PUBLIC DISCLOSURE COPY

Form 990 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

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): 85 EAST 8TH STREET, SUITE 110

Room/suite:

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

D Employer identification number: 38-6095283

E Telephone number: (616) 396-6590

G Gross receipts $: 135,784,035

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ 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: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CFHZ.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1951

M State of legal domicile: MI

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(86,414)
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)	12,039,012	26,583,692
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,806,737	10,960,925
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,867	(103,911)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,877,616	37,440,706

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,238,938	19,643,991
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,034,581	1,097,658
16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,461	32,658
b	Total fundraising expenses (Part IX, column (D), line 25) 486,157		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	715,351	849,204
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,014,331	21,623,511
19	Revenue less expenses. Subtract line 18 from line 12	4,863,285	15,817,195

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	134,923,920	153,212,382
21	Total liabilities (Part X, line 26)	733,395	785,039
22	Net assets or fund balances. Subtract line 21 from line 20	134,190,525	152,427,343

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, CPA	DAVID LOWENTHAL, CPA	10/27/2026		P00378651

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

Firm's address: 2601 CAMBRIDGE CT. SUITE 300, AUBURN HILLS, MI 48326 — Phone no.: (248) 375-7100

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2025) Created 4/30/25

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA SEEKS TO ENSURE THAT OUR COMMUNITY THRIVES TODAY, TOMORROW, AND FOREVER BY BUILDING OUR COMMUNITY'S ENDOWMENT TO SUPPORT HIGH IMPACT CHARITABLE PROJECTS, HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS, AND LEADING AND PARTNERING IN COMMUNITY LEVEL INITIATIVES.

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

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

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

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

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

4a (Code:) (Expenses $ 20,537,518 including grants of $ 19,643,991) (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 IN THE PAST YEAR INCLUDE: HOLLAND/ZEELAND PROMISE SCHOLARSHIP, STRENGTHENING THE NONPROFIT SECTOR PROGRAMMING, AND PROGRAM RELATED INVESTMENTS.

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 20,537,518

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	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
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		✔
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		✔
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		✔
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	✔	
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		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
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		✔
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	✔	
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	✔	
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	✔	
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		✔
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		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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		✔
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
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	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
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	✔	
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		✔
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		✔
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	✔	
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	✔	
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		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
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	✔	

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	✔	
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	✔	
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		✔
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		✔
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		✔
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		✔
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		✔
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		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
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		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
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		✔
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		✔
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		✔
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✔
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		
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		✔
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		✔
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	✔	

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	15		
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		✔	

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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	✔	
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	✔	
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		✔
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		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
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		✔
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	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
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		✔
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		✔
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		✔
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		✔
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		✔
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		✔
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 . . . . . ☑

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 . . 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.	1a	15		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
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			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6		✔	
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		✔	
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			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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			✔

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		✔
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		✔
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	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
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	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	✔	
b	Other officers or key employees of the organization	15b		✔
	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		✔
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

PATRICK CISLER, 85 EAST 8TH STREET, SUITE 110, HOLLAND, MI 49423, (616) 396-6590

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 dotted 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	40.0									
PRESIDENT / CEO	0.0			✔				175,632	0	19,386
(2) COLLEEN HILL	40.0									
VP OF DEVELOPMENT AND DONOR SERVICES	0.0					✔		132,881	0	15,221
(3) ED AMAYA	2.0									
TREASURER	0.0	✔		✔				0	0	0
(4) JASMINE IRISH	2.0									
VICE CHAIR	0.0	✔		✔				0	0	0
(5) SCOTT BROOKS	2.0									
BOARD CHAIR	0.0	✔		✔				0	0	0
(6) TIM HEMINGWAY	2.0									
SECRETARY	0.0	✔		✔				0	0	0
(7) ANN VANZALEN	1.0									
TRUSTEE	0.0	✔						0	0	0
(8) DEBORAH STERKEN	1.0									
TRUSTEE - PART YEAR	0.0	✔						0	0	0
(9) DIANE KOOIKER	1.0									
TRUSTEE - PART YEAR	0.0	✔						0	0	0
(10) ERIN AVERY ZYLMAN	1.0									
TRUSTEE	0.0	✔						0	0	0
(11) JEAN RAMIREZ	1.0									
TRUSTEE	0.0	✔						0	0	0
(12) JESSICA ARENDS	1.0									
TRUSTEE	0.0	✔						0	0	0
(13) JONATHAN PADNOS	1.0									
TRUSTEE	0.0	✔						0	0	0
(14) KATRINA MARTINEZ	1.0									
TRUSTEE - PART YEAR	0.0	✔						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 dotted 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			
(15) MELISSA KAMARA LIGGINS	1.0									
TRUSTEE	0.0	✔						0	0	0
(16) MICKI JANSSEN	1.0									
TRUSTEE	0.0	✔						0	0	0
(17) OLAF HUEBNER	1.0									
TRUSTEE	0.0	✔						0	0	0
(18) SUE FRANZ	1.0									
TRUSTEE	0.0	✔						0	0	0
(19) TOM DEN HERDER	1.0									
TRUSTEE	0.0	✔						0	0	0
(20) YAZLÉN OCHOA	1.0									
TRUSTEE	0.0	✔						0	0	0
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								308,513	0	34,607
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								308,513	0	34,607

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* **3**		✔
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* **4**	✔	
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* **5**		✔

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	221,358				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,362,334				
	g	Noncash contributions included in lines 1a–1f	1g	$ 8,886,769				
	h	**Total.** Add lines 1a–1f			26,583,692			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,092,578		(86,414)	2,178,992
	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	0 / 0				
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	107,019,275				
	b	Less: cost or other basis and sales expenses	7b	98,150,928				
	c	Gain or (loss)	7c	8,868,347 / 0				
	d	Net gain or (loss)			8,868,347			8,868,347
	8a	Gross income from fundraising events (not including $ 221,358 of contributions reported on line 1c). See Part IV, line 18	8a	88,490				
	b	Less: direct expenses	8b	192,401				
	c	Net income or (loss) from fundraising events			(103,911)			(103,911)
	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							
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			37,440,706	0	(86,414)	10,943,428

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	18,374,145	18,374,145		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,269,846	1,269,846		
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	343,121	183,657	53,814	105,650
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	586,329	311,176	208,884	66,269
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,819	11,616	6,167	4,036
9 Other employee benefits	78,914	42,013	22,304	14,597
10 Payroll taxes	67,475	35,923	19,071	12,481
11 Fees for services (nonemployees):				
a Management				
b Legal	1,370		1,370	
c Accounting	42,025		42,025	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,658			32,658
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	66,457			66,457
13 Office expenses	28,322	7,918	17,653	2,751
14 Information technology	102,327		102,327	
15 Royalties				
16 Occupancy	18,501	9,850	5,229	3,422
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	217,707	55,667	5,013	157,027
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,069		25,069	
23 Insurance	31,898		31,898	
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	207,534	207,534		
b STAFF PROFESSIONAL DEVELOPMENT	44,913	23,912	12,694	8,307
c MARKETING & PUBLICATION	28,779	4,261	12,016	12,502
d MEMBERSHIPS	18,029		18,029	
e All other expenses	16,273	0	16,273	0
25 **Total functional expenses.** Add lines 1 through 24e	21,623,511	20,537,518	599,836	486,157
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		14,654,663	2	4,415,378
	3	Pledges and grants receivable, net		316,345	3	6,563,424
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net		250,208	7	702,000
	8	Inventories for sale or use		365,000	8	0
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,311,476			
	b	Less: accumulated depreciation	10b 536,374	671,758	10c	775,102
	11	Investments—publicly traded securities		72,971,213	11	83,928,171
	12	Investments—other securities. See Part IV, line 11		45,694,633	12	56,828,207
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		134,923,920	16	153,212,382
Liabilities	17	Accounts payable and accrued expenses		111,297	17	172,056
	18	Grants payable		339,474	18	447,624
	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		0	22	0
	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		282,624	25	165,359
	26	**Total liabilities.** Add lines 17 through 25		733,395	26	785,039
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		133,874,180	27	146,152,869
	28	Net assets with donor restrictions		316,345	28	6,274,474
		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		134,190,525	32	152,427,343
	33	Total liabilities and net assets/fund balances		134,923,920	33	153,212,382

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,440,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,623,511
3	Revenue less expenses. Subtract line 2 from line 1	3	15,817,195
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,190,525
5	Net unrealized gains (losses) on investments	5	1,783,901
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	635,722
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	152,427,343

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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		✔
	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	✔	
	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	✔	
	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		✔
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

2025

Open to Public Inspection

Name of the organization	Employer identification number
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	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 must generally 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)
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,942,255	22,004,717	18,089,340	12,039,012	26,583,692	93,659,016
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	14,942,255	22,004,717	18,089,340	12,039,012	26,583,692	93,659,016
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)						15,922,719
6 **Public support.** Subtract line 5 from line 4						77,736,297

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	14,942,255	22,004,717	18,089,340	12,039,012	26,583,692	93,659,016
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,215,168	1,615,757	3,400,379	2,408,604	2,092,578	10,732,486
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	93,894	116,960	141,088	216,329	88,490	656,761
11 **Total support.** Add lines 7 through 10						105,048,263

