWOOD REFORMED CHURCH 895 OTTAWA BEACH ROAD HOLLAND, MI 49424	38-1508500	501(C)(3)	6,500.	0.			SUPPORT FUND
BENJAMIN'S HOPE 15468 RILEY ST HOLLAND, MI 49424	74-3153382	501(C)(3)	25,000.	0.			OPERATING SUPPORT
BENTLEY HISTORICAL LIBRARY - U OF M 1150 BEAL AVENUE ANN ARBOR, MI 48109-2113	38-6006309	501(C)(3)	54,136.	0.			GENERAL SUPPORT
BENZIE AREA CHRISTIAN NEIGHBORS 2804 BENZIE HIGHWAY BENZONIA, MI 49616	38-2792605	501(C)(3)	57,542.	0.			ANNUAL CAMPAIGN

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE  
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Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES 11335 JAMES ST. HOLLAND, MI 49424	38-1405282	501(C)(3)	10,200.	0.			FOR MANE HOPE
BLACK RIVER PUBLIC SCHOOL 491 COLUMBIA AVE HOLLAND, MI 49423	38-3298569	501(C)(3)	41,400.	0.			HOLLAND BLACK RIVER ELEMENTARY AND MIDDLE & HIGH
BOYS AND GIRLS CLUB OF GREATER HOLLAND - 435 VAN RAALTE AVE. - HOLLAND, MI 49423	38-2756671	501(C)(3)	53,650.	0.			ANNUAL PROGRAM SUPPORT
BOYS AND GIRLS CLUBS OF GRAND RAPIDS YOUTH COMMONWEALTH - 235 STRAIGHT AVE NW - GRAND RAPIDS, MI 49504	38-0593958	501(C)(3)	21,000.	0.			POWER HOUR
BYRON CENTER BIBLE CHURCH 8855 BYRON CENTER AVE SW BYRON CENTER, MI 49315	38-6095263	501(C)(3)	23,700.	0.			GENERAL SUPPORT
CALVARY CHRISTIAN REFORMED CHURCH OF HOLLAND - 400 BEELINE ROAD - HOLLAND, MI 49424	38-2051351	501(C)(3)	6,000.	0.			GENERAL FUND SUPPORT
CALVARY SCHOOLS OF HOLLAND 518 PLASMAN AVE HOLLAND, MI 49423	38-2060154	501(C)(3)	121,591.	0.			UNRESTRICTED SUPPORT
CALVIN UNIVERSITY 3201 BURTON STREET SE GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	6,600.	0.			GENERAL SUPPORT
CAMP SUNSHINE 291 W LAKEWOOD BLVD #7 HOLLAND, MI 49424	38-3444227	501(C)(3)	6,000.	0.			OPERATING SUPPORT

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THE COMMUNITY FOUNDATION OF THE  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	5,283.	0.			GENERAL SUPPORT
CASA-CHILDREN'S AFTER SCHOOL ACHIEVEMENT - 263 COLLEGE AVENUE - HOLLAND, MI 49422-9000	38-1381271	501(C)(3)	67,732.	0.			ACADEMIC YEAR PROGRAM
CATHOLIC CHARITIES OF WEST MICHIGAN - 303 DIVISION AVE. S. - GRAND RAPIDS, MI 49503	38-3012473	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CATHOLIC FOUNDATION OF WEST MICHIGAN - 360 DIVISION AVENUE S - GRAND RAPIDS, MI 49503	38-3298981	501(C)(3)	21,915.	0.			UNRESTRICTED SUPPORT
CENTRAL MICHIGAN UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID - MOUNT PLEASANT, MI 48859	38-6004447	501(C)(3)	13,877.	0.			SCHOLARSHIP
CHILDREN'S ADVOCACY CENTER 12125 UNION STREET HOLLAND, MI 49424	38-3445089	501(C)(3)	33,500.	0.			COUNSELING
CHRIST MEMORIAL REFORMED CHURCH 595 GRAAFSCHAP ROAD HOLLAND, MI 49423	38-6032818	501(C)(3)	23,300.	0.			GENERAL SUPPORT
CITIZENS RESEARCH COUNCIL OF MICHIGAN, INC. - 38777 W SIX MILE RD - LIVONIA, MI 48152-3974	38-1539991	501(C)(3)	272,755.	0.			UNRESTRICTED SUPPORT
CITY OF HOLLAND 270 S RIVER AVENUE HOLLAND, MI 49423	38-6004622	GOVERNMENTAL	51,197.	0.			EQUIPMENT FOR HOLLAND PUBLIC SAFETY SERVICES

