** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

B Check if applicable: Address change; Name change; Initial return; Final return/ terminated; Amended return; Application pending

C Name of organization
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
85 EAST 8TH STREET, SUITE 110

City or town, state or province, country, and ZIP or foreign postal code
HOLLAND, MI 49423

F Name and address of principal officer: PATRICK CISLER
SAME AS C ABOVE

D Employer identification number
38-6095283

E Telephone number
616-396-6590

G Gross receipts $ 61,177,682.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.CFHZ.ORG

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1951 **M** State of legal domicile: MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA SEEKS TO ENSURE THAT OUR COMMUNITY THRIVES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-71,529.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,089,340.	12,039,012.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,976,660.	8,806,737.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,748.	31,867.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,035,252.	20,877,616.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,037,510.	14,238,938.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	978,469.	1,034,581.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,972.	25,461.
b	Total fundraising expenses (Part IX, column (D), line 25) 366,604.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	848,483.	715,351.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,880,434.	16,014,331.
19	Revenue less expenses. Subtract line 18 from line 12	9,154,818.	4,863,285.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	127,748,169.	134,923,920.
21	Total liabilities (Part X, line 26)	686,252.	733,395.
22	Net assets or fund balances. Subtract line 21 from line 20	127,061,917.	134,190,525.

Part II Signature Block

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

Sign Here

Signature of officer — Date

PATRICK CISLER, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DAVID LOWENTHAL	DAVID LOWENTHAL	10/31/25		P00378651

Firm's name PLANTE & MORAN, PLLC — Firm's EIN 33-1498605

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 [X] Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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 X 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 X 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 $ 15,035,642. including grants of $ 14,238,938.) (Revenue $ 0.)
IN ADDITION TO HELPING MANAGE CHARITABLE CONTRIBUTIONS ON BEHALF OF DONORS, THE COMMUNITY FOUNDATION MAKES STRATEGIC GRANTS THROUGH THE COMMUNITY'S ENDOWMENT AND OUR VARIOUS GRANTMAKING PROGRAMS. THROUGH THE RESPONSIVE 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. THROUGH THE PROACTIVE GRANTMAKING PROGRAM, WE HAVE 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 PARENT OR CARING ADULT RELATIONSHIPS IN KIDS' LIVES. IN ADDITION TO OUR PRIMARY GRANTMAKING, SOME OF THE OTHER KEY PROJECTS WE HAVE SUPPORTED

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 15,035,642.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	9		
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	

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	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		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)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			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?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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			

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 X

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	14		
	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	14		
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.

[X] Own website [ ] Another's website [X] 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

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) PATRICK CISLER	50.00									
PRESIDENT / CEO	0.00			X				164,324.	0.	13,610.
(2) COLLEEN HILL	40.00									
VP OF DEVELOPMENT AND DONOR SERVICES	0.00					X		128,130.	0.	12,280.
(3) ERIN AVERY ZYLMAN	2.00									
BOARD CHAIR	0.00	X		X				0.	0.	0.
(4) SCOTT BROOKS	2.00									
CHAIR-ELECT, AUDIT CHAIR, INV CHAIR	0.00	X		X				0.	0.	0.
(5) JASMINE IRISH	2.00									
SECRETARY	0.00	X		X				0.	0.	0.
(6) ED AMAYA	2.00									
TREASURER	0.00	X		X				0.	0.	0.
(7) TOM DEN HERDER	2.00									
PAST CHAIR, GOVERNANCE CHAIR	0.00	X		X				0.	0.	0.
(8) DEBORAH STERKEN	2.00									
SCHOLARSHIP CHAIR	0.00	X						0.	0.	0.
(9) DIANE KOOIKER	2.00									
CHAIR - PRI	0.00	X						0.	0.	0.
(10) SUE FRANZ	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(11) TIM HEMINGWAY	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(12) MICKI JANSSEN	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(13) JONATHAN PADNOS	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(14) JEAN RAMIREZ	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(15) ANN VANZALEN	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(16) LUCIA RIOS	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(17) LESLIE BROWN	1.00									
TRUSTEE - PART YEAR	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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			
1b Subtotal								292,454.	0.	25,890.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								292,454.	0.	25,890.

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

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

Section B. Independent Contractors

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	238,304.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,800,708.				
	g Noncash contributions included in lines 1a-1f	1g	$ 3,051,890.				
	h **Total.** Add lines 1a-1f			12,039,012.			
Program Service Revenue		**Business Code**					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,408,604.		-71,529.	2480133.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	46,513,737.				
	b Less: cost or other basis and sales expenses	7b	40,115,604.				
	c Gain or (loss)	7c	6,398,133.				
	d Net gain or (loss)			6,398,133.			6398133.
	8a Gross income from fundraising events (not including $ 238,304. of contributions reported on line 1c). See Part IV, line 18	8a	65,585.				
	b Less: direct expenses	8b	184,462.				
	c Net income or (loss) from fundraising events			-118,877.			-118,877.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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		**Business Code**					
	11a CONTRACTUAL SUPPORT	900099		150,744.			150,744.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			150,744.			
	12 **Total revenue.** See instructions			20,877,616.	0.	-71,529.	8910133.

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	13,027,573.	13,027,573.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,211,365.	1,211,365.		
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	164,324.	98,594.	32,865.	32,865.
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	684,677.	357,530.	231,521.	95,626.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,464.	12,606.	7,307.	3,551.
9 Other employee benefits	101,931.	54,762.	31,742.	15,427.
10 Payroll taxes	60,185.	32,334.	18,742.	9,109.
11 Fees for services (nonemployees):				
a Management				
b Legal	80.		80.	
c Accounting	35,217.		35,217.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,461.			25,461.
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	8,281.			8,281.
13 Office expenses	25,400.	8,419.	16,129.	852.
14 Information technology	124,366.		124,366.	
15 Royalties				
16 Occupancy	20,583.	11,058.	6,410.	3,115.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	213,108.	53,849.	3,455.	155,804.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,945.		22,945.	
23 Insurance	24,897.		24,897.	
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	131,175.	131,175.		
b STAFF PROFESSIONAL DEVE	61,290.	32,928.	19,086.	9,276.
c MARKETING & PUBLICATION	21,628.	3,449.	10,942.	7,237.
d MEMBERSHIPS	15,199.		15,199.	
e All other expenses	11,182.		11,182.	
25 **Total functional expenses.** Add lines 1 through 24e	16,014,331.	15,035,642.	612,085.	366,604.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		100.	1	100.
	2	Savings and temporary cash investments		12,784,010.	2	14,654,663.
	3	Pledges and grants receivable, net		1,983,746.	3	316,345.
	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		142,619.	7	250,208.
	8	Inventories for sale or use		0.	8	365,000.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,242,667.			
	b	Less: accumulated depreciation	10b 570,909.	670,822.	10c	671,758.
	11	Investments - publicly traded securities		64,678,933.	11	72,971,213.
	12	Investments - other securities. See Part IV, line 11		47,487,939.	12	45,694,633.
	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)		127,748,169.	16	134,923,920.
Liabilities	17	Accounts payable and accrued expenses		105,833.	17	111,297.
	18	Grants payable		432,535.	18	339,474.
	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		147,884.	25	282,624.
	26	**Total liabilities.** Add lines 17 through 25		686,252.	26	733,395.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		125,078,170.	27	133,874,180.
	28	Net assets with donor restrictions		1,983,747.	28	316,345.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		127,061,917.	32	134,190,525.
	33	Total liabilities and net assets/fund balances		127,748,169.	33	134,923,920.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,877,616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,014,331.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,863,285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127,061,917.
5	Net unrealized gains (losses) on investments	5	2,372,369.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-107,046.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,190,525.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: ☐ Separate basis ☐ Consolidated basis ☐ 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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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