12 Gross receipts from related activities, etc. (see instructions) **12** 0

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 2025 (line 6, column (f), divided by line 11, column (f))	**14**	74.00 %
15	Public support percentage from 2024 Schedule A, Part II, line 14	**15**	78.41 %

16a **33 1/3% support test—2025.** 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—2024.** 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—2025.** 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—2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** 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—2024.** 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 supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct 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		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation

SCHEDULE A, PART II, LINE 10 - OTHER INCOME

Description	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) SPECIAL EVENT REVENUE	18,575	17,700	56,514	65,585	88,490	246,864
(2) AUXILIARY REVENUE	75,319	99,260	84,574	150,744	0	409,897
(3)						0
Total	93,894	116,960	141,088	216,329	88,490	656,761

Schedule B (Form 990)
(Rev. January 2025)
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	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: 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		$ 7,102,542	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
2		$ 2,588,824	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
3		$ 1,480,962	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 824,363	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
		$	Person ☐ 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
1	MULTIPLE SECURITY DONATIONS	$ 5,324,533	12/31/2025
2	DONATED FURNITURE	$ 29,574	10/23/2025
4	MULTIPLE SECURITY DONATIONS	$ 824,363	12/31/2025
		$	
		$	
		$	
		$	

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 information once. See instructions.) $

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. January 2025)

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	538
2	Aggregate value of contributions to (during year)	7,915,610	18,263,217
3	Aggregate value of grants from (during year)	13,137,758	6,506,233
4	Aggregate value at end of year	42,406,992	95,834,276

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? ☑ 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? ☑ 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	120,208,484	111,873,796	98,152,130	104,712,690	89,345,945
b Contributions	9,082,354	13,685,852	17,506,179	17,812,049	15,492,778
c Net investment earnings, gains, and losses	8,165,076	9,736,830	10,365,540	(11,829,146)	13,302,721
d Grants or scholarships	1,292,494	15,087,994	14,150,053	12,543,463	13,428,754
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	136,163,420	120,208,484	111,873,796	98,152,130	104,712,690

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment 0.00 %
- c Term endowment 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		✔
(ii) Related organizations?	3a(ii)		✔
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		996,136	281,645	714,491
c Leasehold improvements				
d Equipment		315,340	254,729	60,611
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				775,102

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) EMERGING MARKETS EQUITY FUNDS	5,255,206	END OF YEAR MARKET VALUE
(B) DIVERSIFIED HEDGE FUNDS	10,360,444	END OF YEAR MARKET VALUE
(C) DISTRESSED CREDIT HEDGE	390,302	END OF YEAR MARKET VALUE
(D) PRIVATE EQUITY	13,960,851	END OF YEAR MARKET VALUE
(E) PRIVATE REAL ASSETS	3,055,147	END OF YEAR MARKET VALUE
(F) COLLECTIVE INVESTMENT	15,127,471	END OF YEAR MARKET VALUE
(G) PRIVATE DEBT	8,678,786	END OF YEAR MARKET VALUE
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	56,828,207	

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. *(Column (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	165,359
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	165,359

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

SEE STATEMENT

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	FUNDS HELD BY THE FOUNDATION ARE REPORTED IN ACCORDANCE WITH FASB ASC 958 AND ARE CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS. ALL AMOUNTS REPORTED IN PART V ARE BOARD-DESIGNATED, OR QUASI-ENDOWMENTS, AS DEFINED WITHIN THE IRS FORM INSTRUCTIONS, AND INCLUDE ALL FUNDS OVER WHICH THE FOUNDATION ITSELF IMPOSES RESTRICTIONS ON THEIR USE.

SCHEDULE F (Form 990)
(Rev. January 2025)

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
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		16,894,660
(2)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		2,125,836
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			19,020,496
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			19,020,496

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL

SCHEDULE G (Form 990)
(Rev. January 2025)
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

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

b If "Yes," list the 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	(iii) 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
1	THE ORGANIZER, 1528 66TH ST., FENNVILLE, MI 49408	EVENT CONSULTING		✔	12,000	12,000	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					12,000	12,000	0

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 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	281,043	28,805		309,848
	2 Less: Contributions	205,828	15,530		221,358
	3 Gross income (line 1 minus line 2)	75,215	13,275	0	88,490
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	90,670	19,921		110,591
	7 Food and beverages	39,500			39,500
	8 Entertainment	29,990	2,172		32,162
	9 Other direct expenses	5,547	4,601		10,148
	10 Direct expense summary. Add lines 4 through 9 in column (d)				192,401
	11 Net income summary. Subtract line 10 from line 3, column (d)				(103,911)

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 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.

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? . . . . . ☑ 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
(1) (SEE STATEMENT)	38-2701547	501(C)(3)	986,000				MULTIPLE GRANTS
(2) HOLLAND EDUCATIONAL FOUNDATION 320 W 24TH ST, HOLLAND, MI 49423	38-2513737	501(C)(3)	98,561				MULTIPLE GRANTS
(3) (SEE STATEMENT)	04-3760991	501(C)(3)	97,245				MULTIPLE GRANTS
(4) JENISON PUBLIC EDUCATION FOUNDATION 8375 20TH AVE, JENISON, MI 49428	38-3232452	501(C)(3)	9,500				WILDCAT WAY GALA
(5) ZEELAND PUBLIC SCHOOLS 183 W. ROOSEVELT AVE., ZEELAND, MI 49464	38-6003307	501(C)(3)	94,000				MULTIPLE GRANTS
(6) POSITIVE OPTIONS 339 S RIVER AVE, HOLLAND, MI 49423	38-3046882	501(C)(3)	9,200				MULTIPLE GRANTS
(7) SAUGATUCK TOWNSHIP FIRE DISTRICT 3342 BLUE STAR HWY, SAUGATUCK, MI 49453	38-3332520	170(C)(1)	9,092				YEAR 4 OF 5
(8) ENGEDI CHURCH 710 CHICAGO DR., STE. 100, HOLLAND, MI 49423	38-3717953	501(C)(3)	90,800				MULTIPLE GRANTS
(9) CRITTER BARN 2950 80TH AVE, ZEELAND, MI 49464	32-0028470	501(C)(3)	9,000				MULTIPLE GRANTS
(10) FEEDING AMERICA P.O. BOX 96749, WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	9,000				MULTIPLE GRANTS
(11) (SEE STATEMENT)	38-6005447	501(C)(3)	9,000				MULTIPLE GRANTS
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 210

3 Enter total number of other organizations listed in the line 1 table 7

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	(SEE STATEMENT)	312	1,269,846	0	N/A	N/A
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION THE ANNE FRANK CENTER C/O THE UNIVE, COLUMBIA, SC 29201	57-6017985	501(C)(3)	9,000				ANNE FRANK CENTER: PROGRAMMING IN ALLEGAN COUNTY
(13) VAN RAALTE FARM CIVIL WAR MUSTER 114 EAST 26TH STREET, HOLLAND, MI 49423	47-3348629	501(C)(3)	9,000				MULTIPLE GRANTS
(14) ST. FRANCIS DE SALES CHURCH 195 W. 13TH STREET, HOLLAND, MI 49423-3222	38-3473661	501(C)(3)	8,450				MULTIPLE GRANTS
(15) FRIENDS OF OTTAWA COUNTY PARKS INC. PO BOX 84, LAMONT, MI 49430	20-3647587	501(C)(3)	8,095				NOMINATED BY JR AUTOMATION'S EMPLOYEES OF HOLLAND, MI
(16) HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR. NW, GRAND RAPIDS, MI 49534	38-1360926	501(C)(3)	8,095				NOMINATED BY JR AUTOMATION'S EMPLOYEES OF HOLLAND, MI
(17) NORTH POINT CHURCH 571 N 10TH STREET, PLAINWELL, MI 49080	35-2298172	501(C)(3)	8,040				MULTIPLE GRANTS
(18) MICHIGAN STATE UNIVERSITY UNIVERSITY ADVANCEMENT, 535 CHESTNU, EAST LANSING, MI 48824	38-6005984	501(C)(3)	80,250				MULTIPLE GRANTS
(19) HOPE PKGS P.O. BOX 1263, HOLLAND, MI 49422	81-1218505	501(C)(3)	8,000				UNRESTRICTED SUPPORT
(20) REACH FOR RECOVERY PO BOX 1875, 483 CENTURY LANE, HOLLAND, MI 49422-1875	38-1984739	501(C)(3)	8,000				MULTIPLE GRANTS
(21) ROCKFORD EDUCATION FOUNDATION PO BOX 777, ROCKFORD, MI 49341	38-3034696	501(C)(3)	8,000				MULTIPLE GRANTS
(22) ESCAPE YFGK 202 EAST 32ND STREET, HOLLAND, MI 49423	45-3015164	501(C)(3)	79,760				MULTIPLE GRANTS
(23) SECOND REFORMED CHURCH 225 EAST CENTRAL AVENUE, ZEELAND, MI 49464	38-1507304	501(C)(3)	79,391				MULTIPLE GRANTS
(24) THAT THE WORLD MAY KNOW MINISTRIES 334 W CENTRAL AVE, ZEELAND, MI 49464	38-3416328	501(C)(3)	7,750				MULTIPLE GRANTS
(25) THE FIRST TEE OF WEST MICHIGAN 118 COMMERCE AVE SW, SUITE 400, GRAND RAPIDS, MI 49503	20-3856394	501(C)(3)	7,600				MULTIPLE GRANTS
(26) DOWNTOWN GRAND RAPIDS INC. DBA ARTPRIZE 29 PEARL STREET NW, STE 1, GRAND RAPIDS, MI 49503	46-2473146	501(C)(3)	75,000				INVOICE 1892
(27) AMERICAN RED CROSS PO BOX 37839, BOONE, IA 50037-0839	53-0196605	501(C)(3)	7,500				MULTIPLE GRANTS

