

Public Disclosure Copy

Form 990

*****PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS*****

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELEND AREA, INC.
D Employer identification number 38-6095283
E Telephone number 616-396-6590
G Gross receipts \$ 52,743,872.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.CFHZ.ORG
K Form of organization: Corporation
L Year of formation: 1951
M State of legal domicile: MI

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: PATRICK CISLER, PRESIDENT/CEO
Date:
Print/Type preparer's name: AMANDA M. COON
Preparer's signature: AMANDA M. COON
Date: 10/30/24
Check if self-employed:
PTIN: P01754645
Firm's name: PLANTE & MORAN, PLLC
Firm's EIN: 38-1357951
Firm's address: 2601 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326
Phone no.: (248) 375-7100

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 13,908,379. including grants of \$ 13,037,510.) (Revenue \$ 0.)
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 2023, SOME OF THE KEY PROJECTS WE SUPPORTED INCLUDE: HOLLAND/ZEELAND PROMISE SCHOLARSHIP AND STRENGTHENING THE NONPROFIT SECTOR PROGRAMMING. THE COMMUNITY FOUNDATION ALSO MAKES STRATEGIC GRANTS THROUGH OUR COMPETITIVE GRANTMAKING PROGRAM. OUR RESPONSIVE PROGRAM HAS A BROAD REACH ACROSS DIFFERENT COMMUNITY ISSUE AREAS AND NEEDS AND SEEKS TO PARTNER WITH ORGANIZATIONS IN SEASON OF GROWTH AND CHANGE FOR THEIR

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

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

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

4e Total program service expenses **13,908,379.**

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	10
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		1
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.	17	

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

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a 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 Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c 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	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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
PATRICK CISLER - 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, box 6 of 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) COLLEEN HILL VP OF DEVELOPMENT AND DONOR SERVICES	40.00 0.00					X	123,169.	0.	0.	
(2) PATRICK CISLER PRESIDENT/CEO	50.00 0.00			X			99,138.	0.	0.	
(3) MIKE GOORHOUSE PRESIDENT/CEO - PART YEAR	50.00 0.00			X			80,269.	0.	0.	
(4) TOM DEHERDER BOARD CHAIR	2.00 0.00	X		X			0.	0.	0.	
(5) ERIN AVERY ZYLMAN CHAIR-ELECT, AUDIT CHAIR	2.00 0.00	X		X			0.	0.	0.	
(6) JASMINE IRISH SECRETARY	2.00 0.00	X		X			0.	0.	0.	
(7) SCOTT BROOKS TREASURER, INVESTMENT CHAIR	2.00 0.00	X		X			0.	0.	0.	
(8) DIANE KOOIKER PAST CHAIR, GOVERNANCE CHAIR	2.00 0.00	X		X			0.	0.	0.	
(9) JEAN RAMIREZ DEVELOPMENT CHAIR	2.00 0.00	X					0.	0.	0.	
(10) LESLIE BROWN DISTRIBUTION CHAIR	2.00 0.00	X					0.	0.	0.	
(11) DEBORAH STERKEN SCHOLARSHIP CHAIR	2.00 0.00	X					0.	0.	0.	
(12) ED AMAYA TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) SUE FRANZ TRUSTEE	1.00 0.00	X					0.	0.	0.	
(14) TIM HEMINGWAY TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) MICKI JANSSEN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) JONATHAN PADNOS TRUSTEE	1.00 0.00	X					0.	0.	0.	
(17) LUCIA RIOS 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) MARK HARDER TRUSTEE-PART YEAR	1.00 0.00	X						0.	0.	0.
(19) BRET DOCTER TRUSTEE-PART YEAR	1.00 0.00	X						0.	0.	0.
(20) JIM BISHOP TRUSTEE-PART YEAR	1.00 0.00	X						0.	0.	0.
(21) ROGEN MCLEAN YOUTH TRUSTEE - YAC CHAIR	2.00 0.00	X						0.	0.	0.
(22) KOLIN VAN FOSSAN YOUTH TRUSTEE - YAC PAR YEAR	0.50 0.00	X						0.	0.	0.
(23) JIM WIERSMA TRUSTEE, INVESTMENT CHAIR - PART YEA	2.00 0.00	X						0.	0.	0.
(24) MARGARET VAN GROUW TRUSTEE - PART YEAR	1.00 0.00	X						0.	0.	0.
1b Subtotal								302,576.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								302,576.	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 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	212,235.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,877,105.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,376,307.				
	h Total. Add lines 1a-1f		18,089,340.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,400,379.		-54,928.	3455307.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	31,113,065.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	28,536,784.				
	c Gain or (loss)	7c	2,576,281.				
	d Net gain or (loss)		2,576,281.			2576281.	
8 a Gross income from fundraising events (not including \$ 212,235. of contributions reported on line 1c). See Part IV, line 18	8a		56,514.				
			171,836.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-115,322.			-115,322.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a NONGIFT REVENUE	Business Code	900099	84,574.		84,574.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			84,574.			
12 Total revenue. See instructions			24,035,252.	0.	-54,928.	6000840.	

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

Form 990 (2023)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,033,650.	12,033,650.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,003,860.	1,003,860.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,139.	59,483.	19,828.	19,828.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	708,753.	311,972.	275,220.	121,561.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,062.	10,144.	8,057.	3,861.
9 Other employee benefits	91,945.	42,275.	33,579.	16,091.
10 Payroll taxes	56,570.	26,010.	20,660.	9,900.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,900.		9,900.	
c Accounting	31,925.		31,925.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	15,972.			15,972.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	14,464.			14,464.
13 Office expenses	25,964.	7,364.	13,532.	5,068.
14 Information technology	64,452.		64,452.	
15 Royalties				
16 Occupancy	14,954.	6,876.	5,461.	2,617.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	198,769.	48,728.	7,111.	142,930.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,418.		22,418.	
23 Insurance	24,225.		24,225.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FUND RELATED PROGRAMS	326,790.	326,790.		
b STAFF PROFESSIONAL DEVE	59,024.	27,138.	21,556.	10,330.
c MARKETING & PUBLICATION	29,609.	4,089.	11,164.	14,356.
d MEMBERSHIPS	14,961.		14,961.	
e All other expenses	11,028.		7,192.	3,836.
25 Total functional expenses. Add lines 1 through 24e	14,880,434.	13,908,379.	591,241.	380,814.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

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Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	100.	1	100.	
	2 Savings and temporary cash investments	13,451,214.	2	12,784,010.	
	3 Pledges and grants receivable, net	1,627,924.	3	1,983,746.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	142,976.	7	142,619.	
	8 Inventories for sale or use	246,000.	8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,217,426.			
	b Less: accumulated depreciation	10b 546,604.	694,411.	10c	670,822.
	11 Investments - publicly traded securities	58,775,363.	11	64,678,933.	
	12 Investments - other securities. See Part IV, line 11	37,843,668.	12	47,487,939.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	112,781,656.	16	127,748,169.		
Liabilities	17 Accounts payable and accrued expenses	85,647.	17	105,833.	
	18 Grants payable	397,645.	18	432,535.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	169,112.	25	147,884.	
	26 Total liabilities. Add lines 17 through 25	652,404.	26	686,252.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	110,501,328.	27	125,078,170.	
	28 Net assets with donor restrictions	1,627,924.	28	1,983,747.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	112,129,252.	32	127,061,917.	
33 Total liabilities and net assets/fund balances	112,781,656.	33	127,748,169.		