2024

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number 38-6095283

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10333470.	14942255.	22004717.	18089340.	11792595.	77162377.
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	10333470.	14942255.	22004717.	18089340.	11792595.	77162377.
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)						9060063.
6 **Public support.** Subtract line 5 from line 4.						68102314.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	10333470.	14942255.	22004717.	18089340.	11792595.	77162377.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	862,860.	1215168.	1615757.	3400379.	1972330.	9066494.
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.)	57,491.	93,894.	116,960.	141,088.	216,329.	625,762.
11 **Total support.** Add lines 7 through 10						86854633.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 78.41 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 82.16 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**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? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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 ☐ 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 - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

2021 AMOUNT: $ 18,575.
2022 AMOUNT: $ 17,700.
2023 AMOUNT: $ 56,514.
2024 AMOUNT: $ 65,585.

AUXILIARY REVENUE

2020 AMOUNT: $ 57,491.
2021 AMOUNT: $ 75,319.
2022 AMOUNT: $ 99,260.
2023 AMOUNT: $ 84,574.
2024 AMOUNT: $ 150,744.

Schedule B (Form 990)
(Rev. December 2024)
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

Name of the organization
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number
38-6095283

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

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

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

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

Name of organization
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number
38-6095283

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		$ 2,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 710,714.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 667,907.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 627,490.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 589,948.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 551,163.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number
38-6095283

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		$ 501,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 420,512.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
9		$ 394,083.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 361,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
11		$ 332,430.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number
38-6095283

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	MULTIPLE SECURITIES	$ 710,714.	12/09/24
5	MULTIPLE SECURITIES	$ 289,948.	11/15/24
8	MULTIPLE SECURITIES	$ 420,512.	12/19/24
10	DONATED HOUSE	$ 361,000.	12/26/24
		$	
		$	

Name of organization: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number: 38-6095283

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)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number 38-6095283

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	195	515
2	Aggregate value of contributions to (during year)	7,931,239.	3,456,390.
3	Aggregate value of grants from (during year)	9,528,586.	3,795,366.
4	Aggregate value at end of year	44,223,839.	76,300,990.

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

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

Part II Conservation Easements.

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

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

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

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

4 Number of states where property subject to conservation easement is located _____

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

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

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

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

b Assets included in Form 990, Part X $ _____

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	111,873,796.	98,152,130.	104,712,690.	89,345,945.	80,305,234.
b Contributions	13,685,852.	17,506,179.	17,812,049.	15,492,778.	11,037,130.
c Net investment earnings, gains, and losses	9,736,830.	10,365,540.	-11,829,146.	13,302,721.	9,406,162.
d Grants or scholarships	15,087,994.	14,150,053.	12,543,463.	13,428,754.	11,402,581.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	120,208,484.	111,873,796.	98,152,130.	104,712,690.	89,345,945.

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? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" 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.	313,193.	573,914.
c Leasehold improvements				
d Equipment		355,560.	257,716.	97,844.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				671,758.

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	1,102,144.	END-OF-YEAR MARKET VALUE
(B) EMERGING MARKETS EQUITY		
(C) FUND	5,056,070.	END-OF-YEAR MARKET VALUE
(D) DIVERSIFIED HEDGE FUNDS	9,148,312.	END-OF-YEAR MARKET VALUE
(E) DISTRESSED CREDIT HEDGE		
(F) FUNDS	483,149.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY REAL		
(H) ESTATE	13,082,329.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	45,694,633.	

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	282,624.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	282,624.

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 ☐

SEE PART XIII FOR CONTINUATIONS

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.

Part XIII Supplemental Information *(continued)*

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
PRIVATE REAL ASSETS	1,661,122.	EOY MARKET VALUE
CREDIT OPPORTUNITY FUND	1,713,335.	EOY MARKET VALUE
COLLECTIVE INVESTMENT	10,806,840.	EOY MARKET VALUE
FIXED INCOME	1,786,313.	EOY MARKET VALUE
PRIVATE DEBT	855,019.	EOY MARKET VALUE

SCHEDULE F (Form 990)
(Rev. December 2024)
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

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 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		13,126,136.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		8,306,229.
3 a Subtotal	0	0			21,432,365.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			21,432,365.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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 .....

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)*	[X] 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	[X] 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)*	[X] 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)*	[X] 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)*	[X] 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	[X] No

Part V **Supplemental Information**

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

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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 nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
THE ORGANIZER - 1528 66TH ST., FENNVILLE, MI 49408	EVENT CONSULTING		X	16,891.	16,891.	0.
Total				16,891.	16,891.	

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.

MI

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 FALL EVENT CELEBRATION (event type)	(b) Event #2 ANNUAL LUNCHEON (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	280,319.	23,570.		303,889.
	2 Less: Contributions	224,594.	13,710.		238,304.
	3 Gross income (line 1 minus line 2)	55,725.	9,860.		65,585.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	91,376.	22,241.		113,617.
	7 Food and beverages	34,309.			34,309.
	8 Entertainment	25,194.	1,950.		27,144.
	9 Other direct expenses	5,294.	4,098.		9,392.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				184,462.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-118,877.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] Yes [ ] No

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

Part II Grants and Other Assistance to 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)	23,300.	0.			MULTIPLE GRANTS
70 X 7 LIFE RECOVERY 97 WEST 22ND STREET HOLLAND, MI 49423	20-8857935	501(C)(3)	11,450.	0.			MULTIPLE GRANTS
92 FOR 22 10853 MARSH AVE ALLENDALE, MI 49401	82-4033877	501(C)(3)	10,190.	0.			NOMINATED BY JR AUTOMATION'S EMPLOYEES OF HOLLAND, MI
ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LANE ALLENDALE, MI 49401	38-6003258	501(C)(3)	10,000.	0.			ODL MATCHING GRANT FROM CHAD POTINSKY FOR THE ALLENDALE ROBOTICS PROGRAM
ALZHEIMER'S ASSOCIATION - GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH STE 100 - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	12,690.	0.			MULTIPLE GRANTS
AMERICAN FEDERATION FOR CHILDREN GROWTH FUND, INC - 10440 LITTLE PATUXENT PKWY SUITE 300-343 - COLUMBIA, MD 21044	52-2111508	501(C)(3)	25,000.	0.			UNRESTRICTED 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.

