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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
70 W 8TH STREET
ROOM/SUITE 100

City or town, state or country, and ZIP + 4
HOLLAND, MI 49423

D Employer identification number
38-6095283

E Telephone number
(616) 396-6590

G Gross receipts $ 3,437,879

F Name and address of principal officer
MATTHEW LEPARD
70 WEST 8TH STREET
HOLLAND,MI 49423

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (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

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO MAKE THE GREATER HOLLAND/ZEELAND AREA A BETTER PLACE IN WHICH TO LIVE AND WORK BY ENHANCING THE QUALITY OF LIFE FOR ALL ITS CITIZENS

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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of employees (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	82
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,564,929	2,854,681
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,219,515	550,781
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,390	11,438
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,802,834	3,416,900
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,195,111	2,488,791
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	337,219	360,451
	16a Professional fundraising fees (Part IX, column (A), line 11e)		28,650
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 197,519		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	151,481	134,665
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,683,811	3,012,557
	19 Revenue less expenses Subtract line 18 from line 12	6,119,023	404,343

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	31,700,171	37,959,658
	21 Total liabilities (Part X, line 26)	734,766	1,412,904
	22 Net assets or fund balances Subtract line 21 from line 20	30,965,405	36,546,754

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

****** | 2010-11-10
Signature of officer | Date

JANET DE YOUNG EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JAYNE E VENLET	Date 2010-11-15	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MEYAARD TOLMAN & VENLET PC PO BOX 320 ZEELAND, MI 49464			EIN ▶ Phone no ▶ (616) 772-1901

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

OUR MISSION IS TO MAKE THE GREATER HOLLAND/ZEELAND AREA A BETTER PLACE IN WHICH TO LIVE AND WORK BY ENHANCING THE QUALITY OF LIFE FOR ALL ITS CITIZENS

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 2,591,656 including grants of $ 2,488,791) (Revenue $)

THE FOUNDATION IS DEDICATED TO ENHANCING THE SPIRIT OF COMMUNITY AND THE QUALITY OF LIFE FOR ALL RESIDENTS OF HOLLAND, ZEELAND AND THE SURROUNDING COMMUNITIES WE ACHIEVE THIS THROUGH THE GENERATION AND STEWARDSHIP OF PERMANENTLY ENDOWED FUNDS FROM A BROAD DONOR BASE AND PROACTIVELY FUND NON-PROFIT ORGANIZATION PROGRAMS THAT ADDRESS CHANGING COMMUNITY NEEDS IN THE AREAS OF HEALTH, EDUCATION, ARTS & CULTURE, SOCIAL WELFARE, ENVIRONMENT, COMMUNITY AND ECONOMIC DEVELOPMENT, YOUTH AND THE ELDERLY

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

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

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

4e **Total program service expenses** ▶ $ 2,591,656

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17	Yes	
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	Yes	
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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) and 501(c)(4) 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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	14		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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**	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**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?		**6a**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the 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**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 21		
b	Enter the number of voting members that are independent . .	1b 21		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RANDY THELEN
70 WEST 8TH STREET
HOLLAND, MI 49423
(616) 396-6590

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶			

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,854,681				
	g	Noncash contributions included in lines 1a-1f $ 452,274				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,854,681			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	779,081			779,081
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses	86			
	c	Gain or (loss)	-228,214 / -86			
	d	Net gain or (loss) . . . . . ▶	-228,300	-228,300		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a	42,660			
	b	Less direct expenses . . . b	20,893			
	c	Net income or (loss) from fundraising events . . ▶	21,767	21,767		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	ANNUAL LUNCHEON REVENUE	3,147	3,147		
	b	(FORM K-1) EIN 43-2071837	-13,476	-13,476		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	-10,329			
	12	**Total revenue.** See Instructions . . . ▶	3,416,900	-216,862		779,081