Form 990 (2023)

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

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	24,035,252.
2 Total expenses (must equal Part IX, column (A), line 25)	2	14,880,434.
3 Revenue less expenses. Subtract line 2 from line 1	3	9,154,818.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	112,129,252.
5 Net unrealized gains (losses) on investments	5	5,786,193.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	-37,431.
9 Other changes in net assets or fund balances (explain on Schedule O)	9	29,085.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	127,061,917.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I 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		
Total						

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13435651.	10333470.	14942255.	22004717.	18089340.	78805433.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13435651.	10333470.	14942255.	22004717.	18089340.	78805433.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6663144.
6 Public support. Subtract line 5 from line 4.						72142289.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	13435651.	10333470.	14942255.	22004717.	18089340.	78805433.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1413099.	862,860.	1215168.	1615757.	3400379.	8507263.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	80,466.	57,491.	93,894.	116,960.	141,088.	489,899.
11 Total support. Add lines 7 through 10						87802595.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	82.16	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.29	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

2019 AMOUNT: \$ 35,010.

2021 AMOUNT: \$ 18,575.

2022 AMOUNT: \$ 17,700.

2023 AMOUNT: \$ 56,514.

AUXILIARY REVENUE

2019 AMOUNT: \$ 45,456.

2020 AMOUNT: \$ 57,491.

2021 AMOUNT: \$ 75,319.

2022 AMOUNT: \$ 99,260.

2023 AMOUNT: \$ 84,574.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**THE COMMUNITY FOUNDATION OF THE
HOLLAND/ZEELEND 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).

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

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>2,608,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,471,993.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,232,658.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>622,506.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>537,173.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 502,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES <hr/> <hr/> <hr/>	\$ 1,007,765.	12/01/23
3	SECURITIES <hr/> <hr/> <hr/>	\$ 4,565.	02/22/23
5	SECURITIES <hr/> <hr/> <hr/>	\$ 298,571.	08/28/23
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and section 170(h) requirements).

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

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

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 in 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	98,152,130.	104,712,690.	89,345,945.	80,305,234.	68,531,306.
b Contributions	17,506,179.	17,812,049.	15,492,778.	11,037,130.	11,484,614.
c Net investment earnings, gains, and losses	10,365,540.	-11,829,146.	13,302,721.	9,406,162.	12,019,573.
d Grants or scholarships	14,150,053.	12,543,463.	13,428,754.	11,402,581.	10,445,188.
e Other expenditures for facilities and programs					1,285,071.
f Administrative expenses					
g End of year balance	111,873,796.	98,152,130.	104,712,690.	89,345,945.	80,305,234.

- 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 checked="" type="checkbox"/> |
| (ii) Related organizations? | | <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"/> |
- 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.	235,092.	652,015.
c Leasehold improvements				
d Equipment		330,319.	311,512.	18,807.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				670,822.

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	6,234,140.	END-OF-YEAR MARKET VALUE
(B) EMERGING MARKETS EQUITY		
(C) FUND	5,419,943.	END-OF-YEAR MARKET VALUE
(D) DIVERSIFIED HEDGE FUNDS	7,675,193.	END-OF-YEAR MARKET VALUE
(E) DISTRESSED CREDIT HEDGE		
(F) FUNDS	551,541.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY REAL		
(H) ESTATE	13,662,048.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	47,487,939.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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	147,884.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	147,884.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

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

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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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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		14,103,817.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,574,084.
3 a Subtotal	0	0			15,677,901.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			15,677,901.

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

38-6095283

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)

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

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.

2023

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 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... key employees... or entity in connection with professional fundraising services? [X] 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.

Table with 6 columns: (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. Includes entry for THE ORGANIZER - 1528 66TH ST., FENVILLE, MI 49408 with activity EVENT CONSULTING and gross receipts of 15,972.

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.

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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)	ANNUAL LUNCHEON (event type)	NONE (total number)	
Revenue	1	239,669.	29,080.		268,749.
	2	192,115.	20,120.		212,235.
	3	47,554.	8,960.		56,514.
Direct Expenses	4				
	5				
	6	103,252.	13,629.		116,881.
	7	13,279.			13,279.
	8	30,509.	1,947.		32,456.
	9	5,383.	3,837.		9,220.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-115,322.

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					
	2					
Direct Expenses	3					
	4					
	5					
	6	<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: _____

- 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
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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3SIXTY 27 W 16TH ST HOLLAND, MI 49423	26-0672610	501(C)(3)	25,000.	0.			GENERAL SUPPORT
70 X 7 LIFE RECOVERY 97 WEST 22ND STREET HOLLAND, MI 49423	20-8857935	501(C)(3)	36,250.	0.			OPERATING SUPPORT
92 FOR 22 10853 MARSH AVE ALLENDALE, MI 49401	82-4033877	501(C)(3)	12,376.	0.			GENERAL SUPPORT
ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LANE ALLENDALE, MI 49401	38-6003258	501(C)(3)	10,000.	0.			ODL 75TH ANNIVERSARY COMMUNITY INITIATIVE: FOR HIGHSCHOOL ROBOTICS TEAM
ALZHEIMER'S ASSOCIATION - GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH STE 100 - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	12,476.	0.			GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	12,500.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **238.**