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
AMERICAN RED CROSS P.O. BOX 37243 WASHINGTON, DC 20013	53-0196605	501(C)(3)	18,578.	0.			MULTIPLE GRANTS
ARBOR CIRCLE CORPORATION 412 CENTURY LANE HOLLAND, MI 49423	38-3263853	501(C)(3)	34,915.	0.			MULTIPLE GRANTS
AUTISM SUPPORT OF WEST SHORE INC PO BOX 39 SPRING LAKE, MI 49456	20-0845561	501(C)(3)	5,705.	0.			UNRESTRICTED SUPPORT - ANNUAL SPENDING BALANCE
AYA YOUTH COLLECTIVE 320 STATE ST. SE GRAND RAPIDS, MI 49503	46-2391112	501(C)(3)	6,000.	0.			MULTIPLE GRANTS
BEACON OF HOPE PO BOX 2703 HOLLAND, MI 49422	30-0085138	501(C)(3)	31,000.	0.			MULTIPLE GRANTS
BEECHWOOD REFORMED CHURCH 895 OTTAWA BEACH ROAD HOLLAND, MI 49424	38-1508500	501(C)(3)	78,554.	0.			MULTIPLE GRANTS
BELAY YOUTH MINISTRY PO BOX 8094 HOLLAND, MI 49424	48-1295398	501(C)(3)	7,300.	0.			MULTIPLE GRANTS
BENJAMIN'S HOPE 15468 RILEY ST HOLLAND, MI 49424	74-3153382	501(C)(3)	74,620.	0.			MULTIPLE GRANTS
BETHANY CHRISTIAN SERVICES 11335 JAMES ST. HOLLAND, MI 49424	38-1405282	501(C)(3)	41,895.	0.			MULTIPLE GRANTS

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
BISSELL PET FOUNDATION 2345 WALKER AVE NW GRAND RAPIDS, MI 49544	38-3853264	501(C)(3)	7,600.	0.			MULTIPLE GRANTS
BOCA RATON COMMUNITY CHURCH INC ATTN: ACCOUNTING DEPT 470 NW 4TH A BOCA RATON, FL 33432	59-0766965	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
BOULEVARD CHURCH 238 W. 15TH ST. HOLLAND, MI 49423	83-1187419	501(C)(3)	6,000.	0.			MULTIPLE GRANTS
BOYS AND GIRLS CLUB OF GREATER HOLLAND - 435 VAN RAALTE AVE. - HOLLAND, MI 49423	38-2756671	501(C)(3)	294,282.	0.			MULTIPLE GRANTS
CALVARY CHRISTIAN REFORMED CHURCH OF HOLLAND - 400 BEELINE ROAD - HOLLAND, MI 49424	38-2051351	501(C)(3)	41,400.	0.			MULTIPLE GRANTS
CAMP BLODGETT 528 BRIDGE ST. NW, STE 6 GRAND RAPIDS, MI 49504	38-6004379	501(C)(3)	16,000.	0.			MULTIPLE GRANTS
CAMP SUNSHINE 291 W LAKEWOOD BLVD #7 HOLLAND, MI 49424	38-3444227	501(C)(3)	24,005.	0.			MULTIPLE GRANTS
CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	6,100.	0.			MULTIPLE GRANTS
CASA-CHILDREN'S AFTER SCHOOL ACHIEVEMENT - 263 COLLEGE AVENUE PO BOX 9000 - HOLLAND, MI 49422-9000	38-1381271	501(C)(3)	292,998.	0.			MULTIPLE GRANTS

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
CENTRAL PARK CHAPEL PO BOX 341 MACATAWA, MI 49434	38-3203351	501(C)(3)	6,000.	0.			MULTIPLE GRANTS
CHILDREN'S ADVOCACY CENTER 12125 UNION STREET HOLLAND, MI 49424	38-3445089	501(C)(3)	225,921.	0.			MULTIPLE GRANTS
CHRIST MEMORIAL REFORMED CHURCH 595 GRAAFSCHAP ROAD HOLLAND, MI 49423	38-6032818	501(C)(3)	115,606.	0.			MULTIPLE GRANTS
CITIZENS RESEARCH COUNCIL OF MICHIGAN, INC. - 38777 W SIX MILE RD SUITE 208 - LIVONIA, MI 48152-3974	38-1539991	501(C)(3)	7,000.	0.			MULTIPLE GRANTS
CITY HOUSE INC. PO BOX 8451 DELRAY BEACH, FL 33482	46-3890624	501(C)(3)	15,000.	0.			UNRESTRICTED SUPPORT
CITY OF HOLLAND 270 S RIVER AVENUE HOLLAND, MI 49423	38-6004622	GOVERNMENTAL	25,761.	0.			MULTIPLE GRANTS
CITY ON A HILL MINISTRIES 100 PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	82,950.	0.			MULTIPLE GRANTS
CITYSIDE MIDDLE SCHOOL 320 EAST MAIN STREET ZEELAND, MI 49464	38-6003307	501(C)(3)	70,802.	0.			MULTIPLE GRANTS
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	15,000.	0.			CENTER FOR CARDIOVASCULAR DIAGNOSTICS & PREVENTION

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 AGENCY/WALK FOR WARMTH - 12251 JAMES ST., STE. 300 - HOLLAND, MI 49424	38-6004883	GOVERNMENTAL	119,019.	0.			MULTIPLE GRANTS
COMMUNITY ACTION HOUSE 739 PAW PAW DRIVE HOLLAND, MI 49423	23-7120670	501(C)(3)	232,331.	0.			MULTIPLE GRANTS
COMMUNITY CONCERT CONNECTIONS/WOW 617 BROOKSTONE STREET HOLLAND, MI 49423	84-4209367	501(C)(3)	5,500.	0.			MULTIPLE GRANTS
COMMUNITY REFORMED CHURCH 10376 FELCH STREET ZEELAND, MI 49464-6839	38-6155592	501(C)(3)	18,000.	0.			MULTIPLE GRANTS
COMPASSIONATE HEART MINISTRIES 404 CENTERSTONE CT ZEELAND, MI 49464	20-5101543	501(C)(3)	44,900.	0.			MULTIPLE GRANTS
COREWELL HEALTH FOUNDATION 25 MICHIGAN ST. NE SUITE 4100 GRAND RAPIDS, MI 49503	38-3382353	501(C)(3)	70,564.	0.			MULTIPLE GRANTS
CORPUS CHRISTI CATHOLIC SCHOOL 12100 QUINCY STREET HOLLAND, MI 49424	38-3473661	501(C)(3)	23,260.	0.			MULTIPLE GRANTS
COTTONWOOD CHRISTIAN REFORMED CHURCH - 1101 CYPRESS DR - JENISON, MI 49428	23-7410139	501(C)(3)	8,163.	0.			MULTIPLE GRANTS
CRITTER BARN 2950 80TH AVE ZEELAND, MI 49464	32-0028470	501(C)(3)	165,578.	0.			MULTIPLE GRANTS

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CULTUREWORKS INSTITUTE FOR CREATIVE ARTS - 24 W 6TH ST - HOLLAND, MI 49423	27-3165045	501(C)(3)	13,600.	0.			MULTIPLE GRANTS
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD #153 CULVER, IN 46511-9980	35-0868071	501(C)(3)	7,500.	0.			MULTIPLE GRANTS
DEOS CONTEMPORARY BALLET 1595 GALBRAITH AVE SE GRAND RAPIDS, MI 49546	88-1773617	501(C)(3)	44,200.	0.			MULTIPLE GRANTS
DOWN SYNDROME ASSOCIATION OF WESTERN MICHIGAN - 160 68TH ST. SW SUITE 110 - GRAND RAPIDS, MI 49548	38-2641856	501(C)(3)	7,705.	0.			MULTIPLE GRANTS
DOWNTOWN GRAND RAPIDS INC. DBA ARTPRIZE - 29 PEARL STREET NW, STE 1 - GRAND RAPIDS, MI 49503	46-2473146	501(C)(3)	75,000.	0.			2024 ARTPRIZE SPONSOR LEADERSHIP LEVEL
DWELLING PLACE OF GRAND RAPIDS, INC. - 101 SHELDON BLVD SUITE 2 - GRAND RAPIDS, MI 49503	38-2313832	501(C)(3)	55,283.	0.			MULTIPLE GRANTS
EAGLECREST ALASKA MISSIONS 11248 LINDEN DR NW GRAND RAPIDS, MI 49534	27-5304055	501(C)(3)	15,000.	0.			MULTIPLE GRANTS
EASTERN AVENUE CRC 514 EASTERN AVE GRAND RAPIDS, MI 49503	38-1368331	501(C)(3)	30,000.	0.			MULTIPLE GRANTS
EMPOWERING YOUTH GLOBAL CONNECTION 14130 DEER COVE DR HOLLAND, MI 49424	84-2806362	501(C)(3)	16,450.	0.			EXPANDING EYGC CULTURAL PROGRAMMING