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(28) CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD #153, CULVER, IN 46511-9980	35-0868071	501(C)(3)	7,500				MULTIPLE GRANTS
(29) DAVENPORT UNIVERSITY 6191 KRAFT AVE SE, GRAND RAPIDS, MI 49512	38-1945965	501(C)(3)	7,500				EXCELLENCE IN BUSINESS GALA
(30) ZEELAND CHRISTIAN SCHOOL 334 W. CENTRAL AVE, ZEELAND, MI 49464	38-1566660	501(C)(3)	74,887				MULTIPLE GRANTS
(31) HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW, GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	74,407				MULTIPLE GRANTS
(32) CHILDREN'S ADVOCACY CENTER OF SW MI 4938 NILES RD., ST. JOSEPH, MI 49085	38-2265793	501(C)(3)	7,285				NOMINATED BY JR AUTOMATION'S EMPLOYEES OF STEVENSVILLE, MI
(33) FELLOWSHIP REFORMED CHURCH OF HOLLAND 2165 W LAKEWOOD BLVD, HOLLAND, MI 49424	38-1919779	501(C)(3)	71,921				MULTIPLE GRANTS
(34) I AM ACADEMY PO BOX 2072, HOLLAND, MI 49422	86-1297592	501(C)(3)	71,850				MULTIPLE GRANTS
(35) FEEDING AMERICA WEST MICHIGAN FOOD BANK 3070 SHAFFER AVE SE, KENTWOOD, MI 49512	38-2439659	501(C)(3)	7,150				MULTIPLE GRANTS
(36) FOCUS ON THE FAMILY 8605 EXPLORER DRIVE, COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	7,100				MULTIPLE GRANTS
(37) CHRISTIAN EDUCATORS ASSOCIATION INTERNATIONAL 204 S. KELLOGG AVE., AMES, IA 50010	95-1976095	501(C)(3)	7,000				MULTIPLE GRANTS
(38) COMMUNITY REFORMED CHURCH 10376 FELCH STREET, ZEELAND, MI 49464-6839	38-6155592	501(C)(3)	7,000				MULTIPLE GRANTS
(39) LIGHTHOUSE IMMIGRANT ADVOCATES 412 W 24TH ST, HOLLAND, MI 49423	37-1790725	501(C)(3)	67,650				MULTIPLE GRANTS
(40) HOLLAND AREA ARTS COUNCIL 150 EAST 8TH STREET, SUITE 200, HOLLAND, MI 49423	38-2420156	501(C)(3)	66,245				MULTIPLE GRANTS
(41) EAGLECREST ALASKA MISSIONS 11248 LINDEN DR NW, GRAND RAPIDS, MI 49534	27-5304055	501(C)(3)	6,500				MULTIPLE GRANTS
(42) MENTAL HEALTH FOUNDATION OF WEST MICHIGAN 160 68TH. STREET SW, SUITE 120, GRAND RAPIDS, MI 49548	38-2822359	501(C)(3)	6,500				MULTIPLE GRANTS
(43) ISLE OF PALMS FIRST UNITED METHODIST CHURCH PO BOX 807, ISLE OF PALMS, SC 29451	57-0425206	501(C)(3)	6,300				MULTIPLE GRANTS
(44) HOLLAND COMMUNITY CHORALE PO BOX 1513, HOLLAND, MI 49422-1513	38-2188467	501(C)(3)	6,181				MULTIPLE GRANTS

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(45) CORPUS CHRISTI FOUNDATION OF HOLLAND/ZEELAND 195 W 13TH STREET, HOLLAND, MI 49423	38-3473661	501(C)(3)	6,126				UNRESTRICTED SUPPORT
(46) HAND2HAND 306 CHICAGO DR, JENISON, MI 49428	27-2973348	501(C)(3)	61,013				MULTIPLE GRANTS
(47) SAUGATUCK PUBLIC SCHOOLS PO BOX 818, 201 RANDOLPH STREET, DOUGLAS, MI 49406-0818	38-6000374	170(C)(1)	60,197				MULTIPLE GRANTS
(48) LOVE YOUR NEIGHBOR 3300 VAN BUREN ST., HUDSONVILLE, MI 49426	38-2578829	501(C)(3)	60,000				MULTIPLE GRANTS
(49) THE ROTARY CLUB OF SAUGATUCK-DOUGLAS PO BOX 211, DOUGLAS, MI 49506	38-3860481	501(C)(3)	60,000				BOYS & GIRLS CLUB
(50) BOULEVARD CHURCH 238 W. 15TH ST., HOLLAND, MI 49423	83-1187419	501(C)(3)	6,000				MULTIPLE GRANTS
(51) CITIZENS RESEARCH COUNCIL OF MICHIGAN, INC. 38777 W SIX MILE RD, SUITE 208, LIVONIA, MI 48152-3974	38-1539991	501(C)(3)	6,000				MULTIPLE GRANTS
(52) CRANBROOK EDUCATIONAL COMMUNITY P.O. BOX 778761, CHICAGO, IL 60677-8761	38-2015048	501(C)(3)	6,000				MULTIPLE GRANTS
(53) FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS PO BOX 2168, BONITA SPRINGS, FL 34133	59-1622501	501(C)(3)	6,000				MULTIPLE GRANTS
(54) MY HOUSE MINISTRY 96 W 15TH ST SUITE 306, HOLLAND, MI 49423	47-4209568	501(C)(3)	5,950				MULTIPLE GRANTS
(55) BEECHWOOD REFORMED CHURCH 895 OTTAWA BEACH ROAD, HOLLAND, MI 49424	38-1508500	501(C)(3)	59,300				MULTIPLE GRANTS
(56) ZEELAND HISTORICAL SOCIETY PO BOX 165, ZEELAND, MI 49464	38-2147423	501(C)(3)	5,913				MULTIPLE GRANTS
(57) LAKESHORE ADVANTAGE FOUNDATION 65 E. 7TH STREET, HOLLAND, MI 49423	93-4666171	501(C)(3)	587,456				MULTIPLE GRANTS
(58) 70 X 7 LIFE RECOVERY 97 WEST 22ND STREET, HOLLAND, MI 49423	20-8857935	501(C)(3)	5,850				MULTIPLE GRANTS
(59) CLINICA SAN LUCAS GRACIAS C/O LUKE JOYCE, 921 N KINGWOOD COUR, HOLLAND, MI 49424	84-4467340	501(C)(3)	5,725				MULTIPLE GRANTS
(60) AUTISM SUPPORT OF WEST SHORE INC PO BOX 39, SPRING LAKE, MI 49456	20-0845561	501(C)(3)	5,647				UNRESTRICTED SUPPORT
(61) MEL TROTTER MINISTRIES 225 COMMERCE AVE SW, GRAND RAPIDS, MI 49503	38-1410467	501(C)(3)	5,600				MULTIPLE GRANTS
(62) WMU FOUNDATION 1903 W. MICHIGAN AVE., KALAMAZOO, MI 49008	38-2138856	501(C)(3)	5,600				MULTIPLE GRANTS