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

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

Schedule I (Form 990) 2023

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

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
ARBOR CIRCLE CORPORATION 412 CENTURY LANE HOLLAND, MI 49423	38-3263853	501(C)(3)	11,959.	0.			ANNUAL SPENDABLE GRANT TO ARBOR CIRCLE
AUTISM SUPPORT OF WEST SHORE INC PO BOX 39 SPRING LAKE, MI 49456	20-0845561	501(C)(3)	5,589.	0.			GENERAL SUPPORT
AYA YOUTH COLLECTIVE 320 STATE ST. SE GRAND RAPIDS, MI 49503	46-2391112	501(C)(3)	6,120.	0.			GENERAL SUPPORT
BEECHWOOD REFORMED CHURCH 895 OTTAWA BEACH ROAD HOLLAND, MI 49424	38-1508500	501(C)(3)	73,465.	0.			SUPPORT FUND
BENJAMIN'S HOPE 15468 RILEY ST HOLLAND, MI 49424	74-3153382	501(C)(3)	91,800.	0.			OPERATING SUPPORT
BETHANY CHRISTIAN SERVICES 11335 JAMES ST. HOLLAND, MI 49424	38-1405282	501(C)(3)	11,670.	0.			FOR MANE HOPE
BIBLETOWN COMMUNITY CHURCH INC ATTN: ACCOUNTING DEPT BOCA RATON, FL 33432	59-0766965	501(C)(3)	29,000.	0.			GENERAL SUPPORT
BISSELL PET FOUNDATION 2345 WALKER AVE NW GRAND RAPIDS, MI 49544	38-3853264	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BOULEVARD CHURCH 238 W. 15TH ST. HOLLAND, MI 49423	83-1187419	501(C)(3)	6,000.	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
BOYS & GIRLS CLUBS OF WEBER-DAVIS 2302 WASHINGTON BLVD SUITE 201 OGDEN, UT 84401	87-0660689	501(C)(3)	6,247.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF GREATER HOLLAND - 435 VAN RAALTE AVE. - HOLLAND, MI 49423	38-2756671	501(C)(3)	104,971.	0.			2019 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)	11,000.	0.			POWER HOUR
CALVARY CHRISTIAN REFORMED CHURCH OF HOLLAND - 400 BEELINE ROAD - HOLLAND, MI 49424	38-2051351	501(C)(3)	41,400.	0.			GENERAL FUND SUPPORT
CALVIN UNIVERSITY 3201 BURTON STREET SE GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	35,590.	0.			GENERAL SUPPORT
CAMP SUNSHINE 291 W LAKEWOOD BLVD #7 HOLLAND, MI 49424	38-3444227	501(C)(3)	58,155.	0.			OPERATING SUPPORT
CASA-CHILDREN'S AFTER SCHOOL ACHIEVEMENT - 263 COLLEGE AVENUE - HOLLAND, MI 49422-9000	38-1381271	501(C)(3)	247,923.	0.			ACADEMIC YEAR PROGRAM
CHILDREN'S ADVOCACY CENTER 12125 UNION STREET HOLLAND, MI 49424	38-3445089	501(C)(3)	163,636.	0.			COUNSELING
CHILDREN'S HEALING CENTER 1530 FULTON ST. E. GRAND RAPIDS, MI 49503	45-1955614	501(C)(3)	10,000.	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
CHRIST MEMORIAL REFORMED CHURCH 595 GRAAFSCHAP ROAD HOLLAND, MI 49423	38-6032818	501(C)(3)	38,000.	0.			GENERAL SUPPORT
CITIZENS RESEARCH COUNCIL OF MICHIGAN, INC. - 38777 W SIX MILE RD - LIVONIA, MI 48152-3974	38-1539991	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
CITY OF HOLLAND 270 S RIVER AVENUE HOLLAND, MI 49423	38-6004622	GOVERNMENTAL	173,738.	0.			EQUIPMENT FOR HOLLAND PUBLIC SAFETY SERVICES
CITY ON A HILL MINISTRIES 100 PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	65,383.	0.			BEHAVIORAL HEALTH INTEGRATION PROGRAM
CITYSIDE MIDDLE SCHOOL 320 EAST MAIN STREET ZEELAND, MI 49464	38-6003307	501(C)(3)	34,221.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CLINICA SAN LUCAS GRACIAS C/O LUKE JOYCE HOLLAND, MI 49424	84-4467340	501(C)(3)	14,850.	0.			GENERAL SUPPORT
COLUMBUS STATE COMMUNITY COLLEGE 550 E SPRING ST COLUMBUS, MI 43215	31-1035280	501(C)(3)	7,000.	0.			GENERAL SUPPORT
COMMUNITY ACTION AGENCY/WALK FOR WARMTH - 12251 JAMES ST., STE. 300 - HOLLAND, MI 49424	38-6004883	GOVERNMENTAL	98,374.	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
COMMUNITY ACTION HOUSE 739 PAW PAW DRIVE HOLLAND, MI 49423	23-7120670	501(C)(3)	456,141.	0.			GENERAL SUPPORT
COMMUNITY FOOD CLUBS 1100 DIVISION AVE S GRAND RAPIDS, MI 49507	82-2265189	501(C)(3)	7,500.	0.			GENERAL SUPPORT
COMMUNITY REFORMED CHURCH 10376 FELCH STREET ZEELAND, MI 49464-6839	38-6155592	501(C)(3)	32,500.	0.			COMPANY MATCH FOR ODL EMPLOYEE
COMMUNITY SPOKE 96 WEST 15TH STREET, SUITE #105 HOLLAND, MI 49423	47-4508043	501(C)(3)	25,000.	0.			OPERATING SUPPORT
COMPASSIONATE HEART MINISTRIES 404 CENTERSTONE CT ZEELAND, MI 49464	20-5101543	501(C)(3)	23,400.	0.			GENERAL SUPPORT
COREWELL HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	46,450.	0.			GENERAL SUPPORT
CORPUS CHRISTI CATHOLIC SCHOOL 12100 QUINCY STREET HOLLAND, MI 49424	38-3473661	501(C)(3)	17,874.	0.			2020 SPENDING POLICY
COTTONWOOD CHRISTIAN REFORMED CHURCH - 1101 CYPRESS DR - JENISON, MI 49428	23-7410139	501(C)(3)	8,000.	0.			2020 BUDGET PARTICIPATION
CRITTER BARN 2950 80TH AVE ZEELAND, MI 49464	32-0028470	501(C)(3)	1,125,891.	0.			FARM BILLS

Schedule I (Form 990)

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

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
CULTUREWORKS INSTITUTE FOR CREATIVE ARTS - 24 W 6TH ST - HOLLAND, MI 49423	27-3165045	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD #153 CULVER, IN 46511-9980	35-0868071	501(C)(3)	7,500.	0.			GENERAL SUPPORT
DAVENPORT UNIVERSITY 6191 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-1945965	501(C)(3)	11,090.	0.			ANGIE KAMMERAAD NURSING SCHOLARSHIP
DEOS CONTEMPORARY BALLET 1595 GALBRAITH AVE SE GRAND RAPIDS, MI 49546	88-1773617	501(C)(3)	32,000.	0.			GENERAL SUPPORT
DOWNTOWN GRAND RAPIDS INC. DBA ARTPRIZE - 29 PEARL STREET NW, STE 1 - GRAND RAPIDS, MI 49503	46-2473146	501(C)(3)	75,000.	0.			GENERAL SUPPORT
EAGLECREST ALASKA MISSIONS 11248 LINDEN DR NW GRAND RAPIDS, MI 49534	27-5304055	501(C)(3)	12,300.	0.			GENERAL SUPPORT
EASTERN AVENUE CRC 514 EASTERN AVE GRAND RAPIDS, MI 49503	38-1368331	501(C)(3)	27,842.	0.			GENERAL SUPPORT
ELE'S PLACE WEST MICHIGAN 2000 MICHIGAN STREET NE GRAND RAPIDS, MI 49503	38-2976751	501(C)(3)	6,100.	0.			GENERAL SUPPORT
EMPOWERING YOUTH GLOBAL CONNECTION 14130 DEER COVE DR HOLLAND, MI 49424	84-2806362	501(C)(3)	16,450.	0.			GENERAL SUPPORT