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ENCOMPASSKIDS 16 EAST 40TH STREET HOLLAND, MI 49423-5206	82-2449509	501(C)(3)	11,500.	0.			MULTIPLE GRANTS
ENDEAVOR TO PRESERVE BE BETTER 1671 RED STEM DR HOLLAND, MI 49424	86-3721415	501(C)(3)	5,250.	0.			MULTIPLE GRANTS
ENGEDI CHURCH 710 CHICAGO DR., STE. 100 HOLLAND, MI 49423	38-3717953	501(C)(3)	92,420.	0.			MULTIPLE GRANTS
ESCAPE YFGK 202 EAST 32ND STREET HOLLAND, MI 49423	45-3015164	501(C)(3)	91,755.	0.			MULTIPLE GRANTS
EVERGREEN COMMONS SENIOR CENTER 480 STATE STREET HOLLAND, MI 49423	38-2526940	501(C)(3)	30,996.	0.			MULTIPLE GRANTS
FAIR HAVEN REFORMED CHURCH 2900 BALDWIN HUDSONVILLE, MI 49426	38-6165534	501(C)(3)	15,000.	0.			3RD COHORT
FAIRWAY CHRISTIAN REFORMED CHURCH 1165 44TH AVENUE JENISON, MI 49428	38-2903206	501(C)(3)	11,164.	0.			UNRESTRICTED SUPPORT - FROM STEVE AND SUSAN HELDER
FAITH REFORMED CHURCH 220 W CENTRAL AVE ZEELAND, MI 49464	23-7236049	501(C)(3)	9,200.	0.			MULTIPLE GRANTS
FAMILY CHURCH 10717 ADAMS STREET HOLLAND, MI 49423	47-2332411	501(C)(3)	15,585.	0.			MULTIPLE GRANTS

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FAMILY HOPE FOUNDATION 7086 8TH AVENUE JENISON, MI 49428	26-4505914	501(C)(3)	41,625.	0.			MULTIPLE GRANTS
FELLOWSHIP REFORMED CHURCH OF HOLLAND - 2165 W LAKEWOOD BLVD - HOLLAND, MI 49424	38-1919779	501(C)(3)	79,864.	0.			MULTIPLE GRANTS
FIRST TEE - LAKE ERIE 4700 HILL AVE TOLEDO, OH 43615	46-5657531	501(C)(3)	20,000.	0.			UNRESTRICTED SUPPORT
FISHTOWN PRESERVATION SOCIETY P.O. BOX 721 LELAND, MI 49654	38-3621736	501(C)(3)	21,000.	0.			UNRESTRICTED SUPPORT
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501(C)(3)	12,190.	0.			MULTIPLE GRANTS
GATEWAY MISSION 661 EAST 24TH STREET HOLLAND, MI 49423	38-1734763	501(C)(3)	289,288.	0.			MULTIPLE GRANTS
GENEVA CAMP & RETREAT CENTER 3995 N. LAKESHORE DR. HOLLAND, MI 49424	38-1417381	501(C)(3)	75,829.	0.			MULTIPLE GRANTS
GOOD SAMARITAN MINISTRIES 513 EAST 8TH STREET, SUITE 25 HOLLAND, MI 49423	38-1887347	501(C)(3)	82,844.	0.			MULTIPLE GRANTS
GRACE CHRISTIAN REFORMED CHURCH 100 BUCKLEY ST SE GRAND RAPIDS, MI 49503	38-1689442	501(C)(3)	6,000.	0.			MULTIPLE GRANTS

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GRACE EPISCOPAL CHURCH 555 MICHIGAN AVENUE HOLLAND, MI 49423	38-1840930	501(C)(3)	22,740.	0.			MULTIPLE GRANTS
GRAND ACTION FOUNDATION 2.0 125 OTTAWA AVE NW STE 152 GRAND RAPIDS, MI 49503	38-3147133	501(C)(3)	50,000.	0.			RIVERFRONT REVITALIZATION: THE NEXT WAVE AMPHITHEATER
GRAND RAPIDS ART MUSEUM 101 MONROE CENTER GRAND RAPIDS, MI 49503	38-1387136	501(C)(3)	41,000.	0.			MULTIPLE GRANTS
GRAND RAPIDS CHRISTIAN SCHOOLS 2400 PLYMOUTH AVE. SE GRAND RAPIDS, MI 49506	38-1880873	501(C)(3)	10,250.	0.			MULTIPLE GRANTS
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 49503-4219	38-2877959	501(C)(3)	6,000.	0.			MULTIPLE GRANTS
GRAND RAPIDS SYMPHONY SOCIETY 300 OTTAWA AVE NW SUITE 100 GRAND RAPIDS, MI 49503	38-6005447	501(C)(3)	16,000.	0.			MULTIPLE GRANTS
GRANT ME HOPE 930 INTERCHANGE DR. HOLLAND, MI 49423	47-4914662	501(C)(3)	39,864.	0.			MULTIPLE GRANTS
GRATIOT COUNTY COMMUNITY FOUNDATION - 168 E CENTER ST PO BOX 248 - ITHACA, MI 48847	38-3087756	501(C)(3)	26,500.	0.			MULTIPLE GRANTS
GREAT LAKES URBAN RESTORATION NETWORK - 100 PINE ST STE NW-4 - ZEELAND, MI 49464	36-4641022	501(C)(3)	40,000.	0.			MULTIPLE GRANTS

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GREATER GRAND RAPIDS CHAMBER FOUNDATION - 111 PEARL STREET - GRAND RAPIDS, MI 49502	23-7221790	501(C)(3)	50,000.	0.			HOUSING NEXT 2023-2024 FUNDING
GREATER HOLLAND AREA YOUNG LIFE 96 W 15TH ST STE 108 HOLLAND, MI 49423	84-0385934	501(C)(3)	66,190.	0.			MULTIPLE GRANTS
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1349 115 CLOVER STREET STE 3 HOLLAND, MI 49422	38-3522782	501(C)(3)	97,889.	0.			MULTIPLE GRANTS
HAMILTON COMMUNITY SCHOOLS 4815 136TH AVE. HAMILTON, MI 49419	38-6032032	501(C)(3)	10,500.	0.			MULTIPLE GRANTS
HAND2HAND 306 CHICAGO DR JENISON, MI 49428	27-2973348	501(C)(3)	18,915.	0.			MULTIPLE GRANTS
HARBOR HUMANE SOCIETY 14345 BAGLEY ST WEST OLIVE, MI 49460	38-1623660	501(C)(3)	38,151.	0.			MULTIPLE GRANTS
HARDERWYK MINISTRIES 1627 W. LAKEWOOD BLVD HOLLAND, MI 49424	38-1738401	501(C)(3)	21,250.	0.			MULTIPLE GRANTS
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	10,046.	0.			MULTIPLE GRANTS
HISPANIC CENTER OF WEST MICHIGAN 1204 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503	38-2265825	501(C)(3)	30,000.	0.			VACCINE EDUCATION, BAP ACCESS AND AWARENESS, AND SOCIAL MEDIA CAMPAIGN