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THE COMMUNITY FOUNDATION OF THE  
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Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ZEELAND 21 SOUTH ELM STREET ZEELAND, MI 49464	38-6004744	GOVERNMENTAL	63,466.	0.			WISH LIST PROJECTS
CITY ON A HILL MINISTRIES 100 PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	51,850.	0.			BEHAVIORAL HEALTH INTEGRATION PROGRAM
COMMUNITY ACTION HOUSE 345 WEST 14TH STREET HOLLAND, MI 49423	23-7120670	501(C)(3)	50,000.	0.			GENERAL SUPPORT
COMMUNITY FOOD CLUBS 1100 DIVISION AVE S GRAND RAPIDS, MI 49507	82-2265189	501(C)(3)	39,500.	0.			GENERAL SUPPORT
COMMUNITY REFORMED CHURCH 10376 FELCH STREET ZEELAND, MI 49464-6839	38-6155592	501(C)(3)	30,000.	0.			COMPANY MATCH FOR ODL EMPLOYEE
COMPASSIONATE HEART MINISTRIES 404 CENTERSTONE CT ZEELAND, MI 49464	20-5101543	501(C)(3)	207,414.	0.			GENERAL SUPPORT
CORPUS CHRISTI CATHOLIC SCHOOL 12100 QUINCY STREET HOLLAND, MI 49424	38-3473661	501(C)(3)	6,000.	0.			SPENDING POLICY
CRITTER BARN 9275 ADAMS STREET ZEELAND, MI 49464	32-0028470	501(C)(3)	27,000.	0.			FARM BILLS
CULTUREWORKS INSTITUTE FOR CREATIVE ARTS - PO BOX 1155 - HOLLAND, MI 49422	27-3165045	501(C)(3)	79,748.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD #153 CULVER, IN 46511-9980	35-0868071	501(C)(3)	18,733.	0.			GENERAL SUPPORT
DAVENPORT UNIVERSITY 6191 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-1945965	501(C)(3)	45,177.	0.			SCHOLARSHIP
EAGLECREST ALASKA MISSIONS 11248 LINDEN DR NW GRAND RAPIDS, MI 49534	27-5304055	501(C)(3)	272,686.	0.			GENERAL SUPPORT
EARLY LEARNING NEIGHBORHOOD COLLABORATIVE - PO BOX 2956 - GRAND RAPIDS, MI 49504	27-3763547	501(C)(3)	68,560.	0.			COMPANY MATCH FOR ODL EMPLOYEE
EASTERN AVENUE CRC 514 EASTERN AVE GRAND RAPIDS, MI 49503	38-1368331	501(C)(3)	12,500.	0.			GENERAL SUPPORT
ELE'S PLACE WEST MICHIGAN 2000 MICHIGAN STREET NE GRAND RAPIDS, MI 49503	38-2976751	501(C)(3)	977,500.	0.			GENERAL SUPPORT
ENGEDI CHURCH 710 CHICAGO DR., STE. 100 HOLLAND, MI 49423	38-3717953	501(C)(3)	21,950.	0.			UNRESTRICTED SUPPORT
ESCAPE YFGK 202 EAST 32ND STREET HOLLAND, MI 49423	45-3015164	501(C)(3)	25,000.	0.			CAREER CONNECTIONS PROGRAM
EVERGREEN COMMONS SENIOR CENTER 480 STATE STREET HOLLAND, MI 49423	38-2526940	501(C)(3)	142,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH REFORMED CHURCH 220 W CENTRAL AVE ZEELAND, MI 49464	23-7236049	501(C)(3)	56,426.	0.			GENERAL FUND AND MISSION FUND SUPPPORT
FAMILY HOPE FOUNDATION 7086 8TH AVENUE JENISON, MI 49428	26-4505914	501(C)(3)	24,726.	0.			2019 ANNUAL PROGRAM SUPPORT
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	15,000.	0.			UNRESTRICTED SUPPORT
FELLOWSHIP REFORMED CHURCH OF HOLLAND - 2165 W LAKEWOOD BLVD - HOLLAND, MI 49424	38-1919779	501(C)(3)	43,070.	0.			GENERAL FUND
FERRIS STATE UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID - BIG RAPIDS, MI 49307	38-6005159	501(C)(3)	10,392.	0.			SCHOLARSHIP
FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS - PO BOX 2168 - BONITA SPRINGS, FL 34133	59-1622501	501(C)(3)	7,000.	0.			GENERAL OPERATING GIFT AND CAPITAL FUND GIFT
FIRST REFORMED CHURCH OF ZEELAND 148 E. CENTRAL AVE. ZEELAND, MI 49464-1718	38-1505635	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
GENERAL SYNOD COUNCIL OF THE REFORMED CHURCH IN AMERICA - 4500 60TH ST SE - GRAND RAPIDS, MI 49512	23-7300358	501(C)(3)	9,150.	0.			GENERAL SUPPORT
GENEVA CAMP & RETREAT CENTER 3995 N. LAKESHORE DR. HOLLAND, MI 49424	38-1417381	501(C)(3)	26,200.	0.			UNRESTRICTED SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB GRAND RAPIDS 1806 BRIDGE ST. NW GRAND RAPIDS, MI 49504-4921	38-3367525	501(C)(3)	8,000.	0.			GENERAL SUPPORT
GOOD SAMARITAN MINISTRIES 513 EAST 8TH STREET, SUITE 25 HOLLAND, MI 49423	38-1887347	501(C)(3)	14,500.	0.			AFFORDABLE HOUSING CONNECTIONS
GRACE EPISCOPAL CHURCH 555 MICHIGAN AVENUE HOLLAND, MI 49423	38-1840930	501(C)(3)	15,604.	0.			QUARTERLY SUPPORT PLEDGE
GRAND RAPIDS ART MUSEUM 101 MONROE CENTER GRAND RAPIDS, MI 49503	38-1387136	501(C)(3)	47,000.	0.			GENERAL SUPPORT
GRAND RAPIDS ASIAN-PACIFIC FESTIVAL - PO BOX 150724 - GRAND RAPIDS, MI 49515	83-1870232	501(C)(3)	54,545.	0.			GENERAL SUPPORT
GRAND RAPIDS CHRISTIAN SCHOOLS 2400 PLYMOUTH AVE. SE GRAND RAPIDS, MI 49506	38-1880873	501(C)(3)	5,800.	0.			GRCS 20/20
GRAND RAPIDS COMMUNITY COLLEGE 143 BOSTWICK AVE. NE GRAND RAPIDS, MI 49503	38-6100380	501(C)(3)	8,000.	0.			CAREERLINE TECH CENTER DELEEUW MEMORIAL SCHOLARSHIP
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 49503-4219	38-2877959	501(C)(3)	63,300.	0.			GENERAL SUPPORT
GRAND VALLEY STATE UNIVERSITY FOUNDATION - 1 CAMPUS DR STE 201 LMH - ALLENDALE, MI 49401	38-6086770	501(C)(3)	21,451.	0.			GENERAL SUPPORT