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ENDEAVOR TO PRESERVE BE BETTER 1671 RED STEM DR HOLLAND, MI 49424	86-3721415	501(C)(3)	8,250.	0.			GENERAL SUPPORT
ENGEDI CHURCH 710 CHICAGO DR., STE. 100 HOLLAND, MI 49423	38-3717953	501(C)(3)	81,120.	0.			UNRESTRICTED SUPPORT
ENVIRONMENTAL LAW & POLICY CENTER 35 E. WACKER DRIVE, SUITE 1600 CHICAGO, IL 60601	36-3866530	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ESCAPE YFGK 202 EAST 32ND STREET HOLLAND, MI 49423	45-3015164	501(C)(3)	28,650.	0.			CAREER CONNECTIONS PROGRAM
EVERGREEN COMMONS SENIOR CENTER 480 STATE STREET HOLLAND, MI 49423	38-2526940	501(C)(3)	62,187.	0.			2020 AVAILABLE SPENDING BALANCE
EXALTA HEALTH 2060 DIVISION AVE S GRAND RAPIDS, MI 49507	38-3273825	501(C)(3)	29,645.	0.			GENERAL SUPPORT
FAIR HAVEN REFORMED CHURCH 2900 BALDWIN HUDSONVILLE, MI 49426	38-6165534	501(C)(3)	16,500.	0.			GENERAL SUPPORT
FAITH REFORMED CHURCH 220 W CENTRAL AVE ZEELAND, MI 49464	23-7236049	501(C)(3)	18,800.	0.			GENERAL FUND AND MISSION FUND SUPPPORT
FAMILY HOPE FOUNDATION 7086 8TH AVENUE JENISON, MI 49428	26-4505914	501(C)(3)	12,030.	0.			2019 ANNUAL PROGRAM SUPPORT

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FELLOWSHIP REFORMED CHURCH OF HOLLAND - 2165 W LAKEWOOD BLVD - HOLLAND, MI 49424	38-1919779	501(C)(3)	79,300.	0.			GENERAL FUND
FIRST REFORMED CHURCH OF ZEELAND 148 E. CENTRAL AVE. ZEELAND, MI 49464-1718	38-1505635	501(C)(3)	35,850.	0.			UNRESTRICTED SUPPORT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	27,600.	0.			GENERAL SUPPORT
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501(C)(3)	13,876.	0.			GENERAL SUPPORT
FREDERIK MEIJER GARDENS & SCULPTURE PARK - 1000 EAST BELTLINE AVE NE - GRAND RAPIDS, MI 49525-5804	38-2394044	501(C)(3)	6,450.	0.			GENERAL SUPPORT
GATEWAY MISSION 661 EAST 24TH STREET HOLLAND, MI 49423	38-1734763	501(C)(3)	575,228.	0.			GENERAL SUPPORT
GENEVA CAMP & RETREAT CENTER 3995 N. LAKESHORE DR. HOLLAND, MI 49424	38-1417381	501(C)(3)	24,399.	0.			UNRESTRICTED SUPPORT
GODFREY-LEE PUBLIC SCHOOLS 1324 BURTON ST SW WYOMING, MI 49509	38-6002132	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)	105,019.	0.			AFFORDABLE HOUSING CONNECTIONS

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GRACE CHRISTIAN REFORMED CHURCH 100 BUCKLEY ST SE GRAND RAPIDS, MI 49503	38-1689442	501(C)(3)	6,500.	0.			GENERAL SUPPORT
GRACE EPISCOPAL CHURCH 555 MICHIGAN AVENUE HOLLAND, MI 49423	38-1840930	501(C)(3)	22,300.	0.			QUARTERLY SUPPORT PLEDGE
GRAND RAPIDS ART MUSEUM 101 MONROE CENTER GRAND RAPIDS, MI 49503	38-1387136	501(C)(3)	16,000.	0.			GENERAL SUPPORT
GRAND RAPIDS CHRISTIAN SCHOOLS 2400 PLYMOUTH AVE. SE GRAND RAPIDS, MI 49506	38-1880873	501(C)(3)	69,000.	0.			GRCS 20/20
GRAND RAPIDS COMMUNITY COLLEGE CASHIER'S OFFICE - MAIN BUILDING, ROOM 154 - GRAND RAPIDS, MI 49503-3295	38-6100380	501(C)(3)	9,908.	0.			GENERAL SUPPORT
GRAND RAPIDS SYMPHONY SOCIETY 300 OTTAWA AVE NW GRAND RAPIDS, MI 49503	38-6005447	501(C)(3)	7,500.	0.			GENERAL SUPPORT
GRAND VALLEY STATE UNIVERSITY C/O PAUL DILLON ALLENDALE, MI 49401	38-1684280	501(C)(3)	311,317.	0.			UNIVERSITY DEVELOPMENT
GRANT ME HOPE 930 INTERCHANGE DR. HOLLAND, MI 49423	47-4914662	501(C)(3)	41,500.	0.			GENERAL SUPPORT
GREAT LAKES URBAN RESTORATION NETWORK - 100 PINE ST STE NW-4 - ZEELAND, MI 49464	36-4641022	501(C)(3)	40,000.	0.			GENERAL SUPPORT

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GREATER HOLLAND AREA YOUNG LIFE 96 W 15TH ST STE 108 HOLLAND, MI 49423	84-0385934	501(C)(3)	38,665.	0.			GENERAL SUPPORT
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1349 HOLLAND, MI 49422	38-3522782	501(C)(3)	110,983.	0.			COMPANY MATCH FOR ODL, INC.
HAND2HAND 306 CHICAGO DR JENISON, MI 49428	27-2973348	501(C)(3)	47,329.	0.			COMPANY MATCH FOR ODL, INC.
HARBOR HUMANE SOCIETY 14345 BAGLEY ST WEST OLIVE, MI 49460	38-1623660	501(C)(3)	13,342.	0.			GENERAL SUPPORT
HARDERWYK MINISTRIES 1627 W. LAKEWOOD BLVD HOLLAND, MI 49424	38-1738401	501(C)(3)	22,650.	0.			GENERAL SUPPORT
HERRICK DISTRICT LIBRARY 300 S. RIVER AVENUE HOLLAND, MI 49423	38-3350933	GOVERNMENTAL	7,338.	0.			GENERAL SUPPORT
HOLLAND CHRISTIAN EDUCATION FOUNDATION - 956 OTTAWA AVENUE - HOLLAND, MI 49423	38-2885151	501(C)(3)	122,564.	0.			GENERAL SUPPORT
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND, MI 49423	38-1416520	501(C)(3)	170,268.	0.			2020 SPENDING POLICY
HOLLAND CHURCH OF CHRIST 405 BEELINE RD. HOLLAND, MI 49424	38-2498583	501(C)(3)	15,849.	0.			GENERAL SUPPORT