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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HOLLAND AREA ARTS COUNCIL 150 EAST 8TH STREET SUITE 200 HOLLAND, MI 49423	38-2420156	501(C)(3)	6,250.	0.			MULTIPLE GRANTS
HOLLAND CHRISTIAN EDUCATION FOUNDATION - 956 OTTAWA AVENUE - HOLLAND, MI 49423	38-2885151	501(C)(3)	20,500.	0.			MULTIPLE GRANTS
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND, MI 49423	38-1416520	501(C)(3)	62,921.	0.			MULTIPLE GRANTS
HOLLAND COMMUNITY AQUATIC CENTER FOUNDATION - 550 MAPLE AVE. - HOLLAND, MI 49423-4764	46-1157667	501(C)(3)	5,149.	0.			MULTIPLE GRANTS
HOLLAND COMMUNITY CHORALE PO BOX 1513 HOLLAND, MI 49422-1513	38-2188467	501(C)(3)	5,685.	0.			MULTIPLE GRANTS
HOLLAND DEACON'S CONFERENCE 224 W. 30TH ST., STE. 1 HOLLAND, MI 49423	38-2309172	501(C)(3)	16,997.	0.			MULTIPLE GRANTS
HOLLAND EDUCATIONAL FOUNDATION 320 W 24TH ST HOLLAND, MI 49423	38-2513737	501(C)(3)	89,178.	0.			MULTIPLE GRANTS
HOLLAND FREE HEALTH CLINIC 99 W. 26TH STREET HOLLAND, MI 49423	30-0072620	501(C)(3)	26,563.	0.			MULTIPLE GRANTS
HOLLAND HARBOR LIGHTHOUSE PO BOX 13 MACATAWA, MI 49434-0013	38-7396083	501(C)(3)	43,000.	0.			MULTIPLE GRANTS

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HOLLAND HOSPITAL 602 MICHIGAN AVE. HOLLAND, MI 49423	38-2800065	501(C)(3)	20,550.	0.			MULTIPLE GRANTS
HOLLAND MUSEUM 31 W 10TH ST HOLLAND, MI 49423	38-1692502	501(C)(3)	82,550.	0.			MULTIPLE GRANTS
HOLLAND PUBLIC SCHOOLS 320 W 24TH ST HOLLAND, MI 49423	38-6003257	501(C)(3)	34,750.	0.			MULTIPLE GRANTS
HOLLAND SYMPHONY ORCHESTRA PO BOX 2685 HOLLAND, MI 49422-2685	38-2953082	501(C)(3)	23,808.	0.			MULTIPLE GRANTS
HOMECOR 96 W 15TH STREET, STE 202 HOLLAND, MI 49423-3374	38-3281993	501(C)(3)	12,500.	0.			MULTIPLE GRANTS
HOPE CHURCH 77 W. 11TH STREET HOLLAND, MI 49423	38-1387880	501(C)(3)	9,950.	0.			MULTIPLE GRANTS
HOPE CITY CHURCH OF NAPLES PO BOX 1664 BONITA SPRINGS, FL 34133	85-3969631	501(C)(3)	7,000.	0.			MULTIPLE GRANTS
HOSPICE OF HOLLAND 270 HOOVER BLVD HOLLAND, MI 49423	38-2355709	501(C)(3)	94,777.	0.			MULTIPLE GRANTS
HOWARD MILLER LIBRARY & COMMUNITY CENTER - CARE OF: FINANCE DEPARTMENT 21 SOUTH ELM STREET - ZEELAND, MI 49464	38-6004744	501(C)(3)	54,542.	0.			2024 SPENDABLE BALANCE

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HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR. NW GRAND RAPIDS, MI 49534	38-1360926	501(C)(3)	10,190.	0.			NOMINATED BY JR AUTOMATION'S EMPLOYEES OF HOLLAND, MI
I AM ACADEMY PO BOX 2072 HOLLAND, MI 49422	86-1297592	501(C)(3)	43,950.	0.			MULTIPLE GRANTS
INNOGROUP FOUNDATION 441 E ROOSEVELT AVE STE 100 ZEELAND, MI 49464	46-1522579	501(C)(3)	50,000.	0.			MULTIPLE GRANTS
IVANREST CHURCH 3777 IVANREST AVE SW GRANDVILLE, MI 49418	23-7410097	501(C)(3)	104,000.	0.			MULTIPLE GRANTS
JOHN BALL ZOOLOGICAL SOCIETY 1300 W. FULTON ST. GRAND RAPIDS, MI 49504	38-6076879	501(C)(3)	11,100.	0.			MULTIPLE GRANTS
JUBILEE MINISTRIES 96 WEST 15TH STREET HOLLAND, MI 49423	38-3477214	501(C)(3)	94,029.	0.			MULTIPLE GRANTS
JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES - 4090 LAKE DR. SE - GRAND RAPIDS, MI 49546	38-1557861	501(C)(3)	211,000.	0.			MULTIPLE GRANTS
KABBALAH CENTRE OF NEW YORK INCORPORATED - 155 E 48TH ST - NEW YORK, NY 10017	13-4093698	501(C)(3)	6,600.	0.			MULTIPLE GRANTS
KIDS' FOOD BASKET 1300 PLYMOUTH AVE. NE GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	88,290.	0.			MULTIPLE GRANTS

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KIDS HOPE USA 201 W WASHINGTON AVENUE SUITE 20 ZEELAND, MI 49464	38-3624308	501(C)(3)	12,850.	0.			MULTIPLE GRANTS
LAKESHORE ADVANTAGE 201 WEST WASHINGTON STE 410 ZEELAND, MI 49464	06-1708014	501(C)(3)	378,000.	0.			MULTIPLE GRANTS
LAKESHORE ADVANTAGE FOUNDATION 201 W WASHINGTON, SUITE 410 ZEELAND, MI 49464	93-4666171	501(C)(3)	432,575.	0.			MULTIPLE GRANTS
LAKESHORE CENTER FOR INDEPENDENT LIVING - 442 CENTURY LANE - HOLLAND, MI 49423	38-3038466	501(C)(3)	11,000.	0.			YOUTH ADVOCACY AND LEADERSHIP PROGRAM
LAKESHORE HABITAT FOR HUMANITY 12727 RILEY STREET HOLLAND, MI 49424	38-2893355	501(C)(3)	132,839.	0.			MULTIPLE GRANTS
LAKESHORE NONPROFIT ALLIANCE 96 WEST 15TH STREET, SUITE #105 HOLLAND, MI 49423	20-4328927	501(C)(3)	123,525.	0.			MULTIPLE GRANTS
LAKESHORE PREGNANCY CENTER 339 S RIVER AVE HOLLAND, MI 49423	38-3046882	501(C)(3)	5,200.	0.			MULTIPLE GRANTS
LATIN AMERICANS UNITED FOR PROGRESS - 430 W. 17TH STREET, SUITE 31 - HOLLAND, MI 49423	38-2099880	501(C)(3)	53,366.	0.			MULTIPLE GRANTS
LEE HEALTH FOUNDATION 9800 S. HEALTHPARK DRIVE SUITE 405 FORT MYERS, FL 33908	65-0645343	501(C)(3)	10,000.	0.			MULTIPLE GRANTS