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(63) WINGS OF MERCY - WEST MICHIGAN 100 PINE ST STE 393, ZEELAND, MI 49464	38-2998695	501(C)(3)	5,560				MULTIPLE GRANTS
(64) CULTUREWORKS INSTITUTE FOR CREATIVE ARTS 24 W 6TH ST, HOLLAND, MI 49423	27-3165045	501(C)(3)	55,595				MULTIPLE GRANTS
(65) READY FOR SCHOOL 390 E 8TH ST STE 2, HOLLAND, MI 49423-3743	27-4898652	501(C)(3)	55,252				MULTIPLE GRANTS
(66) BIRMINGHAM EDUCATION FOUNDATION 31301 EVERGREEN RD, BEVERLY HILLS, MI 48025	38-3214599	501(C)(3)	5,500				MULTIPLE GRANTS
(67) GRAND HAVEN SCHOOLS FOUNDATION PO BOX 272, GRAND HAVEN, MI 49417	38-3218960	501(C)(3)	5,500				MULTIPLE GRANTS
(68) PARALYZED VETERANS OF AMERICA - MICHIGAN 46701 COMMERCE CENTER DRIVE, PLYMOUTH, MI 48170	38-6120911	501(C)(3)	5,500				MULTIPLE GRANTS
(69) SOUTH OLIVE CHRISTIAN SCHOOL 6230 120TH AVE., HOLLAND, MI 49424-9231	38-1707780	501(C)(3)	5,500				MULTIPLE GRANTS
(70) HOWARD MILLER LIBRARY & COMMUNITY CENTER 14 S. CHURCH STREET, ZEELAND, MI 49464-1728	38-6004744	501(C)(3)	54,463				MULTIPLE GRANTS
(71) WESTERN THEOLOGICAL SEMINARY 101 EAST 13TH STREET, HOLLAND, MI 49423	38-2009204	501(C)(3)	54,100				MULTIPLE GRANTS
(72) HOSPICE OF HOLLAND 270 HOOVER BLVD, HOLLAND, MI 49423	38-2355709	501(C)(3)	53,950				MULTIPLE GRANTS
(73) ZEELAND PUBLIC SCHOOLS COMMUNITY RECREATION 320 EAST MAIN STREET, ZEELAND, MI 49464	38-6003307	170(C)(1)	5,366				REPLACE 1200 BASEBALLS FOR LITTLE LEAGUE WITH BUCKETS AND LIDS
(74) LOVE INC OF THE TRI-CITIES 326 N. FERRY STREET, GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	5,200				MULTIPLE GRANTS
(75) STAGEGR 2259 CHEASAPEAKE DR NE, GRAND RAPIDS, MI 49505	47-4972531	501(C)(3)	5,175				MULTIPLE GRANTS
(76) HOLLAND PUBLIC SCHOOLS 320 W 24TH ST, HOLLAND, MI 49423	38-6003257	170(C)(1)	51,640				MULTIPLE GRANTS
(77) SAMARITAN'S PURSE PO BOX 3000, BOONE, NC 28607	58-1437002	501(C)(3)	5,100				MULTIPLE GRANTS
(78) SLEEP IN HEAVENLY PEACE 6348 S RYAN RIDGE, HOLLAND, MI 49423	46-4346568	501(C)(3)	5,100				MULTIPLE GRANTS
(79) BLACK RIVER PUBLIC SCHOOL 491 COLUMBIA AVE, HOLLAND, MI 49423	38-3298569	501(C)(3)	5,050				MULTIPLE GRANTS
(80) RIDE PROSPEROUSLY MINISTRIES, INC. 14286 SOUTH 1325 ROAD, STOCKTON, MO 65785	93-3158107	501(C)(3)	5,005				UNRESTRICTED SUPPORT

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(81) HEADIN HOME PET RESCUE INC 15810 RILEY ST, HOLLAND, MI 49424	26-2221526	501(C)(3)	50,000				UNRESTRICTED SUPPORT
(82) CITY OF HOLLAND 270 S RIVER AVENUE, HOLLAND, MI 49423	38-6004622	170(C)(1)	4,864,250				MULTIPLE GRANTS
(83) LIFELINE MINISTRIES 426 CENTURY LANE, HOLLAND, MI 49423	85-1531769	501(C)(3)	47,340				MULTIPLE GRANTS
(84) CALVARY CHRISTIAN REFORMED CHURCH OF HOLLAND 400 BEELINE ROAD, HOLLAND, MI 49424	38-2051351	501(C)(3)	47,250				MULTIPLE GRANTS
(85) MICHIGAN WEST COAST CHAMBER OF COMMERCE FOUNDATION 65 E. 7TH ST, SUITE 300, HOLLAND, MI 49423	38-2476780	501(C)(3)	470,000				MULTIPLE GRANTS
(86) MIGRANT LEGAL AID, INC. 1104 FULLER AVE NE, GRAND RAPIDS, MI 49503	38-2010346	501(C)(3)	47,000				EMPOWERING MICHIGAN'S IMMIGRANTS: EDUCATION AND OUTREACH
(87) CITY ON A HILL MINISTRIES 100 PINE STREET, ZEELAND, MI 49464	20-3901260	501(C)(3)	46,850				MULTIPLE GRANTS
(88) HARBOR UNITED METHODIST CHURCH 4853 MASONBORO LOOP RD., WILMINGTON, NC 28409	56-1947892	501(C)(3)	46,000				MULTIPLE GRANTS
(89) HARVEST STAND MINISTRIES 100 S PINE ST STE 100, ZEELAND, MI 49464	32-0069107	501(C)(3)	43,355				MULTIPLE GRANTS
(90) ZEELAND EDUCATION FOUNDATION 183 WEST ROOSEVELT, ZEELAND, MI 49464	82-1829249	501(C)(3)	41,712				MULTIPLE GRANTS
(91) SAUGATUCK CENTER FOR THE ARTS PO BOX 940, 400 CULVER STREET, SAUGATUCK, MI 49453	38-3557693	501(C)(3)	41,000				MULTIPLE GRANTS
(92) CLEVELAND CLINIC FOUNDATION PO BOX 931517, CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	40,000				MULTIPLE GRANTS
(93) HOLLAND HARBOR LIGHTHOUSE PO BOX 13, MACATAWA, MI 49434-0013	38-7396083	501(C)(3)	40,000				MULTIPLE GRANTS
(94) TYSON'S PLACE - ANIMAL RESCUE PO BOX 1173, HOLLAND, MI 49422	47-1009233	501(C)(3)	40,000				UNRESTRICTED SUPPORT
(95) THE HUMANITY SHARE INC 3 W 8TH ST, SUITE 220, HOLLAND, MI 49423	27-5361551	501(C)(3)	39,570				MULTIPLE GRANTS
(96) THE BRIDGE YOUTH CENTER 210 EAST MAIN ST, ZEELAND, MI 49464	38-3577991	501(C)(3)	39,132				MULTIPLE GRANTS
(97) MAKE-A-WISH FOUNDATION OF MICHIGAN 20750 CIVIC CENTER DRIVE, SUITE 180, SOUTHFIELD, MI 48076	38-2505812	501(C)(3)	39,000				MULTIPLE GRANTS
(98) BENJAMIN'S HOPE 15468 RILEY ST, HOLLAND, MI 49424	74-3153382	501(C)(3)	38,450				MULTIPLE GRANTS
(99) DEOS CONTEMPORARY BALLET 1595 GALBRAITH AVE SE, GRAND RAPIDS, MI 49546	88-1773617	501(C)(3)	38,146				MULTIPLE GRANTS
(100) OCEANS MINISTRIES P.O. BOX 461024, AURORA, CO 80046	47-3398323	501(C)(3)	38,000				MULTIPLE GRANTS

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(101) GRAND VALLEY STATE UNIVERSITY PO BOX 1945, GRAND RAPIDS, MI 49501-1945	38-1684280	501(C)(3)	367,000				MULTIPLE GRANTS
(102) YOUNG LIFE WESTERN GREAT LAKES REGION PO BOX 5186, BOONE, IA 50950-0186	84-0385934	501(C)(3)	36,500				MULTIPLE GRANTS
(103) COMPASSIONATE HEART MINISTRIES 404 CENTERSTONE CT, ZEELAND, MI 49464	20-5101543	501(C)(3)	36,162				MULTIPLE GRANTS
(104) KIDS HOPE USA 201 W WASHINGTON AVENUE, SUITE 20, ZEELAND, MI 49464	38-3624308	501(C)(3)	35,978				MULTIPLE GRANTS
(105) MIDTOWN COUNSELING SERVICES 96 WEST 15TH STREET, SUITE 208-209, HOLLAND, MI 49423	26-2196399	501(C)(3)	35,675				MULTIPLE GRANTS
(106) IVANREST CHURCH 3777 IVANREST AVE SW, GRANDVILLE, MI 49418	23-7410097	501(C)(3)	35,000				$10,000 TO CHRISTIAN SCHOOLS TUITION ASSISTANCE, $10,000 TO GENERAL FUND / FIRST FRUITS, AND $15,000 TO MISSIONS / OUTREACH / FAITH PROMISE
(107) MOVIMIENTO AMERICA LATINA 190 E 8TH STREET, #1144, HOLLAND, MI 49423	92-3388423	501(C)(3)	35,000				MULTIPLE GRANTS
(108) GATEWAY MISSION 661 EAST 24TH STREET, HOLLAND, MI 49423	38-1734763	501(C)(3)	338,997				MULTIPLE GRANTS
(109) MACATAWA BAY JUNIOR ASSOCIATION P.O. BOX 189, MACATAWA, MI 49434	38-2460525	501(C)(3)	32,748				MULTIPLE GRANTS
(110) COMMUNITY ACTION HOUSE 739 PAW PAW DRIVE, HOLLAND, MI 49423	23-7120670	501(C)(3)	327,214				MULTIPLE GRANTS
(111) BOYS AND GIRLS CLUB MUSKEGON LAKESHORE PO BOX 1018, MUSKEGON, MI 49443	61-1736056	501(C)(3)	32,488				MULTIPLE GRANTS
(112) 3SIXTY 27 W 16TH ST, HOLLAND, MI 49423	26-0672610	501(C)(3)	32,250				MULTIPLE GRANTS
(113) WGVU PUBLIC MEDIA - GRAND VALLEY STATE UNIVERSITY PO BOX 1668, GRAND RAPIDS, MI 49501-1668	38-1684280	501(C)(3)	31,400				MULTIPLE GRANTS
(114) HOLLAND DEACONS' CONFERENCE 224 W. 30TH ST., STE. 1, HOLLAND, MI 49423	38-2309172	501(C)(3)	31,233				MULTIPLE GRANTS
(115) SINGLE MOMM PO BOX 2442, TRAVERSE CITY, MI 49685	26-3544089	501(C)(3)	31,100				MULTIPLE GRANTS
(116) BEACON OF HOPE PO BOX 2703, HOLLAND, MI 49422	30-0085138	501(C)(3)	31,000				MULTIPLE GRANTS
(117) ARBOR CIRCLE CORPORATION 412 CENTURY LANE, HOLLAND, MI 49423	38-3263853	501(C)(3)	30,951				MULTIPLE GRANTS