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HOLLAND COMMUNITY AQUATIC CENTER FOUNDATION - 550 MAPLE AVE. - HOLLAND, MI 49423-4764	46-1157667	501(C)(3)	32,350.	0.			GENERAL SUPPORT
HOLLAND COMMUNITY CHORALE PO BOX 1513 HOLLAND, MI 49422-1513	38-2188467	501(C)(3)	6,091.	0.			GENERAL SUPPORT
HOLLAND DEACON'S CONFERENCE 224 W. 30TH ST., STE. 1 HOLLAND, MI 49423	38-2309172	501(C)(3)	69,441.	0.			GENERAL SUPPORT
HOLLAND EDUCATIONAL FOUNDATION 320 W 24TH ST HOLLAND, MI 49423	38-2513737	501(C)(3)	15,600.	0.			UNRESTRICTED SUPPORT
HOLLAND FREE HEALTH CLINIC 99 W. 26TH STREET HOLLAND, MI 49423	30-0072620	501(C)(3)	7,550.	0.			MENTAL HEALTH, ALCOHOL AND DRUG COUNSELING
HOLLAND HARBOR LIGHTHOUSE PO BOX 13 MACATAWA, MI 49434-0013	38-7396083	501(C)(3)	27,000.	0.			GENERAL SUPPORT
HOLLAND HISTORICAL TRUST 31 W 10TH ST HOLLAND, MI 49423	38-1692502	501(C)(3)	50,602.	0.			ANNUAL AVAILABLE SPENDING BALANCE
HOLLAND HOSPITAL 602 MICHIGAN AVE. HOLLAND, MI 49423	38-2800065	501(C)(3)	19,550.	0.			SUPPORT TO HOLLAND HOSPITAL FUND DEVELOPMENT
HOLLAND JUNIOR WELFARE LEAGUE P O BOX 1643 HOLLAND, MI 49422	38-6093496	501(C)(3)	10,500.	0.			UNRESTRICTED SUPPORT

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HOLLAND PUBLIC SCHOOLS 320 W 24TH ST HOLLAND, MI 49423	38-6003257	GOVERNMENTAL	20,800.	0.			GENERAL SUPPORT
HOLLAND PUBLIC SCHOOLS PTO EDUCATIONAL TRUST - 282 W. 30TH STREET - HOLLAND, MI 49423	20-0154989	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HOLLAND SYMPHONY ORCHESTRA PO BOX 2685 HOLLAND, MI 49422-2685	38-2953082	501(C)(3)	24,323.	0.			2018 ROUND 3 COMPETITIVE GRANT - LINK UP PROGRAM
HOMECOR 96 W 15TH STREET, STE 202 HOLLAND, MI 49423-3374	38-3281993	501(C)(3)	10,250.	0.			GORDON V W MEMORIAL FUND
HOPE CHURCH 77 W. 11TH STREET HOLLAND, MI 49423	38-1387880	501(C)(3)	56,450.	0.			LIFE-LINE MINISTRIES
HOSPICE OF HOLLAND 270 HOOVER BLVD HOLLAND, MI 49423	38-2355709	501(C)(3)	98,002.	0.			GENERAL SUPPORT
HOWARD MILLER LIBRARY & COMMUNITY CENTER - CARE OF: FINANCE DEPARTMENT - ZEELAND, MI 49464	38-6004744	GOVERNMENTAL	53,241.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR. NW GRAND RAPIDS, MI 49534	38-1360926	501(C)(3)	12,376.	0.			GENERAL SUPPORT
I AM ACADEMY PO BOX 2072 HOLLAND, MI 49422	86-1297592	501(C)(3)	14,700.	0.			GENERAL SUPPORT

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INNOGROUP FOUNDATION 441 E ROOSEVELT AVE STE 100 ZEELAND, MI 49464	46-1522579	501(C)(3)	7,300.	0.			GENERAL SUPPORT
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	7,730.	0.			GENERAL SUPPORT
JENISON CHRISTIAN SCHOOLS 7726 GRACELAND DR. JENISON, MI 49428	38-1525822	501(C)(3)	54,799.	0.			GENERAL SUPPORT
JOHN BALL ZOOLOGICAL SOCIETY 1300 W. FULTON ST. GRAND RAPIDS, MI 49504	38-6076879	501(C)(3)	13,500.	0.			EXPANSION - \$10,000, ANNUAL SUPPORT - \$1,000
JUBILEE MINISTRIES 96 WEST 15TH STREET HOLLAND, MI 49423	38-3477214	501(C)(3)	121,577.	0.			OPERATING SUPPORT
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES - 4090 LAKE DR. SE - GRAND RAPIDS, MI 49546	38-1557861	501(C)(3)	211,000.	0.			GENERAL SUPPORT
KABBALAH CENTRE OF NEW YORK INCORPORATED - 155 E 48TH ST - NEW YORK, NY 10017	13-4093698	501(C)(3)	9,000.	0.			GENERAL SUPPORT
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	501(C)(3)	9,274.	0.			H/Z PROMISE SCHOLARSHIP
KIDS' FOOD BASKET 1300 PLYMOUTH AVE. NE GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	130,276.	0.			2020 COMMITMENT

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KIDS HOPE USA 201 W WASHINGTON AVENUE ZEELAND, MI 49464	38-3624308	501(C)(3)	24,950.	0.			GENERAL SUPPORT
LADDER INCORPORATED PO BOX 1021 HOLLAND, MI 49422	38-2940956	501(C)(3)	7,384.	0.			GENERAL SUPPORT
LAKESHORE ADVANTAGE 201 WEST WASHINGTON STE 410 ZEELAND, MI 49464	06-1708014	501(C)(3)	152,550.	0.			JOB CREATION PROGRAMMING
LAKESHORE ETHNIC DIVERSITY ALLIANCE - PO BOX 2945 - HOLLAND, MI 49422-2945	38-3360686	501(C)(3)	10,800.	0.			DIVERSITY EDUCATION
LAKESHORE HABITAT FOR HUMANITY 12727 RILEY STREET HOLLAND, MI 49424	38-2893355	501(C)(3)	211,084.	0.			COMPANY MATCH FOR ODL EMPLOYEE
LAKESHORE NONPROFIT ALLIANCE 96 WEST 15TH STREET, SUITE #105 HOLLAND, MI 49423	20-4328927	501(C)(3)	129,000.	0.			DISABILITY NETWORK LAKESHORE - LEADERSHIP TRANSITION GUIDE
LATIN AMERICANS UNITED FOR PROGRESS - 430 W. 17TH STREET, SUITE 31 - HOLLAND, MI 49423	38-2099880	501(C)(3)	105,350.	0.			COLLEGE VISITS
LEELANAU CONSERVANCY PO BOX 1007 LELAND, MI 49654	38-2710855	501(C)(3)	6,000.	0.			GENERAL SUPPORT
LIFELINE MINISTRIES 426 CENTURY LANE HOLLAND, MI 49423	85-1531769	501(C)(3)	94,750.	0.			GENERAL SUPPORT

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LIGHTHOUSE IMMIGRANT ADVOCATES 412 W 24TH ST HOLLAND, MI 49423	37-1790725	501(C)(3)	76,932.	0.			ODL 75TH ANNIVERSARY COMMUNITY INITIATIVE: LISA RAMSDELL
MACATAWA BAY JUNIOR ASSOCIATION P.O. BOX 189 MACATAWA, MI 49434	38-2460525	501(C)(3)	13,700.	0.			GENERAL SUPPORT
MACKINAC CENTER FOR PUBLIC POLICY 140 WEST MAIN STREET MIDLAND, MI 48640	38-2701547	501(C)(3)	980,500.	0.			GENERAL SUPPORT
MADISON SQUARE CHRISTIAN REFORMED CHURCH - 1401 MADISON AVE SE - GRAND RAPIDS, MI 49507	23-7081131	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER RD STE 175 BRIGHTON, MI 48114	38-2505812	501(C)(3)	32,900.	0.			GENERAL SUPPORT
MAPLEWOOD REFORMED CHURCH 133 EAST 34TH STREET HOLLAND, MI 49423	38-1998194	501(C)(3)	10,590.	0.			TREEHOUSE LEARNING CENTER
MEDIATION SERVICES 291 W LAKEWOOD BLVD, SUITE 9 HOLLAND, MI 49424	38-3247969	501(C)(3)	6,215.	0.			GENERAL SUPPORT
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1410467	501(C)(3)	5,800.	0.			GENERAL SUPPORT
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - 160 68TH. STREET SW - GRAND RAPIDS, MI 49548	38-2822359	501(C)(3)	48,321.	0.			GENERAL SUPPORT