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LEGACY BUILDERS FOUNDATION 4460 OAKLAND DRIVE ALLENDALE, MI 49401	92-3002072	501(C)(3)	25,000.	0.			RADIANT ROOTS DOULA NETWORK: DOULA SERVICES & COMMUNITY BIRTHING CLASSES
LIFELINE MINISTRIES 426 CENTURY LANE HOLLAND, MI 49423	85-1531769	501(C)(3)	35,700.	0.			MULTIPLE GRANTS
LIGHTHOUSE IMMIGRANT ADVOCATES 412 W 24TH ST HOLLAND, MI 49423	37-1790725	501(C)(3)	8,850.	0.			MULTIPLE GRANTS
MACATAWA BAY JUNIOR ASSOCIATION P.O. BOX 189 MACATAWA, MI 49434	38-2460525	501(C)(3)	13,550.	0.			MULTIPLE GRANTS
MACKINAC CENTER FOR PUBLIC POLICY 140 WEST MAIN STREET PO BOX 568 MIDLAND, MI 48640	38-2701547	501(C)(3)	983,000.	0.			MULTIPLE GRANTS
MADISON SQUARE CHRISTIAN REFORMED CHURCH - 1401 MADISON AVE SE - GRAND RAPIDS, MI 49507	23-7081131	501(C)(3)	11,600.	0.			MULTIPLE GRANTS
MAKE-A-WISH FOUNDATION OF MICHIGAN 20750 CIVIC CENTER DRIVE, SUITE 180 SOUTHFIELD, MI 48076	38-2505812	501(C)(3)	45,750.	0.			MULTIPLE GRANTS
MAPLEWOOD REFORMED CHURCH 133 EAST 34TH STREET HOLLAND, MI 49423	38-1998194	501(C)(3)	21,940.	0.			MULTIPLE GRANTS
MEDIATION SERVICES 291 W LAKEWOOD BLVD, SUITE 9 HOLLAND, MI 49424	38-3247969	501(C)(3)	26,800.	0.			MULTIPLE GRANTS

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MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - 160 68TH. STREET SW SUITE 120 - GRAND RAPIDS, MI 49548	38-2822359	501(C)(3)	63,824.	0.			MULTIPLE GRANTS
MICHIGAN WEST COAST CHAMBER OF COMMERCE FOUNDATION - 272 E. 8TH STREET - HOLLAND, MI 49423	38-2476780	501(C)(3)	133,336.	0.			MULTIPLE GRANTS
MICHIGAN WOMEN FORWARD 535 CASCADE WEST PARKWAY SE GRAND RAPIDS, MI 49546	38-2689979	501(C)(3)	10,000.	0.			ADVANCEMENT SPONSORSHIP
MIDTOWN COUNSELING SERVICES 96 WEST 15TH STREET, SUITE 208-209 HOLLAND, MI 49423	26-2196399	501(C)(3)	39,000.	0.			MULTIPLE GRANTS
MISSION PARTNERS INDIA PO BOX 168 ZEELAND, MI 49464	81-0552652	501(C)(3)	15,670.	0.			MULTIPLE GRANTS
MOBILITY WORLDWIDE WEST MICHIGAN 414 E. 40TH STREET, SUITE 3 HOLLAND, MI 49423	26-3764412	501(C)(3)	34,386.	0.			MULTIPLE GRANTS
MOMSBLOOM 233 FULTON ST E #226 GRAND RAPIDS, MI 49503	26-0578009	501(C)(3)	40,700.	0.			MULTIPLE GRANTS
MOSAIC COUNSELING 1703 S. DESPELDER GRAND HAVEN, MI 49417	38-2216806	501(C)(3)	112,669.	0.			MULTIPLE GRANTS
MOVEMENT WEST MICHIGAN PO BOX 1193 HOLLAND, MI 49422	83-4711698	501(C)(3)	23,204.	0.			MULTIPLE GRANTS

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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
MOVIMIENTO AMERICA LATINA 190 E 8TH STREET, #1144 HOLLAND, MI 49423	92-3388423	501(C)(3)	29,000.	0.			MULTIPLE GRANTS
MY HOUSE MINISTRY 96 W 15TH ST SUITE 306 HOLLAND, MI 49423	47-4209568	501(C)(3)	6,750.	0.			MULTIPLE GRANTS
NATIONAL ATAXIA FOUNDATION PO BOX 27986 GOLDEN VALLEY, MN 55427	41-0832903	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
NORTH HOLLAND REFORMED CHURCH 12050 NEW HOLLAND ST HOLLAND, MI 49424	38-6076888	501(C)(3)	16,000.	0.			MULTIPLE GRANTS
NORTH POINT CHURCH 571 N 10TH STREET PLAINWELL, MI 49080	35-2298172	501(C)(3)	8,040.	0.			MULTIPLE GRANTS
OAKLAND CHRISTIAN REFORMED CHURCH 4460 38TH STREET HAMILTON, MI 49419	38-6095462	501(C)(3)	242,327.	0.			MULTIPLE GRANTS
OCEANS MINISTRIES P.O. BOX 461024 AURORA, CO 80046	47-3398323	501(C)(3)	25,200.	0.			MULTIPLE GRANTS
ODC NETWORK 4214 56TH STREET HOLLAND, MI 49423	38-2461102	501(C)(3)	1,294,307.	0.			MULTIPLE GRANTS
ONE 17 INTERNATIONAL 200 TAFT STREET ZEELAND, MI 49464	45-3648441	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT

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
OPERA GRAND RAPIDS 1320 FULTON ST E GRAND RAPIDS, MI 49503-3852	38-6142941	501(C)(3)	13,000.	0.			MULTIPLE GRANTS
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT - BUSINESS SERVICES 13565 PORT SHELDON RD. - HOLLAND, MI 49424	38-1709520	501(C)(3)	84,754.	0.			MULTIPLE GRANTS
OUT ON THE LAKESHORE PO BOX 2064 HOLLAND, MI 49422	81-3619194	501(C)(3)	7,500.	0.			MULTIPLE GRANTS
PARKVIEW ADULT FOSTER CARE HOME, INC. - 214 EAST CENTRAL AVE. - ZEELAND, MI 49464	38-2681268	501(C)(3)	13,500.	0.			MULTIPLE GRANTS
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	50,000.	0.			MULTIPLE GRANTS
PEACH PHILANTHROPIC ENDOWMENT ADVANCING CHILDRENS HEALTH INC - 496 LINCOLN AVE - HOLLAND, MI 49423	82-4631546	501(C)(3)	25,000.	0.			UNRESTRICTED SUPPORT
PILLAR CHURCH 57 EAST 10TH STREET HOLLAND, MI 49423	38-1437928	501(C)(3)	181,822.	0.			MULTIPLE GRANTS
REACH FOR RECOVERY, INC PO BOX 1875 483 CENTURY LANE HOLLAND, MI 49422-1875	38-1984739	501(C)(3)	31,272.	0.			MULTIPLE GRANTS
READY FOR SCHOOL 268 E. 8TH ST., STE 10 HOLLAND, MI 49423	27-4898652	501(C)(3)	37,829.	0.			MULTIPLE GRANTS