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GREATER HOLLAND AREA YOUNG LIFE 293 N. 145TH AVE HOLLAND, MI 49424	84-0385934	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1349 HOLLAND, MI 49422	38-3522782	501(C)(3)	17,400.	0.			COMPANY MATCH FOR ODL, INC.
HABITAT FOR HUMANITY COLLIER COUNTY - 11145 TAMiami TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	9,000.	0.			UNRESTRICTED SUPPORT
HAND2HAND 306 CHICAGO DR JENISON, MI 49428	27-2973348	501(C)(3)	13,850.	0.			COMPANY MATCH FOR ODL, INC.
HARBOR HUMANE SOCIETY 14345 BAGLEY WEST OLIVE, MI 49460	38-1623660	501(C)(3)	190,674.	0.			GENERAL SUPPORT
HARDERWYK MINISTRIES 1627 W. LAKEWOOD BLVD HOLLAND, MI 49424	38-1738401	501(C)(3)	7,526.	0.			GENERAL SUPPORT
HERRICK DISTRICT LIBRARY 300 S. RIVER AVENUE HOLLAND, MI 49423	38-3350933	GOVERNMENTAL	38,200.	0.			BOOK BAGS TO GO AND CHILDREN'S PROGRAMMING
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND, MI 49423	38-1416520	501(C)(3)	105,796.	0.			GENERAL SUPPORT
HOLLAND COMMUNITY AQUATIC CENTER 550 MAPLE AVE. HOLLAND, MI 49423-4764	46-1157667	GOVERNMENTAL	42,250.	0.			BUILDING CAMPAIGN