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MICHIGAN VETERAN HOMES - GRAND RAPIDS - 3000 MONROE AVENUE N.E. - GRAND RAPIDS, MI 49505	38-6000134	GOVERNMENTAL	7,000.	0.			GENERAL SUPPORT
MICHIGAN WOMEN FORWARD 535 CASCADE WEST PARKWAY SE GRAND RAPIDS, MI 49546	38-2689979	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MIDTOWN COUNSELING SERVICES 96 WEST 15TH STREET, SUITE 208-209 HOLLAND, MI 49423	26-2196399	501(C)(3)	12,000.	0.			ON-SITE SCHOOL COUNSELING PROGRAM
MOBILITY WORLDWIDE WEST MICHIGAN 3365 JOHN F DONNELLY DR HOLLAND, MI 49424	26-3764412	501(C)(3)	40,403.	0.			UNRESTRICTED SUPPORT
MOMSBLOOM 233 FULTON ST E #226 GRAND RAPIDS, MI 49503	26-0578009	501(C)(3)	34,857.	0.			GENERAL SUPPORT
MOSAIC COUNSELING 1703 S. DESPELDER GRAND HAVEN, MI 49417	38-2216806	501(C)(3)	43,918.	0.			ANNUAL GIFT
MOVEMENT WEST MICHIGAN 595 GRAAFSCHAP RD HOLLAND, MI 49423	83-4711698	501(C)(3)	47,257.	0.			GENERAL SUPPORT
MOVEMENT.ORG 2 WASHINGTON STREET, FL 20 NEW YORK, NY 10004	20-8991671	501(C)(3)	52,500.	0.			UNRESTRICTED SUPPORT
MUSEUM OF THE BIBLE PO BOX 15479 WASHINGTON, DC 20003	27-3444987	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NATIONAL ATAXIA FOUNDATION PO BOX 27986 GOLDEN VALLEY, MN 55427	41-0832903	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, STE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	11,400.	0.			GENERAL SUPPORT
NORTH HOLLAND REFORMED CHURCH 12050 NEW HOLLAND ST HOLLAND, MI 49424	38-6076888	501(C)(3)	12,000.	0.			UNRESTRICTED SUPPORT
NORTH POINT CHURCH 571 N 10TH STREET PLAINWELL, MI 49080	35-2298172	501(C)(3)	8,040.	0.			GENERAL SUPPORT
NORTHERN MICHIGAN UNIVERSITY 1401 PRESQUE ISLE AVE. MARQUETTE, MI 49855	38-6029206	501(C)(3)	15,039.	0.			GENERAL SUPPORT
OCEANS MINISTRIES P.O. BOX 461024 AURORA, CO 80046	47-3398323	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ODC NETWORK 4214 56TH STREET HOLLAND, MI 49423	38-2461102	501(C)(3)	497,660.	0.			2019 EVENING WITH ODC MATCH
ONE 17 INTERNATIONAL 200 TAFT STREET ZEELAND, MI 49464	45-3648441	501(C)(3)	29,500.	0.			GENERAL SUPPORT
OPERA GRAND RAPIDS 1320 FULTON ST E GRAND RAPIDS, MI 49503-3852	38-6142941	501(C)(3)	20,500.	0.			GENERAL 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
OUT ON THE LAKESHORE PO BOX 2064 HOLLAND, MI 49422	81-3619194	501(C)(3)	11,425.	0.			SUPPORT GROUPS AND COMMUNITY ACTIVITIES
PARK THEATRE FOUNDATION 248 SOUTH RIVER HOLLAND, MI 49423	38-3631936	501(C)(3)	5,950.	0.			GENERAL SUPPORT
PETOSKEY BAND BOOSTERS 1500 HILL STREET PETOSKEY, MI 49770	38-2387256	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PILLAR CHURCH 57 EAST 10TH STREET HOLLAND, MI 49423	38-1437928	501(C)(3)	75,246.	0.			BOOK PROJECT
PROVERBS 31 MINISTRY INC. P.O. BOX 3189 MATTHEWS, NC 28106	56-1989197	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROVIDENCE CHRISTIAN REFORMED CHURCH - 821 OTTAWA AVE - HOLLAND, MI 49423	38-1456057	501(C)(3)	5,500.	0.			GENERAL SUPPORT
REACH FOR RECOVERY, INC PO BOX 1875 HOLLAND, MI 49422-1875	38-1984739	501(C)(3)	68,321.	0.			GENERAL SUPPORT
READY FOR SCHOOL 268 E. 8TH ST., STE 10 HOLLAND, MI 49423	27-4898652	501(C)(3)	114,394.	0.			IN HONOR OF COLLEEN HILL
REAL LIFE FELLOWSHIP PO BOX 1347 HOLLAND, MI 49422-1347	20-1522312	501(C)(3)	7,500.	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
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET, SUITE 9000 - ANN ARBOR,, MI 48109-1288	38-6006309	501(C)(3)	92,563.	0.			GENERAL SUPPORT
RENEW THERAPEUTIC RIDING CENTER 5080 146TH AVENUE HOLLAND, MI 49423	90-0857463	501(C)(3)	31,385.	0.			ANNUAL FUND
RESILIENCE 411 BUTTERNUT DR HOLLAND, MI 49424	38-2181204	501(C)(3)	78,208.	0.			2018 ROUND 3 COMPETITIVE GRANT
RESTHAVEN CARE COMMUNITY 948 WASHINGTON AVENUE HOLLAND, MI 49423	38-1387113	501(C)(3)	18,500.	0.			IT'S NEVER TOO LATE PROGRAM
RIDGEWOOD CHRISTIAN REFORMED CHURCH - 1571 BALDWIN ST - JENISON, MI 49428	38-2223011	501(C)(3)	27,400.	0.			GENERAL SUPPORT
RIVERWOOD CENTER P.O. BOX 547 BENTON HARBOR, MI 49023	38-3381605	501(C)(3)	7,547.	0.			GENERAL SUPPORT
ROCKFORD EDUCATION FOUNDATION PO BOX 777 ROCKFORD, MI 49341	38-3034696	501(C)(3)	6,540.	0.			GENERAL SUPPORT
SACRED BEGINNINGS 339 DIVISION AVE SOUTH, SUITE B GRAND RAPIDS, MI 49503	26-0278846	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY UNIVERSITY CENTER, MI 48710	38-1798800	501(C)(3)	10,450.	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
SALVATION ARMY 104 CLOVER AVENUE HOLLAND, MI 49423	22-2406433	501(C)(3)	7,549.	0.			COMPLETES COMMITMENT FOR BUILDING
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	9,800.	0.			GENERAL SUPPORT
SAMARITAS 8131 E. JEFFERSON AVE. DETROIT, MI 48214	38-1360553	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SAUGATUCK CENTER FOR THE ARTS PO BOX 940 SAUGATUCK, MI 49453	38-3557693	501(C)(3)	14,800.	0.			GENERAL SUPPORT
SAUGATUCK PUBLIC SCHOOLS PO BOX 818 DOUGLAS, MI 49406-0818	38-6000374	501(C)(3)	48,773.	0.			GENERAL SUPPORT
SAUGATUCK TOWNSHIP FIRE DISTRICT 3342 BLUE STAR HWY SAUGATUCK, MI 49453	38-3332520	GOVERNMENTAL	7,797.	0.			GENERAL SUPPORT
SECOND REFORMED CHURCH 225 EAST CENTRAL AVENUE ZEELAND, MI 49464	38-1507304	501(C)(3)	65,421.	0.			GENERAL SUPPORT
SINGLE MOMM PO BOX 2442 TRAVERSE CITY, MI 49685	26-3544089	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTH MICHIGAN FOOD BANK 5451 WAYNE ROAD BATTLE CREEK, MI 49037	38-2445948	501(C)(3)	7,500.	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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,200.	0.			GENERAL SUPPORT
STATE POLICY NETWORK 1655 NORTH FORT MYER DRIVE ARLINGTON, VA 22209	57-0952531	501(C)(3)	40,000.	0.			GENERAL SUPPORT
STEPPING STONES SAFE HAVEN INC. 720 OLD SALEM ROAD MURFREESBORO, TN 37129	27-1233881	501(C)(3)	9,583.	0.			GENERAL SUPPORT
THE BRIDGE YOUTH CENTER 210 EAST MAIN ST ZEELAND, MI 49464	38-3577991	501(C)(3)	35,000.	0.			GENERAL SUPPORT
THE CENTER FOR MICHIGAN 220 W. MICHIGAN AVE. YPSILANTI, MI 48197	32-0167398	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
THE HUMANITY SHARE INC 232 W 16TH ST HOLLAND, MI 49423	27-5361551	501(C)(3)	45,564.	0.			GENERAL SUPPORT
THE LADDER COMMUNITY CENTER 266 W M 20 SHELBY, MI 49455	47-2123160	501(C)(3)	10,500.	0.			UNRESTRICTED SUPPORT
THE LUCAS PROJECT 6117 BUTTERNUT DR WEST OLIVE, MI 49460	82-5169998	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE ROTARY CLUB OF SAUGATUCK-DOUGLAS - PO BOX 211 - DOUGLAS, MI 49506	38-3860481	501(C)(3)	50,000.	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
THE VALHALLA FUND 22220 HIGH BRIDGE ROAD MONROE, WA 98272	92-1700871	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THIRD REFORMED CHURCH 111 W 13TH STREET HOLLAND, MI 49423	38-1398838	501(C)(3)	103,500.	0.			SPECIAL EDUCATION MINISTRY
TIFFIN UNIVERSITY SEITZ HALL TIFFIN, OH 44883	34-4427516	501(C)(3)	7,000.	0.			GENERAL SUPPORT
TREETOPS COLLECTIVE 906 DIVISION AVE. SOUTH GRAND RAPIDS, MI 49507	81-2864199	501(C)(3)	23,100.	0.			GENERAL SUPPORT
TRI-CITIES PUENTES INITIATIVE 524 WASHINGTON AVE. GRAND HAVEN, MI 49417-1455	86-2223508	501(C)(3)	7,500.	0.			GENERAL SUPPORT
TULIP TIME FESTIVAL 42 W 8TH ST HOLLAND, MI 49423	38-1266660	501(C)(3)	7,750.	0.			GENERAL SUPPORT
UNITED WAY OF LEE COUNTY 7273 COUNCOURSE DRIVE BONITA SPRINGS, FL 33908	59-1005169	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITY CHRISTIAN HIGH SCHOOL ASSOCIATION - 5900 48TH AVE. - HUDSONVILLE, MI 49426	38-1443397	501(C)(3)	61,229.	0.			GENERAL SUPPORT
UPWARD BOUND MINISTRIES INC. PO BOX 112 ZEELAND, MI 49464	26-0681206	501(C)(3)	10,200.	0.			MISSIONARY SUPPORT