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
REAL LIFE FELLOWSHIP PO BOX 1347 HOLLAND, MI 49422-1347	20-1522312	501(C)(3)	9,000.	0.			MULTIPLE GRANTS
RENEW THERAPEUTIC RIDING CENTER 5080 146TH AVENUE HOLLAND, MI 49423	90-0857463	501(C)(3)	120,669.	0.			MULTIPLE GRANTS
RESILIENCE 411 BUTTERNUT DR HOLLAND, MI 49424	38-2181204	501(C)(3)	22,380.	0.			MULTIPLE GRANTS
RESTHAVEN CARE COMMUNITY 948 WASHINGTON AVENUE HOLLAND, MI 49423	38-1387113	501(C)(3)	35,250.	0.			MULTIPLE GRANTS
RIDE PROSPEROUSLY MINISTRIES, INC. 14286 SOUTH 1325 ROAD STOCKTON, MO 65785	93-3158107	501(C)(3)	7,500.	0.			UNRESTRICTED SUPPORT
RIDGE POINT COMMUNITY CHURCH 340 104TH AVE HOLLAND, MI 49423	38-3102786	501(C)(3)	10,500.	0.			MULTIPLE GRANTS
RIGHT PLACE FOUNDATION 125 OTTAWA AVE NW STE 450 GRAND RAPIDS, MI 49503	27-4012914	501(C)(3)	5,500.	0.			MULTIPLE GRANTS
ROCKFORD EDUCATION FOUNDATION PO BOX 777 ROCKFORD, MI 49341	38-3034696	501(C)(3)	7,500.	0.			SPONSORSHIP FOR 2024/25 FOUNDATION EVENTS AND ACTIVITIES
SACRED BEGINNINGS 339 DIVISION AVE SOUTH, SUITE B GRAND RAPIDS, MI 49503	26-0278846	501(C)(3)	100,000.	0.			UNRESTRICTED SUPPORT

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)	33,100.	0.			MULTIPLE GRANTS
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	50,375.	0.			MULTIPLE GRANTS
SAMARITAS 8131 E. JEFFERSON AVE. DETROIT, MI 48214	38-1360553	501(C)(3)	12,500.	0.			MULTIPLE GRANTS
SAUGATUCK CENTER FOR THE ARTS PO BOX 940 400 CULVER STREET SAUGATUCK, MI 49453	38-3557693	501(C)(3)	8,500.	0.			MULTIPLE GRANTS
SAUGATUCK PUBLIC SCHOOLS PO BOX 818 201 RANDOLPH STREET DOUGLAS, MI 49406-0818	38-6000374	501(C)(3)	61,012.	0.			MULTIPLE GRANTS
SAUGATUCK TOWNSHIP FIRE DISTRICT 3342 BLUE STAR HWY SAUGATUCK, MI 49453	38-3332520	GOVERNMENTAL	8,467.	0.			YEAR 3 OF 5
SECOND REFORMED CHURCH 225 EAST CENTRAL AVENUE ZEELAND, MI 49464	38-1507304	501(C)(3)	44,508.	0.			MULTIPLE GRANTS
SINGLE MOMM PO BOX 2442 TRAVERSE CITY, MI 49685	26-3544089	501(C)(3)	56,700.	0.			MULTIPLE GRANTS
ST JOHNS EPISCOPAL CHURCH 524 WASHINGTON AVE GRAND HAVEN, MI 49417	38-6074254	501(C)(3)	18,325.	0.			FIESTA EN EL CAMPO VACCINE EQUITY EVENT AND BAP ACCESS AND AWARENESS EFFORTS

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
STAGEGR 2259 CHEASAPEAKE DR NE GRAND RAPIDS, MI 49505	47-4972531	501(C)(3)	5,500.	0.			MULTIPLE GRANTS
STATE POLICY NETWORK 1655 NORTH FORT MYER DRIVE STE 360 ARLINGTON, VA 22209	57-0952531	501(C)(3)	25,000.	0.			UNRESTRICTED SUPPORT
STEPPING STONES SAFE HAVEN INC. 720 OLD SALEM ROAD MURFREESBORO, TN 37129	27-1233881	501(C)(3)	13,228.	0.			NOMINATED BY JR AUTOMATION'S EMPLOYEES OF NASHVILLE, TN
THE BRIDGE YOUTH CENTER 210 EAST MAIN ST ZEELAND, MI 49464	38-3577991	501(C)(3)	34,750.	0.			MULTIPLE GRANTS
THE CENTER FOR MICHIGAN 220 W. MICHIGAN AVE. YPSILANTI, MI 48197	32-0167398	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
THE FIRST TEE OF WEST MICHIGAN 3450 36TH ST. SE GRAND RAPIDS, MI 49512	20-3856394	501(C)(3)	18,300.	0.			MULTIPLE GRANTS
THE HUMANITY SHARE INC 232 W 16TH ST HOLLAND, MI 49423	27-5361551	501(C)(3)	34,814.	0.			MULTIPLE GRANTS
THE LUCAS PROJECT 6117 BUTTERNUT DR WEST OLIVE, MI 49460	82-5169998	501(C)(3)	10,000.	0.			RESPITE FARM DAYS
THE PANTHER FUND PO BOX 2233 HOLLAND, MI 49422	47-3086361	501(C)(3)	8,358.	0.			MULTIPLE GRANTS

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 ROTARY CLUB OF SAUGATUCK-DOUGLAS - PO BOX 211 - DOUGLAS, MI 49506	38-3860481	501(C)(3)	50,000.	0.			BOYS AND GIRLS CLUB
THE SALON PROFESSIONAL ACADEMY 2975 W SHORE DR HOLLAND, MI 49424	81-1568925	501(C)(3)	8,679.	0.			MULTIPLE GRANTS
THE VALHALLA FUND 22220 HIGH BRIDGE ROAD MONROE, WA 98272	92-1700871	501(C)(3)	25,000.	0.			UNRESTRICTED SUPPORT
THIRD REFORMED CHURCH 111 W 13TH STREET HOLLAND, MI 49423	38-1398838	501(C)(3)	160,000.	0.			MULTIPLE GRANTS
TINY NEWS COLLECTIVE OTTAWA NEWS NETWORK PO BOX 413 GRAND HAVEN, MI 49417	85-3963369	501(C)(3)	18,000.	0.			OTTAWA NEWS NETWORK
TRI-CITIES FAMILY YMCA 1 Y DRIVE GRAND HAVEN, MI 49417	38-1717502	501(C)(3)	26,000.	0.			MULTIPLE GRANTS
TULIP TIME FESTIVAL 42 W 8TH ST HOLLAND, MI 49423	38-1266660	501(C)(3)	18,750.	0.			MULTIPLE GRANTS
UPWARD BOUND MINISTRIES INC. PO BOX 112 ZEELAND, MI 49464	26-0681206	501(C)(3)	16,500.	0.			MULTIPLE GRANTS
VAN ANDEL INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000820	501(C)(3)	7,100.	0.			MULTIPLE GRANTS

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)	19,000.	0.			MULTIPLE GRANTS
VELO KIDS INC 862 KNOLLCREST AVE HOLLAND, MI 49423	85-0599130	501(C)(3)	19,370.	0.			MULTIPLE GRANTS
VOX PO BOX 1425 HOLLAND, MI 49422	20-8989756	501(C)(3)	25,000.	0.			UNRESTRICTED SUPPORT
WEST OTTAWA HIGH SCHOOL - NORTH 3685 BUTTERNUT DRIVE HOLLAND, MI 49424	38-6032447	501(C)(3)	42,900.	0.			MULTIPLE GRANTS
WEST OTTAWA MUSIC BOOSTERS PO BOX 2385 HOLLAND, MI 49422	23-7154430	501(C)(3)	5,200.	0.			MULTIPLE GRANTS
WESTERN THEOLOGICAL SEMINARY 101 EAST 13TH STREET HOLLAND, MI 49423	38-2009204	501(C)(3)	73,900.	0.			MULTIPLE GRANTS
WINGS OF MERCY - WEST MICHIGAN 100 PINE ST STE 393 ZEELAND, MI 49464	38-2998695	501(C)(3)	7,072.	0.			MULTIPLE GRANTS
WINNING AT HOME 300 S STATE ST STE 13 ZEELAND, MI 49464-1678	38-3234306	501(C)(3)	25,450.	0.			MULTIPLE GRANTS
WORDS OF HOPE 700 BALL AVENUE NE GRAND RAPIDS, MI 49501-1706	38-1335605	501(C)(3)	26,150.	0.			MULTIPLE GRANTS