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HOLLAND COMMUNITY CHORALE PO BOX 1513 HOLLAND, MI 49422-1513	38-2188467	501(C)(3)	93,523.	0.			GENERAL SUPPORT
HOLLAND COMMUNITY THEATRE 50 WEST 9TH STREET HOLLAND, MI 49423	23-7056158	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOLLAND EDUCATIONAL FOUNDATION 320 W 24TH ST HOLLAND, MI 49423	38-2513737	501(C)(3)	20,000.	0.			UNRESTRICTED SUPPORT
HOLLAND FREE HEALTH CLINIC 99 W. 26TH STREET HOLLAND, MI 49423	30-0072620	501(C)(3)	10,100.	0.			MENTAL HEALTH, ALCOHOL AND DRUG COUNSELING
HOLLAND HISTORICAL TRUST 31 W 10TH ST HOLLAND, MI 49423	38-1692502	501(C)(3)	61,645.	0.			ANNUAL AVAILABLE SPENDING BALANCE
HOLLAND HOSPITAL 602 MICHIGAN AVENUE HOLLAND, MI 49423	38-2800065	501(C)(3)	29,500.	0.			SUPPORT TO HOLLAND HOSPITAL FUND DEVELOPMENT
HOLLAND JUNIOR WELFARE LEAGUE P O BOX 1643 HOLLAND, MI 49422	38-6093496	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
HOLLAND SYMPHONY ORCHESTRA PO BOX 2685 HOLLAND, MI 49422-2685	38-2953082	501(C)(3)	21,801.	0.			ROUND 3 COMPETITIVE GRANT - LINK UP PROGRAM
HOMECOR 96 W 15TH STREET, STE 202 HOLLAND, MI 49423-3374	38-3281993	501(C)(3)	9,700.	0.			MEMORIAL FUND

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HOPE CHURCH 77 W. 11TH STREET HOLLAND, MI 49423	38-1387880	501(C)(3)	7,800.	0.			LIFE-LINE MINISTRIES
HOPE NETWORK PO BOX 890 GRAND RAPIDS, MI 49518	38-6108186	501(C)(3)	33,080.	0.			HOLLAND CENTER FOR AUTISM EXPANSION
HOSPICE OF HOLLAND 270 HOOVER BLVD HOLLAND, MI 49423	38-2355709	501(C)(3)	11,000.	0.			GENERAL SUPPORT
JUBILEE MINISTRIES 96 WEST 15TH STREET HOLLAND, MI 49423	38-3477214	501(C)(3)	8,040.	0.			OPERATING SUPPORT
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES - 4090 LAKE DR. SE - GRAND RAPIDS, MI 49546	38-1557861	501(C)(3)	100,000.	0.			GENERAL SUPPORT
KALAMAZOO CHRISTIAN SCHOOLS FOUNDATION - 2121 STADIUM DRIVE - KALAMAZOO, MI 49009	38-3146344	501(C)(3)	110,354.	0.			GENERAL SUPPORT
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	501(C)(3)	68,750.	0.			H/Z PROMISE SCHOLARSHIP
KALAMAZOO VALLEY COMMUNITY COLLEGE OFFICE OF FINANCIAL AID KALAMAZOO, MI 49003-4070	38-1850178	501(C)(3)	5,300.	0.			GENERAL SUPPORT
KEY WEST FILM SOCIETY INC P.O. BOX 1283 KEY WEST, FL 33041	65-0903672	501(C)(3)	85,500.	0.			GENERAL SUPPORT

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KIDS' FOOD BASKET 2055 OAK INDUSTRIAL DRIVE NE STE C GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	17,800.	0.			COMMITMENT
KUTZTOWN UNIVERSITY P.O. BOX 730 KUTZTOWN, PA 19530	23-2710197	501(C)(3)	10,250.	0.			SCHOLARSHIP
LAGRAVE AVE CHRISTIAN REFORMED CHURCH - 107 LA GRAVE AVE SE - GRAND RAPIDS, MI 49503	38-1374234	501(C)(3)	15,700.	0.			BOY SCOUTS #342
LAKESHORE ETHNIC DIVERSITY ALLIANCE - PO BOX 2945 - HOLLAND, MI 49422-2945	38-3360686	501(C)(3)	50,000.	0.			DIVERSITY EDUCATION
LAKESHORE HABITAT FOR HUMANITY 12727 RILEY STREET HOLLAND, MI 49424	38-2893355	501(C)(3)	45,977.	0.			COMPANY MATCH FOR ODL EMPLOYEE
LAKESHORE NONPROFIT ALLIANCE 96 WEST 15TH STREET, SUITE #105 HOLLAND, MI 49423	20-4328927	501(C)(3)	10,099.	0.			DISABILITY NETWORK LAKESHORE - LEADERSHIP TRANSITION GUIDE
LAKESHORE RESCUE MISSION 661 EAST 24TH STREET HOLLAND, MI 49423	38-1734763	501(C)(3)	149,000.	0.			ROUND 3 COMPETITIVE GRANT
LATIN AMERICANS UNITED FOR PROGRESS - 238 W 15TH STREET #12 - HOLLAND, MI 49423	38-2099880	501(C)(3)	10,000.	0.			COLLEGE VISITS
LIFELINE MINISTRIES 155 ELBERDENE STREET HOLLAND, MI 49424-0000	85-1531769	501(C)(3)	51,731.	0.			GENERAL SUPPORT