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(118) EASTERN AVENUE CRC 514 EASTERN AVE, GRAND RAPIDS, MI 49503	38-1368331	501(C)(3)	30,600				MULTIPLE GRANTS
(119) AWANA CLUBS INTERNATIONAL PO BOX 809, ST CHARLES, IL 60174-0809	36-2428692	501(C)(3)	30,000				MULTIPLE GRANTS
(120) CITY HOUSE INC. PO BOX 8451, DELRAY BEACH, FL 33482	46-3890624	501(C)(3)	30,000				MULTIPLE GRANTS
(121) COMMUNITYWORKS 100 PINE ST STE NW-4, ZEELAND, MI 49464	36-4641022	501(C)(3)	30,000				CIRCLES OF SUPPORT: STRENGTHENING YOUTH & FAMILIES IN HOLLAND'S SOUTH SIDE
(122) HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE, HOLLAND, MI 49423	38-1416520	501(C)(3)	270,705				MULTIPLE GRANTS
(123) WINNING AT HOME 300 S STATE ST STE 13, ZEELAND, MI 49464-1678	38-3234306	501(C)(3)	26,750				MULTIPLE GRANTS
(124) COMMUNITIES IN SCHOOLS OF MICHIGAN INC 721 N. CAPITOL SUITE #1, LANSING, MI 48906	45-3736821	501(C)(3)	26,250				MULTIPLE GRANTS
(125) MEDIATION SERVICES 291 W LAKEWOOD BLVD, SUITE 9, HOLLAND, MI 49424	38-3247969	501(C)(3)	26,250				MULTIPLE GRANTS
(126) PILLAR CHURCH 57 EAST 10TH STREET, HOLLAND, MI 49423	38-1437928	501(C)(3)	26,000				MULTIPLE GRANTS
(127) GREATER HOLLAND AREA YOUNG LIFE 96 W 15TH ST STE 108, HOLLAND, MI 49423	84-0385934	501(C)(3)	25,829				MULTIPLE GRANTS
(128) HOPE CHURCH 77 W. 11TH STREET, HOLLAND, MI 49423	38-1387880	501(C)(3)	25,600				MULTIPLE GRANTS
(129) NORTH HOLLAND REFORMED CHURCH 12050 NEW HOLLAND ST, HOLLAND, MI 49424	38-6076888	501(C)(3)	25,500				MULTIPLE GRANTS
(130) BOYS AND GIRLS CLUB OF GREATER HOLLAND 435 VAN RAALTE AVE., HOLLAND, MI 49423	38-2756671	501(C)(3)	251,311				MULTIPLE GRANTS
(131) MOSAIC COUNSELING 1703 S. DESPELDER, GRAND HAVEN, MI 49417	38-2216806	501(C)(3)	25,111				MULTIPLE GRANTS
(132) AFC GROWTH FUND 10440 LITTLE PATUXENT PKWY, SUITE 3, COLUMBIA, MD 21044	52-2111508	501(C)(3)	25,000				YEAR 2
(133) CRANBROOK EDUCATIONAL COMMUNITY CRANBROOK ADVANCEMENT OFFICE, P.O., CHICAGO, IL 60677	38-2015048	501(C)(3)	25,000				MULTIPLE GRANTS
(134) FOOD FOR THE POOR 6401 LYONS ROAD, COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	25,000				JAMAICA - HURRICANE RELIEF