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	2,288,751	2,288,751		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	200,040	200,040		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,500	24,150	16,100	40,250
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	219,973	38,449	111,601	69,923
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,928	1,860	3,794	3,274
9 Other employee benefits	27,421	5,713	11,654	10,054
10 Payroll taxes	23,629	4,923	10,042	8,664
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	18,319		18,319	
d Lobbying				
e Professional fundraising *See Part IV, line 17*	28,650			28,650
f Investment management fees				
g Other	10,424	2,606	5,212	2,606
12 Advertising and promotion	22,744	5,686	2,274	14,784
13 Office expenses	9,958	1,793	3,078	5,087
14 Information technology	606	303	61	242
15 Royalties				
16 Occupancy	27,378	8,213	13,689	5,476
17 Travel	2,840	426	710	1,704
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,520	4,477	2,057	1,986
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,025	4,009	4,008	4,008
23 Insurance	7,897		7,897	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ANNUAL REPORT	8,480		8,480	
b MEMBERSHIPS AND SUBSCRIPT	3,967	198	3,372	397
c MISCELLANEOUS	1,183	59	710	414
d STAFF AND BOARD ADVANCEME	324		324	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	3,012,557	2,591,656	223,382	197,519
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		5,471,129	2	3,764,483
	3	Pledges and grants receivable, net		1,054,013	3	229,283
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		6,437	7	255,687
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 155,411			
	b	Less accumulated depreciation	10b 120,559	40,660	10c	34,852
	11	Investments—publicly traded securities		25,126,583	11	33,672,724
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,249	15	2,529
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		31,700,171	16	37,959,658
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable		30,402	18	679,784
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		704,364	25	733,120
	26	**Total liabilities.** Add lines 17 through 25		734,766	26	1,412,904
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		29,911,392	27	36,317,471
	28	Temporarily restricted net assets		1,054,013	28	229,283
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		30,965,405	33	36,546,754
	34	Total liabilities and net assets/fund balances		31,700,171	34	37,959,658

Part XI Financial Statements and Reporting

			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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
38-6095283

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,203,323	2,988,657	8,305,110	7,564,929	2,854,681	26,916,700
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,203,323	2,988,657	8,305,110	7,564,929	2,854,681	26,916,700
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)						7,594,155
6 **Public Support.** Subtract line 5 from line 4						19,322,545

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,203,323	739,988	8,305,110	7,564,929	2,854,681	26,916,700
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	552,269	739,988	1,078,040	574,617	779,081	3,723,995
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						30,640,695

12	Gross receipts from related activities, etc (See instructions)	12	32,331

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	63 060 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	65 940 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 38-6095283

Name: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AFRIK TAIYOH TRUSTEE	1 00	X						0	0	0
AMANTE CHAR TRUSTEE	1 00	X						0	0	0
BOCANEGRA JUANITA TRUSTEE	1 00	X						0	0	0
BUSH LORI TRUSTEE	1 00	X						0	0	0
CHAMPASSAK THUN TRUSTEE	1 00	X						0	0	0
CLARK MILLER DEB TRUSTEE	1 00	X						0	0	0
DEN HERDER SUSAN SECRETARY	1 00	X		X				0	0	0
DONNELLY JOHN JR TRUSTEE	1 00	X						0	0	0
ETTERBEEK KRISTIN YOUTH TRUSTE	1 00	X						0	0	0
LEPARD MATTHEW PRESIDENT	2 00	X		X				0	0	0
LOPEZ ELEANOR TRUSTEE	1 00	X						0	0	0
MARQUIS JOHN EX-OFFICIO	1 00	X		X				0	0	0
MATHUR DR RITA TRUSTEE	1 00	X						0	0	0
MEYERS HANNES JR TRUSTEE	1 00	X						0	0	0
MILLER NANCY TRUSTEE	1 00	X						0	0	0
NELSON THOR TRUSTEE	1 00	X						0	0	0
NEYDON PETER TRUSTEE	1 00	X						0	0	0
QUERY ANN 1ST VICE PRE	2 00	X		X				0	0	0
SMITH JUDY TRUSTEE	1 00	X						0	0	0
THELEN RANDY TREASURER	2 00	X		X				0	0	0
ZWIER DANIEL TRUSTEE	1 00	X						0	0	0
DE YOUNG JANET EXEC DIR	40 00			X				0	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
38-6095283