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LIGHTHOUSE IMMIGRANT ADVOCATES PO BOX 2144 HOLLAND, MI 49422	37-1790725	501(C)(3)	7,000.	0.			ODL 75TH ANNIVERSARY COMMUNITY INITIATIVE
MACATAWA BAY JUNIOR ASSOCIATION P.O. BOX 189 MACATAWA, MI 49434	38-2460525	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MACKINAC CENTER FOR PUBLIC POLICY 140 WEST MAIN STREET MIDLAND, MI 48640	38-2701547	501(C)(3)	25,300.	0.			GENERAL SUPPORT
MAKE-A-WISH FOUNDATION 648 MONROE AVE NW STE 104 GRAND RAPIDS, MI 49503	38-2505812	501(C)(3)	7,000.	0.			GENERAL SUPPORT
MAPLE AVENUE MINISTRIES 427 MAPLE AVENUE HOLLAND, MI 49423	38-3324110	501(C)(3)	30,000.	0.			BLACK DOULA PROGRAM
MAPLEWOOD REFORMED CHURCH 133 EAST 34TH STREET HOLLAND, MI 49423	38-1998194	501(C)(3)	5,300.	0.			TREEHOUSE LEARNING CENTER
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - 349 DIVISION AVE S - GRAND RAPIDS, MI 49503	38-2822359	501(C)(3)	7,000.	0.			GENERAL SUPPORT
MICHIGAN CASA INC 660 CASCADE WEST PARKWAY GRAND RAPIDS, MI 49546	26-4653381	501(C)(3)	165,444.	0.			GENERAL SUPPORT
MICHIGAN MARITIME MUSEUM 260 DYCKMAN AVENUE SOUTH HAVEN, MI 49090	38-2342806	501(C)(3)	36,302.	0.			GENERAL SUPPORT

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MICHIGAN MASONIC CHARITABLE FOUNDATION - 1200 WRIGHT AVE - ALMA, MI 48801	38-3266089	501(C)(3)	623,287.	0.			GENERAL SUPPORT
MICHIGAN STATE UNIVERSITY 450 AUDITORIUM RD, ROOM 110 EAST LANSING, MI 48824	38-6005984	501(C)(3)	11,050.	0.			HOLLAND/ZEELAND PROMISE SCHOLARSHIP
MICHIGAN TECHNOLOGICAL UNIVERSITY ADMINISTRATION BUILDING, ROOM 160 HOUGHTON, MI 49931-1295	38-6005955	501(C)(3)	65,511.	0.			SCHOLARSHIP
MIDTOWN COUNSELING SERVICES 96 WEST 15TH STREET, SUITE 208-209 HOLLAND, MI 49423	26-2196399	501(C)(3)	10,100.	0.			ON-SITE SCHOOL COUNSELING PROGRAM
MOBILITY WORLDWIDE WEST MICHIGAN 3365 JOHN F DONNELLY DR HOLLAND, MI 49424	26-3764412	501(C)(3)	12,500.	0.			UNRESTRICTED SUPPORT
MOMENTUM CENTER 714 COLUMBUS AVE. GRAND HAVEN, MI 49417	61-1766666	501(C)(3)	17,500.	0.			GENERAL SUPPORT
MOSAIC COUNSELING 1703 S. DESPELDER GRAND HAVEN, MI 49417	38-2216806	501(C)(3)	201,250.	0.			ANNUAL GIFT
MOVEMENT.ORG 2 WASHINGTON STREET, FL 20 NEW YORK, NY 10004	20-8991671	501(C)(3)	80,794.	0.			UNRESTRICTED SUPPORT
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT