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(135) STATE POLICY NETWORK 1500 WILSON BLVD, STE 600, ARLINGTON, VA 22209	57-0952531	501(C)(3)	25,000				UNRESTRICTED SUPPORT
(136) WALKING THE TEXT PO BOX 1962, SPRING HILL, TN 37174	82-3174462	501(C)(3)	25,000				SACRED THREADS
(137) LATIN AMERICANS UNITED FOR PROGRESS 512 S WAVERLY RD, STE 100, HOLLAND, MI 49423	38-2099880	501(C)(3)	24,600				MULTIPLE GRANTS
(138) MAPLEWOOD REFORMED CHURCH 133 EAST 34TH STREET, HOLLAND, MI 49423	38-1998194	501(C)(3)	24,570				MULTIPLE GRANTS
(139) HARDERWYK MINISTRIES 1627 W. LAKEWOOD BLVD, HOLLAND, MI 49424	38-1738401	501(C)(3)	23,542				MULTIPLE GRANTS
(140) VOX PO BOX 1425, HOLLAND, MI 49422	20-8989756	501(C)(3)	23,076				FOR WELL AND BATHROOM
(141) WORDS OF HOPE 700 BALL AVENUE NE, GRAND RAPIDS, MI 49501-1706	38-1335605	501(C)(3)	22,600				MULTIPLE GRANTS
(142) HISPANIC CENTER OF WESTERN MICHIGAN INC. 1204 CESAR E CHAVEZ AVE SW, GRAND RAPIDS, MI 49503	38-2265825	501(C)(3)	21,500				MULTIPLE GRANTS
(143) HOLLAND HOSPITAL 602 MICHIGAN AVE., HOLLAND, MI 49423	38-2800065	501(C)(3)	21,250				MULTIPLE GRANTS
(144) LAKESHORE HABITAT FOR HUMANITY 12727 RILEY STREET, HOLLAND, MI 49424	38-2893355	501(C)(3)	209,793				MULTIPLE GRANTS
(145) BETHANY CHRISTIAN SERVICES 11335 JAMES ST., HOLLAND, MI 49424	38-1405282	501(C)(3)	20,695				MULTIPLE GRANTS
(146) AFRICAN WIDOW & ORPHAN SUPPORT 5839 LYN HAVEN DR. SE, KENTWOOD, MI 49512	46-2160253	501(C)(3)	20,000				UNRESTRICTED SUPPORT IN MEMORY OF FLORENCE HAAN
(147) JEWISH FEDERATION OF GRAND RAPIDS 1715 FULTON STREET E, GRAND RAPIDS, MI 49503	38-6099686	501(C)(3)	20,000				MULTIPLE GRANTS
(148) NEW VOCATIONS 719 DOLAN LANE, LEXINGTON, KY 40511	31-1681380	501(C)(3)	20,000				MULTIPLE GRANTS
(149) UNIVERSITY OF MICHIGAN 2301 COMMONWEALTH RD, SUITE 100, ANN ARBOR, MI 48105	38-6006309	501(C)(3)	20,000				GRANT FOR THE IAN MISKELLEY HOPE SCHOLARSHIP
(150) COREWELL HEALTH FOUNDATION 25 MICHIGAN ST. NE, SUITE 4100, GRAND RAPIDS, MI 49503	38-3382353	501(C)(3)	19,150				MULTIPLE GRANTS
(151) HOLLAND SYMPHONY ORCHESTRA PO BOX 2685, HOLLAND, MI 49422-2685	38-2953082	501(C)(3)	19,011				MULTIPLE GRANTS
(152) MOVEMENT WEST MICHIGAN 100 PINE ST, SUITE 120, ZEELAND, MI 49464	83-4711698	501(C)(3)	19,000				MULTIPLE GRANTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(153) HOLLAND MUSEUM 31 W 10TH ST, HOLLAND, MI 49423	38-1692502	501(C)(3)	18,960				MULTIPLE GRANTS
(154) RESTHAVEN CARE COMMUNITY 948 WASHINGTON AVENUE, HOLLAND, MI 49423	38-1387113	501(C)(3)	185,043				MULTIPLE GRANTS
(155) GRACE EPISCOPAL CHURCH 555 MICHIGAN AVENUE, HOLLAND, MI 49423	38-1840930	501(C)(3)	17,400				MULTIPLE GRANTS
(156) GENEVA CAMP & RETREAT CENTER 3995 N. LAKESHORE DR., HOLLAND, MI 49424	38-1417381	501(C)(3)	17,364				MULTIPLE GRANTS
(157) OPERATION STAND DOWN TENNESSEE 1125 12TH AVE S, NASHVILLE, TN 37203	62-1638832	501(C)(3)	17,237				NOMINATED BY JR AUTOMATION'S EMPLOYEES OF NASHVILLE, TN
(158) JUBILEE MINISTRIES 96 WEST 15TH STREET, HOLLAND, MI 49423	38-3477214	501(C)(3)	165,631				MULTIPLE GRANTS
(159) CHILDREN'S ADVOCACY CENTER 12125 UNION STREET, HOLLAND, MI 49424	38-3445089	501(C)(3)	162,244				MULTIPLE GRANTS
(160) GRAND RAPIDS ART MUSEUM 101 MONROE CENTER, GRAND RAPIDS, MI 49503	38-1387136	501(C)(3)	16,000				MULTIPLE GRANTS
(161) YOUTH WITH A MISSION 501 BLACKTAIL RD., LAKESIDE, MT 59922	81-6037128	501(C)(3)	16,000				MULTIPLE GRANTS
(162) OUT ON THE LAKESHORE PO BOX 2064, HOLLAND, MI 49422	81-3619194	501(C)(3)	15,300				MULTIPLE GRANTS
(163) FAMILY CHURCH 9530 WOODBRIDGE ST, ZEELAND, MI 49464	47-2332411	501(C)(3)	15,250				MULTIPLE GRANTS
(164) FIRST REFORMED CHURCH OF ZEELAND 148 E. CENTRAL AVE., ZEELAND, MI 49464-1718	38-1505635	501(C)(3)	15,000				MULTIPLE GRANTS
(165) KENTWOOD PUBLIC SCHOOLS EDUCATION FOUNDATION 5820 EASTERN AVE SE, KENTWOOD, MI 49508	38-2691761	501(C)(3)	15,000				ANNUAL COMMITMENT
(166) CALVIN UNIVERSITY 3201 BURTON STREET SE, GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	14,655				MULTIPLE GRANTS
(167) THIRD REFORMED CHURCH 111 W 13TH STREET, HOLLAND, MI 49423	38-1398838	501(C)(3)	143,000				MULTIPLE GRANTS
(168) NATIONAL CHRISTIAN FOUNDATION WEST MICHIGAN 4670 E FULTON ST, STE 204, ADA, MI 49301	38-3544621	501(C)(3)	1,419,269				MULTIPLE GRANTS
(169) FAMILY HOPE FOUNDATION 7086 8TH AVENUE, JENISON, MI 49428	26-4505914	501(C)(3)	13,965				MULTIPLE GRANTS
(170) GOOD SAMARITAN MINISTRIES 513 EAST 8TH STREET, SUITE 25, HOLLAND, MI 49423	38-1887347	501(C)(3)	136,431				MULTIPLE GRANTS
(171) SALVATION ARMY 104 CLOVER AVENUE, HOLLAND, MI 49423	22-2406433	501(C)(3)	13,500				MULTIPLE GRANTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(172) FOLDS OF HONOR FOUNDATION PO BOX 73, GRAND HAVEN, MI 49417	75-3240683	501(C)(3)	13,095				MULTIPLE GRANTS
(173) CAMP SUNSHINE 291 W LAKEWOOD BLVD #7, HOLLAND, MI 49424	38-3444227	501(C)(3)	13,058				MULTIPLE GRANTS
(174) THE PANTHER FUND PO BOX 2233, HOLLAND, MI 49422	47-3086361	501(C)(3)	12,852				MULTIPLE GRANTS
(175) BISSELL PET FOUNDATION 2345 WALKER AVE NW, GRAND RAPIDS, MI 49544	38-3853264	501(C)(3)	12,500				BLOCKTAIL SPONSORSHIP
(176) BOCA RATON COMMUNITY CHURCH ATTN: ACCOUNTING DEPT, 470 NW 4TH, BOCA RATON, FL 33432	59-0766965	501(C)(3)	12,500				MULTIPLE GRANTS
(177) SAMARITAS 8131 E. JEFFERSON AVE., DETROIT, MI 48214	38-1360553	501(C)(3)	12,500				MULTIPLE GRANTS
(178) ODC NETWORK PO BOX 1557, HOLLAND, MI 49422-1557	38-2461102	501(C)(3)	1,222,945				MULTIPLE GRANTS
(179) FAITH REFORMED CHURCH 220 W CENTRAL AVE, ZEELAND, MI 49464	23-7236049	501(C)(3)	12,100				MULTIPLE GRANTS
(180) PROVIDENCE CRC - HOLLAND 821 OTTAWA AVE, HOLLAND, MI 49423	38-1456057	501(C)(3)	12,000				MULTIPLE GRANTS
(181) CHRIST MEMORIAL REFORMED CHURCH 595 GRAAFSCHAP ROAD, HOLLAND, MI 49423	38-6032818	501(C)(3)	116,397				MULTIPLE GRANTS
(182) JOHN BALL ZOO 1300 W. FULTON ST., GRAND RAPIDS, MI 49504	38-6076879	501(C)(3)	11,621				MULTIPLE GRANTS
(183) EVERGREEN COMMONS SENIOR CENTER 480 STATE STREET, HOLLAND, MI 49423	38-2526940	501(C)(3)	115,078				MULTIPLE GRANTS
(184) ONE 17 INTERNATIONAL 200 TAFT STREET, ZEELAND, MI 49464	45-3648441	501(C)(3)	11,500				MULTIPLE GRANTS
(185) TULIP TIME FESTIVAL 42 W 8TH ST, HOLLAND, MI 49423	38-1266660	501(C)(3)	11,500				MULTIPLE GRANTS
(186) HARBOR HUMANE SOCIETY 14345 BAGLEY ST, WEST OLIVE, MI 49460	38-1623660	501(C)(3)	11,455				MULTIPLE GRANTS
(187) YOUTH IMPACT INCORPORATED 2305 GRANT AVE, OGDEN, UT 84401	20-5228230	501(C)(3)	11,255				NOMINATED BY JR AUTOMATION'S EMPLOYEES OF SALT LAKE CITY, UT
(188) GRAND VALLEY STATE UNIVERSITY FOUNDATION 1 CAMPUS DR STE 201 LMH, ALLENDALE, MI 49401	38-6086770	501(C)(3)	112,500				MULTIPLE GRANTS
(189) RENEW THERAPEUTIC RIDING CENTER 5080 146TH AVENUE, HOLLAND, MI 49423	90-0857463	501(C)(3)	110,451				MULTIPLE GRANTS
(190) BELAY YOUTH MINISTRY PO BOX 8094, HOLLAND, MI 49424	48-1295398	501(C)(3)	11,042				MULTIPLE GRANTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(191) VELO KIDS INC 862 KNOLLCREST AVE, HOLLAND, MI 49423	85-0599130	501(C)(3)	110,414				MULTIPLE GRANTS
(192) HOPE CITY CHURCH OF NAPLES PO BOX 1664, BONITA SPRINGS, FL 34133	85-3969631	501(C)(3)	11,000				MULTIPLE GRANTS
(193) NAF PO BOX 27986, GOLDEN VALLEY, MN 55427	41-0832903	501(C)(3)	11,000				MULTIPLE GRANTS
(194) LAKESHORE NONPROFIT ALLIANCE 96 W 15TH STREET, SUITE 105, HOLLAND, MI 49423	20-4328927	501(C)(3)	109,900				MULTIPLE GRANTS
(195) HELPING HANDS CHARITABLE FOUNDATION 1859 NORTHGATE BLVD, SARASOTA, FL 34234	20-8670440	501(C)(3)	10,890				MULTIPLE GRANTS
(196) HOPE COLLEGE PO BOX 9000, HOLLAND, MI 49422-9000	38-1381271	501(C)(3)	106,800				MULTIPLE GRANTS
(197) RESILIENCE 411 BUTTERNUT DR, HOLLAND, MI 49424	38-2181204	501(C)(3)	106,023				MULTIPLE GRANTS
(198) TINY NEWS COLLECTIVE OTTAWA NEWS NETWORK, PO BOX 413, GRAND HAVEN, MI 49417	85-3963369	501(C)(3)	10,600				MULTIPLE GRANTS
(199) UPWARD BOUND MINISTRIES 541 E WASHINGTON AVE, ZEELAND, MI 49464	26-0681206	501(C)(3)	10,600				MULTIPLE GRANTS
(200) ALLENDALE PUBLIC SCHOOLS 10505 LEARNING LANE, ALLENDALE, MI 49401	38-6003258	170(C)(1)	10,588				MULTIPLE GRANTS
(201) HOPE COLLEGE BUSINESS SERVICES OFFICE, 100 EAST, HOLLAND, MI 49423	38-1381271	501(C)(3)	10,500				MULTIPLE GRANTS
(202) OPERA GRAND RAPIDS 1320 FULTON ST E, GRAND RAPIDS, MI 49503-3852	38-6142941	501(C)(3)	10,500				MULTIPLE GRANTS
(203) CJ FULLER FOUNDATION 208 VINE ST., EASLEY, SC 29640	83-2250712	501(C)(3)	10,436				NOMINATED BY JR AUTOMATION'S EMPLOYEES OF GREENVILLE, SC
(204) REAL LIFE FELLOWSHIP PO BOX 1673, HOLLAND, MI 49422	20-1522312	501(C)(3)	10,400				MULTIPLE GRANTS
(205) PAWS WITH A CAUSE 4646 SOUTH DIVISION, WAYLAND, MI 49348	38-2370342	501(C)(3)	100,250				MULTIPLE GRANTS
(206) AMERICAN RED CROSS OF OTTAWA COUNTY 3886 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512	53-0196605	501(C)(3)	10,020				MULTIPLE GRANTS
(207) SACRED BEGINNINGS 339 DIVISION AVE SOUTH, SUITE B, GRAND RAPIDS, MI 49503	26-0278846	501(C)(3)	100,000				UNRESTRICTED SUPPORT
(208) APPALACHIA REACH OUT PO BOX 2147, INEZ, KY 41224	38-2008076	501(C)(3)	10,000				MULTIPLE GRANTS
(209) ARTCENTER COLLEGE OF DESIGN 1700 LIDA STREET, PASADENA, CA 91103	95-1921340	501(C)(3)	10,000				SPONSORSHIP 2025 ARTCENTER ALUMNI DINNER AND RECEPTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(210) CENTER FOR MICHIGAN 220 W. MICHIGAN AVE., YPSILANTI, MI 48197	32-0167398	501(C)(3)	10,000				UNRESTRICTED SUPPORT
(211) GRAND RAPIDS CHRISTIAN SCHOOLS 2400 PLYMOUTH AVE. SE, GRAND RAPIDS, MI 49506	38-1880873	501(C)(3)	10,000				$5000 TO EAGLES FUND, $5000 TO LIFELONG EXPLORERS FUND
(212) GRANT ME HOPE 930 INTERCHANGE DR., HOLLAND, MI 49423	47-4914662	501(C)(3)	10,000				MULTIPLE GRANTS
(213) HUMANITY FOR PRISONERS PO BOX 687, GRAND HAVEN, MI 49417	38-3620946	501(C)(3)	10,000				MULTIPLE GRANTS
(214) MICHIGAN VETERAN HOMES - GRAND RAPIDS 2950 MONROE AVENUE N.E., GRAND RAPIDS, MI 49505	38-6000134	170(C)(1)	10,000				MULTIPLE GRANTS
(215) MICHIGAN WOMEN FORWARD 535 CASCADE WEST PARKWAY SE, GRAND RAPIDS, MI 49546	38-2689979	501(C)(3)	10,000				WOMANUP & CELEBRATE SPONSOR
(216) MSU COLLEGE OF VETERINARY MEDICINE ATTN: ERIC LANGDON, 784 WILSON RD /, EAST LANSING, MI 48824	38-6005984	501(C)(3)	10,000				KROWN ON THE ROX MEMORIAL SCHOLARSHIP FUND
(217) UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PL # 101, ATHENS, GA 30601	58-6033837	501(C)(3)	10,000				EQUESTRIAN