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
VAN RAALTE FARM CIVIL WAR MUSTER 114 EAST 26TH STREET HOLLAND, MI 49423	47-3348629	501(C)(3)	7,000.	0.			GENERAL SUPPORT
VELO KIDS INC 862 KNOLLCREST AVE HOLLAND, MI 49423	85-0599130	501(C)(3)	8,500.	0.			GENERAL SUPPORT
VOX PO BOX 1425 HOLLAND, MI 49422	20-8989756	501(C)(3)	26,500.	0.			GENERAL SUPPORT
WEST MICHIGAN MARRIAGE CENTER 393 GARDEN AVE. HOLLAND, MI 49424	88-3049233	501(C)(3)	40,000.	0.			GENERAL SUPPORT
WEST OTTAWA HIGH SCHOOL - NORTH 3685 BUTTERNUT DRIVE HOLLAND, MI 49424	38-6032447	501(C)(3)	30,800.	0.			GENERAL SUPPORT
WESTERN THEOLOGICAL SEMINARY 101 EAST 13TH STREET HOLLAND, MI 49423	38-2009204	501(C)(3)	171,200.	0.			SCULPTURE PROJECT
WINGS OF MERCY - WEST MICHIGAN 100 PINE ST STE 393 ZEELAND, MI 49464	38-2998695	501(C)(3)	7,561.	0.			GENERAL SUPPORT
WINNING AT HOME 300 S STATE ST STE 13 ZEELAND, MI 49464-1678	38-3234306	501(C)(3)	21,500.	0.			FORWARD CAMPAIGN
WORLD VISION PO BOX 9716 - MAILSTOP 110 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	6,570.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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
YOUTH WITH A MISSION 501 BLACKTAIL RD. LAKESIDE, MT 59922	81-6037128	501(C)(3)	14,400.	0.			GENERAL SUPPORT
ZEELAND CHRISTIAN SCHOOL 334 W. CENTRAL AVE ZEELAND, MI 49464	38-1566660	501(C)(3)	66,267.	0.			2020 AVAILABLE SPENDING BALANCE
ZEELAND EDUCATION FOUNDATION 183 WEST ROOSEVELT ZEELAND, MI 49464	82-1829249	501(C)(3)	16,040.	0.			FOWL PLAY SPONSOR
ZEELAND HISTORICAL SOCIETY PO BOX 165 ZEELAND, MI 49464	38-2147423	501(C)(3)	43,500.	0.			GENERAL SUPPORT
ZEELAND NEIGHBORHOOD CONNECTIONS PO BOX 311 ZEELAND, MI 49464	83-0865945	501(C)(3)	7,000.	0.			OPERATING SUPPORT

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	333	1,003,860.	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

38-6095283

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				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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 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	123	5,376,307.	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**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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, LINE 32B:

STOCK BROKERS ASSISTED WITH THE SALE OF PUBLICLY TRADED SECURITIES.