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NATURE CONSERVANCY, THE 4245 N. FAIRFAX DRIVE, STE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	7,000.	0.			GENERAL SUPPORT
NEW CITY KIDS 936 ALPINE AVE. NW GRAND RAPIDS, MI 49504	22-3529691	501(C)(3)	119,295.	0.			GENERAL SUPPORT
NORTH HOLLAND REFORMED CHURCH 12050 NEW HOLLAND ST HOLLAND, MI 49424	38-6076888	501(C)(3)	13,140.	0.			UNRESTRICTED SUPPORT
NORTH PARK REFORMED CHURCH OF KALAMAZOO - 1316 BARNEY RD - KALAMAZOO, MI 49004	38-6006130	501(C)(3)	50,020.	0.			GENERAL SUPPORT
NORTH POINT CHURCH 571 N 10TH STREET PLAINWELL, MI 49080	35-2298172	501(C)(3)	10,300.	0.			GENERAL SUPPORT
ODC NETWORK 4214 56TH STREET HOLLAND, MI 49423	38-2461102	501(C)(3)	128,371.	0.			EVENING WITH ODC MATCH
ONE 17 INTERNATIONAL 200 TAFT STREET ZEELAND, MI 49464	45-3648441	501(C)(3)	22,000.	0.			GENERAL SUPPORT
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT - 13565 PORT SHELDON STREET - HOLLAND, MI 49424	38-1709520	501(C)(3)	21,000.	0.			LOCAL LITERACY EFFORTS
OTTAWA COUNTY ADMINISTRATIVE OFFICES - 12220 FILLMORE ST, ROOM 260 - WEST OLIVE, MI 49460	38-6004883	GOVERNMENTAL	6,300.	0.			TAPAS SUPPLIES, TAPAS MUSICIAN, TAPAS RESERVATION FEE BALANCE

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OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501(C)(3)	28,800.	0.			GENERAL SUPPORT
OUT ON THE LAKESHORE PO BOX 2064 HOLLAND, MI 49422	81-3619194	501(C)(3)	17,025.	0.			SUPPORT GROUPS AND COMMUNITY ACTIVITIES
PARK THEATRE FOUNDATION PO BOX 1933 HOLLAND, MI 49422-1933	38-3631936	501(C)(3)	22,000.	0.			GENERAL SUPPORT
PILLAR CHURCH 57 EAST 10TH STREET HOLLAND, MI 49423	38-1437928	501(C)(3)	6,250.	0.			BOOK PROJECT
REACH FOR RECOVERY PO BOX 1875 HOLLAND, MI 49422-1875	38-1984739	501(C)(3)	15,500.	0.			GENERAL SUPPORT
REACH THE FORGOTTEN JAIL MINISTRY 1480 BUCHANAN AVE SW GRAND RAPIDS, MI 49507	38-1813208	501(C)(3)	6,700.	0.			GENERAL SUPPORT
READY FOR SCHOOL 268 E. 8TH ST., STE 10 HOLLAND, MI 49423	27-4898652	501(C)(3)	5,200.	0.			IN HONOR OF COLLEEN HILL
REAL LIFE FELLOWSHIP PO BOX 1347 HOLLAND, MI 49422	20-1522312	501(C)(3)	6,945.	0.			UNRESTRICTED SUPPORT
REFRAME MINISTRIES 1700 28TH ST SE GRAND RAOIDS, MI 49508	36-2284261	501(C)(3)	22,600.	0.			GENERAL SUPPORT

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RENEW THERAPEUTIC RIDING CENTER 5080 146TH AVENUE HOLLAND, MI 49423	90-0857463	501(C)(3)	5,956.	0.			ANNUAL FUND
RESILIENCE 411 BUTTERNUT HOLLAND, MI 49424	38-2181204	501(C)(3)	29,000.	0.			ROUND 3 COMPETITIVE GRANT
RIDGE POINT COMMUNITY CHURCH 340 104TH AVE. HOLLAND, MI 49423	38-3102786	501(C)(3)	8,250.	0.			ALL IN
ROSEWOOD REFORMED CHURCH 2795 ROSEWOOD ST JENISON, MI 49428	23-7105177	501(C)(3)	29,000.	0.			GENERAL SUPPORT
SALVATION ARMY 104 CLOVER AVENUE HOLLAND, MI 49423	22-2406433	501(C)(3)	6,700.	0.			COMPLETES COMMITMENT FOR BUILDING
SAMARITAS 2080 UNION AVE SE GRAND RAPIDS, MI 49507	38-1360553	501(C)(3)	14,884.	0.			GENERAL SUPPORT
SAUGATUCK CENTER FOR THE ARTS PO BOX 940 SAUGATUCK, MI 49453	38-3557693	501(C)(3)	17,600.	0.			GENERAL SUPPORT
SECOND REFORMED CHURCH 225 EAST CENTRAL AVENUE ZEELAND, MI 49464	38-1507304	501(C)(3)	243,323.	0.			GENERAL SUPPORT
SOLID ROCK MINISTRIES 100 PINE ST STE 230 ZEELAND, MI 49464	20-5263656	501(C)(3)	15,797.	0.			GENERAL SUPPORT