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 EDUCATIONAL PURPOSES ARE REQUIRED TO BE RETURNED BY THE SCHOOL.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	MACKINAC CENTER 140 WEST MAIN STREET, PO BOX 568, MIDLAND, MI 48640
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	KIDS' FOOD BASKET 1300 PLYMOUTH AVE. NE, GRAND RAPIDS, MI 49505
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GRAND RAPIDS SYMPHONY SOCIETY 300 OTTAWA AVE NW, SUITE 100, GRAND RAPIDS, MI 49503
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	SCHOLARSHIPS FOR STUDENTS ATTENDING POST-SECONDARY EDUCATIONAL INSTITUTIONS

SCHEDULE J (Form 990)
(Rev. January 2025)
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		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 PRESIDENT / CEO	(i)	175,032	0	600	0	19,386	195,018	0
		(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

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	✔	66	8,857,195	MARKET VALUE
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 (FURNITURE)	✔	1	29,574	MARKET VALUE
26	Other ( )				
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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		✔
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	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	✔	
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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE AMOUNT LISTED IN COLUMN C REPRESENTS THE NUMBER OF ITEMS (STOCK NAMES) RECEIVED. OTHER - FURNITURE THE AMOUNT LISTED IN COLUMN C REPRESENTS THE NUMBER OF CONTRIBUTIONS.
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	STOCK BROKERS ASSISTED WITH THE SALE OF PUBLICLY TRADED SECURITIES.

SCHEDULE O (Form 990)

(Rev. January 2025)

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

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF 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 PARTNERING IN COMMUNITY-LEVEL INITIATIVES.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	MEMBERSHIP OF THIS CORPORATION, WITHIN A GIVEN FISCAL YEAR, SHALL CONSIST OF THE TRUSTEES OF THE CORPORATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	MEMBERSHIP OF THIS CORPORATION, WITHIN A GIVEN FISCAL YEAR, SHALL CONSIST OF THE TRUSTEES OF THE CORPORATION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	THE COMMUNITY FOUNDATION STRIVES TO MAINTAIN THE HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES AND PROGRAMS AND TO AVOID ANY CONFLICTS OF INTEREST. EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS AND EMPLOYEES, 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.

SCHEDULE O (Form 990)

(Rev. January 2025)

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

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 2025. 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 2025.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	**(a)** Description / **(b)** Amount CHANGE IN VALUATION OF CHARITABLE GIFT INSTRUMENT — 115,343 GRANT REFUND REVENUE — 4,400 AGENCY ACTIVITY — 515,979 **TOTAL** — **635,722**
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE AUDIT COMMITTEE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PUBLIC DISCLOSURE COPY

Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2025

For calendar year 2025 or other tax year beginning _____, 2025 and ending _____, 20 _____

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury
Internal Revenue Service

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

A ☐ Check box if address changed.

Name of organization (☐ Check box if name changed and see instructions.)
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.

D Employer identification number
38-6095283

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Number and street. If a P.O. box, see instructions.
85 EAST 8TH STREET, SUITE 110

Room or suite no.

E Group exemption number (see instructions)

City or town: HOLLAND
State or province: MI
Country:
ZIP or foreign postal code: 49423

C Book value of all assets at end of year 153,212,382

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of (SEE STATEMENT) Telephone number (616) 396-6590

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	0
4	Charitable contributions (see instructions for limitation rules)	4	0
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	0
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	0
b	Other tax amounts. See instructions	4b	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	0
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here 0			4	0

Part III Tax and Payments *(continued)*

5a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0
b	Net section 1062 tax liability due this year from Form 1062			5b	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	6,560		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	0		
c	Tax deposited with Form 8868	6c	0		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	0		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	0		
k	Net tax liability deferred on sale of farmland. Enter amount from Form 1062	6k	0		
7	**Total payments and section 1062 net tax liability deferred.** Add lines 6a through 6k			7	6,560
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	6,560
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 6,560 **Refunded**			11	0
	For Refunded amount, also complete and attach Form 8050. See instructions.				

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

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✔
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✔
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
523000	$ 202,784
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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

Signature of officer | Date | PRESIDENT/CEO Title

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

Paid Preparer Use Only

Enter preparer's name: DAVID LOWENTHAL, CPA	Preparer's signature: DAVID LOWENTHAL, CPA	Date: 10/27/2026	Check ☐ if self-employed	PTIN: P00378651
Firm's name: PLANTE & MORAN, PLLC			Firm's EIN:	33-1498605
Firm's address: 2601 CAMBRIDGE CT. SUITE 300, AUBURN HILLS, MI 48326			Phone no.	(248) 375-7100

Form **990-T** (2025)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

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

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

B Employer identification number
38-6095283

C Unrelated business activity code (see instructions) 523000

D Sequence: 1 of 1

E Describe the unrelated trade or business INVESTMENT INCOME FROM PARTNERSHIP

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0				
b	Less returns and allowances 0 **c** Balance	1c	0		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	0		0
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	4,756		4,756
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	3,853		3,853
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	(93,168)		(93,168)
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	0
11	Advertising income (Part IX)	11	0	0	0
12	Other income (see instructions; attach statement)	12	101		101
13	**Total.** Combine lines 3 through 12	13	(84,458)	0	(84,458)

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.					
1	Compensation of officers, directors, and trustees (Part X)			1	0
2	Salaries and wages			2	0
3	Repairs and maintenance			3	0
4	Bad debts			4	0
5	Interest (attach statement). See instructions			5	0
6	Taxes and licenses			6	2
7	Depreciation (attach Form 4562). See instructions	7	0		
8	Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9	Depletion			9	0
10	Contributions to deferred compensation plans			10	0
11	Employee benefit programs			11	0
12	Excess exempt expenses (Part VIII)			12	0
13	Excess readership costs (Part IX)			13	0
14	Other deductions (attach statement)			14	1,954
15	**Total deductions.** Add lines 1 through 14			15	1,956
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	(86,414)
17	Deduction for net operating loss. See instructions			17	0
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	(86,414)

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☐ **No**

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

Form 990T **Additional Information**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	PATRICK CISLER, 85 EAST 8TH STREET, SUITE 110, HOLLAND, MI 49423

Form 990T Part I, Line 8 — Specific deduction

Local Unit Name	Local Unit Gross UBI	Allowable Specific Deduction
	1,000	1,000
	Totals	**1,000**