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
WORLD ORPHANS 13395 VOYAGER PARKWAY, STE 130-273 COLORADO SPRINGS, CO 80921	33-0571309	501(C)(3)	5,500.	0.			MULTIPLE GRANTS
WORLD RENEW 8970 BYRON COMMERCE DR SW BYRON CENTER, MI 49315	38-1708140	501(C)(3)	11,500.	0.			MULTIPLE GRANTS
YOUTH WITH A MISSION 501 BLACKTAIL RD. LAKESIDE, MT 59922	81-6037128	501(C)(3)	16,400.	0.			MULTIPLE GRANTS
ZEELAND CHRISTIAN SCHOOL 334 W. CENTRAL AVE ZEELAND, MI 49464	38-1566660	501(C)(3)	85,474.	0.			MULTIPLE GRANTS
ZEELAND EDUCATION FOUNDATION 183 WEST ROOSEVELT ZEELAND, MI 49464	82-1829249	501(C)(3)	14,079.	0.			MULTIPLE GRANTS
ZEELAND HISTORICAL SOCIETY PO BOX 165 ZEELAND, MI 49464	38-2147423	501(C)(3)	42,350.	0.			MULTIPLE GRANTS
CALVIN UNIVERSITY 3201 BURTON STREET SE GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	12,675.	0.			MULTIPLE GRANTS
DAVENPORT UNIVERSITY 6191 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-1945965	501(C)(3)	7,500.	0.			MULTIPLE GRANTS
GRAND VALLEY STATE UNIVERSITY C/O PAUL DILLON STUDENT ACCOUNTS OFFICE 1049 JAMES H. ZUMBERGE HALL - ALLEND	38-1684280	501(C)(3)	73,148.	0.			MULTIPLE GRANTS

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
JUDSON UNIVERSITY 1151 N. STATE ST. ELGIN, IL 60123	36-2515868	501(C)(3)	8,500.	0.			MULTIPLE GRANTS
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD., RM 360 ADMIN BL EAST LANSING, MI 48824	38-6005984	501(C)(3)	207,565.	0.			MULTIPLE GRANTS
GRAND VALLEY STATE UNIVERSITY FOUNDATION - 1 CAMPUS DR STE 201 LMH - ALLENDALE, MI 49401	38-6086770	501(C)(3)	490,500.	0.			MULTIPLE GRANTS
WESTERN MICHIGAN UNIVERSITY FOUNDATION - 1903 W. MICHIGAN AVE. - KALAMAZOO, MI 49008	38-2138856	501(C)(3)	5,600.	0.			MULTIPLE GRANTS

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	339	1,211,365.	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 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

Part IV Supplemental Information

EDUCATIONAL PURPOSES ARE REQUIRED TO BE RETURNED BY THE SCHOOL.

SCHEDULE J (Form 990)

(Rev. December 2024)

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

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

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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**		X
b	Any related organization?	**5b**		X
	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**		X
b	Any related organization?	**6b**		X
	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**		X
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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK CISLER	(i)	159,150.	0.	5,174.	0.	13,610.	177,934.	0.
PRESIDENT / CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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	63	3,051,890.	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 ( )				

				Yes	No
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	1		
30a	During the year, did the organization receive by contribution any property reported on 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?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

SCHEDULE M, PART I, 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)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number: 38-6095283

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TODAY, TOMORROW, AND FOREVER BY BUILDING OUR COMMUNITY'S ENDOWMENT TO SUPPORT HIGH IMPACT CHARITABLE PROJECTS, HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS, AND LEADING AND PARTNERING IN COMMUNITY-LEVEL INITIATIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERING IN COMMUNITY-LEVEL INITIATIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN THE PAST YEAR INCLUDE: HOLLAND/ZEELAND PROMISE SCHOLARSHIP, STRENGTHENING THE NONPROFIT SECTOR PROGRAMMING, AND PROGRAM RELATED INVESTMENTS.

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP OF THIS CORPORATION, WITHIN A GIVEN FISCAL YEAR, SHALL CONSIST OF THE TRUSTEES OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERSHIP OF THIS CORPORATION, WITHIN A GIVEN FISCAL YEAR, SHALL CONSIST OF THE TRUSTEES OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY OF FORM 990 WITH SUPPORTING SCHEDULES WAS PERSONALLY PRESENTED BY THE AUDITORS TO THE AUDIT COMMITTEE FOR THEIR EDITS AND QUESTIONS. ON BEHALF OF THE AUDIT COMMITTEE, THE PRESIDENT E-MAILED TO THE FULL BOARD (ALL OFFICERS AND TRUSTEES/DIRECTORS) A FINAL DRAFT OF THE FORM 990 AND SUPPORTING SCHEDULES (WITH SCHEDULE B NAMES AND ADDRESSES REDACTED), ALLOWING TIME FOR THEIR REVIEW, COMMENTS AND/OR QUESTIONS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE COMMUNITY FOUNDATION STRIVES TO MAINTAIN THE HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES AND PROGRAMS AND TO AVOID ANY CONFLICTS OF INTEREST. EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS AND EMPLOYEES, ANNUALLY SIGNS A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IN CONNECTION WITH ANY DIRECT OR INDIRECT FINANCIAL INTEREST OR 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:

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

Employer identification number 38-6095283

PURPOSE OVER AND ABOVE ANY LEGAL REQUIREMENT OR PUBLIC SCRUTINY, AS GOOD STEWARDS OF PHILANTHROPIC RESOURCES, THE FOUNDATION GOES THE EXTRA MILE TO BE CERTAIN THAT LEVELS OF COMPENSATION ARE REASONABLE. REASONABLE IS GENERALLY DEFINED AS WHAT SIMILAR PERSONS IN SIMILAR POSITIONS WITH SIMILAR DUTIES AT SIMILAR ORGANIZATIONS ARE PAID. PROCESS 1) EACH YEAR, THE CHAIR OF THE BOARD SENDS AN ELECTRONIC EVALUATION SURVEY AND A COPY OF THE PRESIDENT/CEO'S RESPONSIBILITIES TO ALL TRUSTEES AND ALL STAFF. 2) ALL RECIPIENTS ARE ASKED TO COMPLETE THE CONFIDENTIAL SURVEY WHICH HAS QUESTIONS DIRECTLY RELATED TO THE PRESIDENT/CEO'S PERFORMANCE AND AREAS OF STRENGTH AND WEAKNESS. 3) THE BOARD CHAIR COLLECTS AND CONDENSES THE RESPONSES INTO A SUMMARY FORM. 4) THE PERSONNEL COMMITTEE SERVES AS THE COMPENSATION COMMITTEE (I.E. DISINTERESTED GOVERNING BOARD) AND WILL CONVENE, REVIEW THE PERFORMANCE SUMMARY AND AGREE ON POINTS TO COVER DURING THE REVIEW. 5) PERSONNEL COMMITTEE OBTAINS AND REFERENCES APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS SALARY RECOMMENDATION. RELEVANT DATA INCLUDES, BUT IS NOT LIMITED TO CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT SOURCES; FOR EXAMPLE, THE COUNCIL ON FOUNDATION'S GRANT 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 NOVEMBER 2024.

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 2024.

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:
OTHER CHANGES IN NET ASSETS -107,046.

FORM 990, PART XII, LINE 2C:
THE AUDIT COMMITTEE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.