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SOUTH OLIVE CHRISTIAN SCHOOL 6230 120TH AVE. HOLLAND, MI 49424-9231	38-1707780	501(C)(3)	6,524.	0.			GENERAL SUPPORT
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST. NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	116,244.	0.			SPECTRUM ZEELAND COMMITMENT, BLUE ENVELOPE PROGRAM AT SPECTRUM ZEELAND
SPECTRUM HEALTH ZEELAND COMMUNITY HOSPITAL - 8333 FELCH STREET - ZEELAND, MI 49464	38-3382353	501(C)(3)	11,200.	0.			GENERAL SUPPORT
ST JOHNS EPISCOPAL CHURCH 524 WASHINGTON AVE GRAND HAVEN, MI 49417	38-6074254	501(C)(3)	15,500.	0.			IMMIGRANT RELIEF FUND - LAKESHORE LATINAS
STATE POLICY NETWORK 1655 NORTH FORT MYER DRIVE ARLINGTON, VA 22209	57-0952531	501(C)(3)	15,500.	0.			GENERAL SUPPORT
TALENT 2025 48 LOGAN STREET, SW GRAND RAPIDS, MI 49503	27-0193853	501(C)(3)	38,222.	0.			UNRESTRICTED SUPPORT
TEMPLE EMANUEL 1715 FULTON ST E GRAND RAPIDS, MI 49503	38-1710040	501(C)(3)	248,878.	0.			BUILDING MAINTENANCE FUND
THE BRIDGE MINISTRY CENTER 210 EAST MAIN ST ZEELAND, MI 49464	38-3577991	501(C)(3)	354,464.	0.			ANNUAL PROGRAM SUPPORT
THE CENTER FOR MICHIGAN 4100 N DIXBORO RD ANN ARBOR, MI 48105	32-0167398	501(C)(3)	26,180.	0.			UNRESTRICTED SUPPORT

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THE DIATRIBE PO BOX 2582 GRAND RAPIDS, MI 49501	81-4131862	501(C)(3)	97,825.	0.			GENERAL SUPPORT
THE LADDER COMMUNITY CENTER 266 W M 20 SHELBY, MI 49455	47-2123160	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
THE REFUGEE EDUCATION CENTER 2130 ENTERPRISE ST. SE KENTWOOD, MI 49508	06-1770896	501(C)(3)	18,901.	0.			HOLLAND/ZEELAND AREA EXPANSION
THE ROTARY CLUB OF SAUGATUCK-DOUGLAS - PO BOX 211 - DOUGLAS, MI 49506	38-3860481	501(C)(3)	88,848.	0.			GENERAL SUPPORT
THIRD REFORMED CHURCH 111 W 13TH STREET HOLLAND, MI 49423	38-1398838	501(C)(3)	141,994.	0.			SPECIAL EDUCATION MINISTRY
TIFFIN UNIVERSITY SEITZ HALL TIFFIN, OH 44883	34-4427516	501(C)(3)	27,412.	0.			GENERAL SUPPORT
TRINITY CHRISTIAN COLLEGE 6601 W. COLLEGE DRIVE PALOS HEIGHTS, IL 60463	36-2387148	501(C)(3)	10,000.	0.			SCHOLARSHIP
UNITED WAY OF LEE COUNTY 7273 COUNCOURSE DRIVE BONITA SPRINGS, FL 33908	59-1005169	501(C)(3)	15,647.	0.			GENERAL SUPPORT
UNIVERSITY OF MARYLAND 0102 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	83,700.	0.			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 Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPWARD BOUND MINISTRIES INC. PO BOX 112 ZEELAND, MI 49464	26-0681206	501(C)(3)	207,710.	0.			MISSIONARY SUPPORT
URBAN LEAGUE OF WEST MICHIGAN 745 EASTERN AVE SE GRAND RAPIDS, MI 49503	38-1359259	501(C)(3)	103,444.	0.			GENERAL SUPPORT
VAN ANDEL INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000820	501(C)(3)	25,500.	0.			GENERAL SUPPORT
VAN RAALTE FARM CIVIL WAR MUSTER 114 EAST 26TH STREET HOLLAND, MI 49423	47-3348629	501(C)(3)	5,332.	0.			GENERAL SUPPORT
VOX PO BOX 1425 HOLLAND, MI 49422	20-8989756	501(C)(3)	19,900.	0.			GENERAL SUPPORT
WEST MICHIGAN CONSTRUCTION INSTITUTE - 580 CASCADE WEST PKWY SE - GRAND RAPIDS, MI 49546-2106	35-2679576	501(C)(3)	803,524.	0.			GENERAL SUPPORT
WESTERN MICHIGAN UNIVERSITY STUDENT FINANCIAL AID OFFICE KALAMAZOO, MI 49008-5337	38-6007327	501(C)(3)	68,363.	0.			SCHOLARSHIP
WESTERN THEOLOGICAL SEMINARY 101 EAST 13TH STREET HOLLAND, MI 49423	38-2009204	501(C)(3)	16,000.	0.			SCULPTURE PROJECT
WET FEET - ACTS 982 S BAYWOOD DRIVE HOLLAND, MI 49424	45-4252223	501(C)(3)	55,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