Schedule A - Part I, Line 5 — Income (loss) from Partnership and S Corporations

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INVESTMENT INCOME FROM PARTNERSHIP			
(1) AMERICAN SECURITIES PARTNERS VIII LP - OTHER INCOME (LOSS)	(1,282)		(1,282)
(2) AMERICAN SECURITIES PARTNERS VIII LP - OTHER PORTFOLIO INCOME (LOSS)	(314)		(314)
(3) LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME	10		10
(4) LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE INCOME (LOSS)	63		63
(5) LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)	9,331		9,331
(6) LANDMARK EQUITY PARTNERS XV, LP - ORDINARY DIVIDENDS	25		25
(7) LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)	(3,518)		(3,518)
(8) LANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME (LOSS)	1		1
(9) LANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME	170		170
(10) LANDMARK EQUITY PARTNERS XVI, LP - INVOLUNTARY CONVERSIONS	2		2
(11) LANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE INCOME (LOSS)	8		8
(12) LANDMARK EQUITY PARTNERS XVI, LP - ORDINARY BUSINESS INCOME (LOSS)	(3,579)		(3,579)
(13) LANDMARK EQUITY PARTNERS XVI, LP - ORDINARY DIVIDENDS	23		23
(14) LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS)	(402)		(402)
(15) LANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME (LOSS)	8		8
(16) LANDMARK EQUITY PARTNERS XVI, LP - OTHER RENTAL INCOME (LOSS)	8		8
(17) PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - INTEREST INCOME	14		14
(18) PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - NET RENTAL REAL ESTATE INCOME (LOSS)	1		1
(19) PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)	16,154		16,154
(20) PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - OTHER INCOME (LOSS)	(1,999)		(1,999)
(21) PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - OTHER PORTFOLIO INCOME (LOSS)	(11)		(11)
(22) PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - OTHER RENTAL INCOME (LOSS)	1		1
(23) PARTNERS FOR GROWTH VII US, LP - ORDINARY BUSINESS INCOME (LOSS)	4,076		4,076
(24) STEPSTONE VC GLOBAL PARTNERS IX-B, LP - ORDINARY BUSINESS INCOME (LOSS)	(139)		(139)
(25) STEPSTONE VC GLOBAL PARTNERS VIII-B, LP - NET RENTAL REAL ESTATE INCOME (LOSS)	(275)		(275)
(26) STEPSTONE VC GLOBAL PARTNERS VIII-B, LP - ORDINARY BUSINESS INCOME (LOSS)	(848)		(848)
(27) STEPSTONE VC GLOBAL PARTNERS VIII-B, LP - OTHER INCOME (LOSS)	26		26
(28) STEPSTONE VC GLOBAL PARTNERS X-B, LP - ORDINARY BUSINESS INCOME (LOSS)	(126)		(126)
(29) STEPSTONE VC GLOBAL PARTNERS X-B, LP - OTHER INCOME (LOSS)	1		1
(30) STG ALLEGRO-A, LP - OTHER INCOME (LOSS)	(400)		(400)
(31) SUMMIT PARTNERS GROWTH EQUITY FUND IX-A AIV, L.P. - ORDINARY BUSINESS INCOME(LOSS)	(321)		(321)
(32) SUMMIT PARTNERS GROWTH EQUITY FUND IX-A, LP - NET RENTAL REAL ESTATE INCOME (LOSS)	6		6
(33) SUMMIT PARTNERS GROWTH EQUITY FUND IX-A, LP - ORDINARY BUSINESS INCOME (LOSS)	(3,027)		(3,027)

(34) SUMMIT PARTNERS GROWTH EQUITY FUND IX-A, LP - OTHER RENTAL INCOME (LOSS)	20		20
(35) SUMMIT PARTNERS GROWTH EQUITY FUND X-A, LP - INTEREST INCOME	101		101
(36) SUMMIT PARTNERS GROWTH EQUITY FUND X-A, LP - ORDINARY BUSINESS INCOME (LOSS)	(2,449)		(2,449)
(37) SUMMIT PARTNERS GROWTH EQUITY FUND X-A, LP - ORDINARY DIVIDENDS	2		2
(38) SUMMIT PARTNERS GROWTH EQUITY FUND X-A, LP - OTHER INCOME (LOSS)	(160)		(160)
(39) SUMMIT PARTNERS GROWTH EQUITY FUND X-A, LP - OTHER PORTFOLIO INCOME (LOSS)	5		5
(40) THE RESOLUTE FUND IV, L.P. - ORDINARY DIVIDENDS	25		25
(41) THE RESOLUTE FUND IV, L.P. - OTHER INCOME (LOSS)	(20)		(20)
(42) TRIVE CAPITAL FUND V LP - INTEREST INCOME	28		28
(43) TRIVE CAPITAL FUND V LP - NET RENTAL REAL ESTATE INCOME (LOSS)	(197)		(197)
(44) TRIVE CAPITAL FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	(94,809)		(94,809)
(45) TRIVE CAPITAL FUND V LP - ORDINARY DIVIDENDS	12		12
(46) TRIVE CAPITAL FUND V LP - OTHER INCOME (LOSS)	(11,831)		(11,831)
(47) TRIVE CAPITAL FUND V LP - OTHER RENTAL INCOME (LOSS)	2,418		2,418
Total	**(93,168)**	**0**	**(93,168)**

Schedule A - Part I, Line 12 — Other Income

Description	Amount
INVESTMENT INCOME FROM PARTNERSHIP	
(1) CANCELLATION OF DEBT - LANDMARK EQUITY PARTNERS XV L.P.	96
(2) CANCELLATION OF DEBT - LANDMARK EQUITY PARTNERS XVI L.P.	4
(3) CANCELLATION OF DEBT - PARK STREET CAPITAL PRIVATE EQUITY FUND XI, L.P.	1
Total	**101**
Total for Schedule A - Part I, Line 12	**101**

Schedule A - Part II, Line 6 — Taxes and Licenses

Description	Amount
INVESTMENT INCOME FROM PARTNERSHIP	
(1) FOREIGN TAXES PAID	2

Schedule A - Part II, Line 14 — Other Deductions

Description	Amount
INVESTMENT INCOME FROM PARTNERSHIP	
(1) OTHER DEDUCTIONS - PORTFOLIO FROM STEPSTONE VC GLOBAL PARTNERS X-B, L.P.	7
(2) OTHER DEDUCTIONS - PORTFOLIO FROM STG ALLEGRO-A, L.P.	1,356
(3) OTHER DEDUCTIONS - PORTFOLIO FROM TRIVE CAPITAL FUND V L.P.	10
(4) OTHER DEDUCTIONS - PORTFOLIO FROM THE RESOLUTE FUND IV, L.P.	162
(5) OTHER DEDUCTIONS - PORTFOLIO FROM THE LANDMARK EQUITY PARTNERS XV, L.P.	15
(6) OTHER DEDUCTIONS - PORTFOLIO FROM THE LANDMARK EQUITY PARTNERS XVI, L.P.	384
(7) OTHER DEDUCTIONS - PORTFOLIO FROM PARK STREET CAPITAL PRIVATE EQUITY FUND XI, L.P.	20
Total	**1,954**

SCHEDULE D (Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to *www.irs.gov/Form1120* for instructions and the latest information.

OMB No. 1545-0123

2025

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . . ☐ **Yes** ☐ **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with **Box A** or **Box G** checked.				0
2 Totals for all transactions reported on Form(s) 8949 with **Box B** or **Box H** checked				0
3 Totals for all transactions reported on Form(s) 8949	0	0	0	140

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	**4**		
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	**5**		
6 Unused capital loss carryover (attach computation)	**6**	(0)	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	**7**	140	

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with **Box D** or **Box J** checked				0
9 Totals for all transactions reported on Form(s) 8949 with **Box E** or **Box K** checked				0
10 Totals for all transactions reported on Form(s) 8949 with **Box F** or **Box L** checked	0	0	0	763

11 Enter gain from Form 4797, line 7 or 9	**11**	3,853	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	**12**		
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	**13**		
14 Capital gain distributions (see instructions)	**14**		
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	**15**	4,616	

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	**16**	140
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	**17**	4,616
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .	**18**	4,756

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2025

Attachment Sequence No. **12A**

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

Social security number or taxpayer identification number: 38-6095283

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

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- ☐ **(A)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
- ☑ **(C)** Short-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(G)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(H)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(I)** Short-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
LANDMARK EQUITY PARTNERS XV, L.P.	VARIOUS		0	0		0	(2)
LANDMARK EQUITY PARTNERS XVI, L.P	VARIOUS		0	0		0	1
(SEE STATEMENT)	VARIOUS		0	0		0	141
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** or **Box G** above is checked), **line 2** (if **Box B** or **Box H** above is checked), or **line 3** (if **Box C** or **Box I** above is checked)			0	0		0	140

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA, INC.	38-6095283

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

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

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

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

- ☐ **(D)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
- ☑ **(F)** Long-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(J)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(K)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(L)** Long-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
PARTNERS FOR GROWTH VII US, L.P.	VARIOUS		0	0		0	650
LANDMARK EQUITY PARTNERS XV, L.P	VARIOUS		0	0		0	(404)
LANDMARK EQUITY PARTNERS XVI, L.P	VARIOUS		0	0		0	(75)
(SEE STATEMENT)	VARIOUS		0	0		0	592
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** or **Box J** above is checked), **line 9** (if **Box E** or **Box K** above is checked), or **line 10** (if **Box F** or **Box L** above is checked)			0	0		0	763

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

Form 8949 **Supplemental Information.** Description of property.

Return Reference - Identifier	Explanation
FORM 8949, PART I - ROW 3 - BOX C	PARK STREET CAPITAL PRIVATE EQUITY FUND XI, L.P.
FORM 8949, PART II - ROW 4 - BOX F	PARK STREET CAPITAL PRIVATE EQUITY FUND XI, L.P.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2025

Attachment Sequence No. **27**

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

Identifying number: 38-6095283

1a	Enter the gross proceeds from sales or exchanges reported to you for 2025 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	**1a**	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

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

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SPG X-A LP	1065 SCH K-1					(53)
SPG IX-A AIV LP	1065 SCH K-1					-1655
LEP XV, LP	1065 SCH K-1					76
LEP XVI LP	1065 SCH K-1					96

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	3853
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. **Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

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

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	0
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

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

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

30	Total gains for all properties. Add property columns A through D, line 24	30	0
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	0
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

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

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	0	0

Part I, Line 2 — Sales or Exchanges of Property

(a) Description of property	(b) Date acquired (mo. day. yr.)	(c) Date sold (mo. day. yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sums of (d) and (e)
(1) PSC PE FUND XI LP	1065 SCH K-1					5,389