PART I, COLUMN (B):

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

**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 for the latest information.

OMB No. 1545-0047

2023

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 2023, THE COMMUNITY FOUNDATION EXPANDED ITS STRENGTHENING THE
NONPROFIT SECTOR WORK WITH THE LAUNCH OF A NEW TECHNICAL ASSISTANCE
FUND WHICH PROVIDES MATCHING GRANTS FOR INDIVIDUAL NONPROFIT
ORGANIZATIONS THAT ARE PURSUING OUTSIDE CONSULTING SERVICES TO HELP
THEM IMPROVE A SPECIFIC AREA OF THEIR OPERATIONS, MANAGEMENT, OR
SERVICES.

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

IN 2023, THE COMMUNITY FOUNDATION CEASED OPERATIONS ON THE HOUSING
PRE-DEVELOPMENT FUND THAT AIMED TO ADDRESS AFFORDABLE HOUSING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORK AND SERVICE. OUR PROACTIVE GRANT PROGRAM IS FOCUSED ON THREE
BOARD-IDENTIFIED PRIORITIES: INCREASING ACCESS TO AND AVAILABILITY OF
MENTAL HEALTH SERVICES, LEVERAGING OUT OF SCHOOL TIME TO MITIGATE THE
EDUCATION OPPORTUNITY GAP, AND INCREASING THE CONSISTENCY OF HEALTHY

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number	38-6095283
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PARENT OR CARING ADULT RELATIONSHIPS IN KIDS' LIVES.

FORM 990, PART VI, SECTION A, LINE 4:

DEFINITION OF MEMBERSHIP FORM CHANGED ON SEPTEMBER 23, 2023 TO NOW INCLUDE ONLY CURRENT BOARD MEMBERS. PREVIOUS MEMBERSHIPS INCLUDED ALL INDIVIDUALS WHO HAVE GIVEN \$50 IN THE FISCAL YEAR, ALL MEMBERS OF THE BRIDGE BUILDERS SOCIETY, AND ALL INDIVIDUALS WHO HAVE AN ACCOUNT ABOVE AN AVERAGE OF \$5,000.

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

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

FORM 990, PART VI, SECTION A, LINE 7A:

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

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF FORM 990 WITH SUPPORTING SCHEDULES WAS PERSONALLY PRESENTED BY THE AUDITORS TO THE AUDIT COMMITTEE FOR THEIR EDITS AND QUESTIONS. ON BEHALF OF THE AUDIT COMMITTEE, THE PRESIDENT E-MAILED TO THE FULL BOARD (ALL OFFICERS AND TRUSTEES/DIRECTORS) A FINAL DRAFT OF THE FORM 990 AND SUPPORTING SCHEDULES (WITH SCHEDULE B NAMES AND ADDRESSES REDACTED), ALLOWING TIME FOR THEIR REVIEW, COMMENTS AND/OR QUESTIONS PRIOR TO FILING.

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 VI, SECTION B, LINE 12C:

THE COMMUNITY FOUNDATION STRIVES TO MAINTAIN THE HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES AND PROGRAMS AND TO AVOID ANY CONFLICTS OF INTEREST. EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS AND EMPLOYEES, ANNUALLY SIGNS A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IN CONNECTION WITH ANY DIRECT OR INDIRECT FINANCIAL INTEREST OR DUALITY OF INTEREST. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS/HER FINANCIAL INTEREST OR AFFILIATION AND ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF THE COMMITTEE WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE MAY BE REQUESTED TO LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A:

PURPOSE OVER AND ABOVE ANY LEGAL REQUIREMENT OR PUBLIC SCRUTINY, AS GOOD STEWARDS OF PHILANTHROPIC RESOURCES, THE FOUNDATION GOES THE EXTRA MILE TO BE CERTAIN THAT LEVELS OF COMPENSATION ARE REASONABLE. REASONABLE IS GENERALLY DEFINED AS WHAT SIMILAR PERSONS IN SIMILAR POSITIONS WITH SIMILAR DUTIES AT SIMILAR ORGANIZATIONS ARE PAID. PROCESS 1) EACH YEAR, THE CHAIR

Name of the organization	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	Employer identification number	38-6095283
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OF THE BOARD SENDS AN ELECTRONIC EVALUATION SURVEY AND A COPY OF THE PRESIDENT/CEO'S RESPONSIBILITIES TO ALL TRUSTEES AND ALL STAFF. 2) ALL RECIPIENTS ARE ASKED TO COMPLETE THE CONFIDENTIAL SURVEY WHICH HAS QUESTIONS DIRECTLY RELATED TO THE PRESIDENT/CEO'S PERFORMANCE AND AREAS OF STRENGTH AND WEAKNESS. 3) THE BOARD CHAIR COLLECTS AND CONDENSES THE RESPONSES INTO A SUMMARY FORM. 4) THE PERSONNEL COMMITTEE SERVES AS THE COMPENSATION COMMITTEE (I.E. DISINTERESTED GOVERNING BOARD) AND WILL CONVENE, REVIEW THE PERFORMANCE SUMMARY AND AGREE ON POINTS TO COVER DURING THE REVIEW. 5) PERSONNEL COMMITTEE OBTAINS AND REFERENCES APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS SALARY RECOMMENDATION. RELEVANT DATA INCLUDES, BUT IS NOT LIMITED TO CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT SOURCES; FOR EXAMPLE, THE COUNCIL ON FOUNDATION'S GRANT MAKER'S SALARIED BENEFIT REPORTS (PUBLISHED ANNUALLY), CHARITABLE FORM 990'S ON GUIDESTAR, AND NONPROFIT SALARY SURVEYS. THE COMMITTEE REVIEWS COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS AND THEN RECOMMENDS SALARY ADJUSTMENTS OR BONUS PAYMENTS. 6) DOCUMENTATION OF MEETING MINUTES INCLUDE COMMITTEE MEMBERS IN ATTENDANCE AND THOSE THAT VOTED ON IT, BASIC TERMS OF THE CONTRACT AND THE DATE IT WAS APPROVED, THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA WAS OBTAINED, AND ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE TRANSACTION BY ANYONE WHO MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION. 7) BOARD APPROVES PRESIDENT/CEO'S SALARY ADJUSTMENT. THE ANNUAL EVALUATION WAS LAST CONDUCTED IN DECEMBER 2021.

THE FOUNDATION UNDERWENT LEADERSHIP CHANGE IN 2023 WITH A CHANGE IN PRESIDENT/CEO. THERE WILL BE AN ANNUAL REVIEW PERFORMED IN 2024, 2025, AND 2026.

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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 2023.

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

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

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	
OTHER CHANGES IN NET ASSETS	29,085.
TOTAL TO FORM 990, PART XI, LINE 9	29,085.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

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) 2023

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOLLAND/ZEELAND HOUSING PRE-DEVELOPMENT FUND, INC. - 83-3567788, 85 EAST 8TH STREET, SUITE 110, HOLLAND, MI 49423	INCREASE THE AFFORDABILITY OF HOUSING IN THE	MI	N/A	C CORP	0.	29,070.	75.60%	X	

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s 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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

332164 09-28-23

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