38-6095283

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF MERCY - WEST MICHIGAN 100 PINE ST STE 393 ZEELAND, MI 49464	38-2998695	501(C)(3)	12,500.	0.			GENERAL SUPPORT
WORDS OF HOPE 700 BALL AVENUE NE GRAND RAPIDS, MI 49501-1706	38-1335605	501(C)(3)	21,250.	0.			GENERAL SUPPORT
WORLD RENEW 1700 28TH STREET SE GRAND RAPIDS, MI 49508-9915	38-1708140	501(C)(3)	30,000.	0.			US AND CENTRAL AMERICA HURRICANES
YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST KALAMAZOO, MI 49008	38-1360592	501(C)(3)	37,601.	0.			ANNUAL CAMPAIGN
ZEELAND CHRISTIAN SCHOOL 334 W. CENTRAL AVE ZEELAND, MI 49464	38-1566660	501(C)(3)	26,380.	0.			GENERAL SUPPORT
ZEELAND EDUCATION FOUNDATION 183 WEST ROOSEVELT ZEELAND, MI 49464	82-1829249	501(C)(3)	5,077.	0.			FOWL PLAY SPONSOR
ZEELAND NEIGHBORHOOD CONNECTIONS PO BOX 311 ZEELAND, MI 49464	83-0865945	501(C)(3)	26,850.	0.			OPERATING SUPPORT
ZEELAND PUBLIC SCHOOLS 3333 96TH AVENUE ZEELAND, MI 49464	38-6003307	501(C)(3)	5,800.	0.			GENERAL SUPPORT

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	299	878,528.	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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MIKE GOORHOUSE PRESIDENT / CEO	(i)	150,000.	1,500.	0.	0.	0.	151,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	204	4,818,432.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **3**

- 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? **30a** **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? **31** **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

**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 C 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number	38-6095283
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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 III, LINE 2, NEW PROGRAM SERVICES:

IN 2021, THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, ALONG  
WITH LOCAL PARTNERS, LAUNCHED THE STRENGTHENING THE NONPROFIT SECTOR  
CAMPAIGN WHICH AIMS TO SECURE \$1.7 MILLION IN FUNDING TO INVEST IN  
LOCAL NONPROFITS. IN NOVEMBER 2021, THE COMMUNITY FOUNDATION OF THE  
HOLLAND/ZEELAND AREA PARTNERED WITH MICHIGAN STATE UNIVERSITY IN AN  
EQUITABLE ADULT VACCINE PROGRAM THAT AIMED TO PROVIDE COVID-19 VACCINE  
ACCESS TO UNDERSERVED AREAS IN WEST MICHIGAN.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN 2021, THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA CONCLUDED  
THE COVID-19 COMMUNITY STABILIZATION FUND RESPONSE TO THE GLOBAL  
PANDEMIC.

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

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

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

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number	38-6095283
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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 LAST CONDUCTED IN DECEMBER 2021.

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 2021.

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

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number 38-6095283
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FOUNDATION'S WEBSITE AND UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-31,875.
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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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) 2021



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**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**