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	83	340
2	Aggregate contributions to (during year)	824,132	2,030,549
3	Aggregate grants from (during year)	1,875,304	613,487
4	Aggregate value at end of year	6,294,763	30,251,991

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 may 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" to 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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	23,643,308	31,021,101			
b Contributions	1,431,883	1,744,102			
c Investment earnings or losses	4,280,997	-8,232,837			
d Grants or scholarships	505,981	889,058			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	28,850,207	23,643,308			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 16 480 % %
- b Permanent endowment ▶ 83 520 % %
- c Term endowment ▶ %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		155,411	120,559	34,852
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				34,852

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITIES PAYABLE	728,870
PAYROLL TAXES PAYABLE	4,250
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	733,120

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,416,900
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,012,557
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	404,343
4	Net unrealized gains (losses) on investments	4	5,177,006
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-796,123
9	Total adjustments (net) Add lines 4 - 8	9	4,380,883
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,785,226

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

1	Total revenue, gains, and other support per audited financial statements			1	8,068,350
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,177,006		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	20,979		
e	Add lines **2a** through **2d**			2e	5,197,985
3	Subtract line **2e** from line **1**			3	2,870,365
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 XIV)	4b	546,535		
c	Add lines **4a** and **4b**			4c	546,535
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,416,900

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

1	Total expenses and losses per audited financial statements			1	3,283,124
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 XIV)	2d	304,331		
e	Add lines **2a** through **2d**			2e	304,331
3	Subtract line **2e** from line **1**			3	2,978,793
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 XIV)	4b	33,764		
c	Add lines **4a** and **4b**			4c	33,764
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,012,557

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	MANAGEMENT BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON ITS FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS ACCORDINGLY, FOR ALL OPEN TAX YEARS, THE FOUNDATION HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2009
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSES 20,979 AGENCY ENDOWMENT REVENUE (INCLUDING INTEREST, DIVIDEND 0 UNREALIZED AND REALIZED GAINS AND LOSSES) - 801,237 INTERFUND TRANSFERS 283,352 PRESENTATION OF PROFESSIONAL FUNDRAISING EXPENSES -28,650 SPECIAL EVENT EXPENSES -20,893 INTERFUND TRANSFERS -283,352 LOSS ON DISPOSITION OF EQUIPMENT -86 AGENCY ENDOWMENT EXPENSES/GRANTS 5,114 PRESENTATION OF PROFESSIONAL FUNDRAISING EXPENSES 28,650
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 20,979
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	AGENCY ENDOWMENT REVENUE (INCLUDING INTEREST, DIVIDEND 0 UNREALIZED AND REALIZED GAINS AND LOSSES) 801,237 INTERFUND TRANSFERS -283,352 PRESENTATION OF PROFESSIONAL FUNDRAISING EXPENSES 28,650
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES 20,893 INTERFUND TRANSFERS 283,352 LOSS ON DISPOSITION OF EQUIPMENT 86
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	AGENCY ENDOWMENT EXPENSES/GRANTS 5,114 PRESENTATION OF PROFESSIONAL FUNDRAISING EXPENSES 28,650

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
38-6095283

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government 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 activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name 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
DEVELOPMENT STRATEGIES INC	VARIOUS		No		28,650	-28,650
Total . . . . . ▶					28,650	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA EVENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	42,660			42,660
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	42,660			42,660
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,893			20,893
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				20,893
	11 Net income summary Combine lines 3, column d, and line 10 ▶				21,767

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash 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 Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated 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?	**15a**		
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			
	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?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

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

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SEE ATTACHED SCHEDULE		3	2,288,751				

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4) SCHOLARSHIPS AT 7,000	4	28,000			
7) SCHOLARSHIPS AT 5,000	7	35,000			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE FOUNDATION REQUESTS A GRANT EVALUATION FORM TO BE COMPLETED BY ALL ORGANIZATIONS RECEIVING GRANTS ONE OF THE QUESTIONS ON THE EVALUATION ADDRESSES USE OF THE GRANT FUNDS ALSO, IN THE AWARDING LETTER, GRANTEES ARE INFORMED OF THE PURPOSE OF THE GRANT AND ARE REQUIRED TO RETURN ANY GRANT FUNDS NOT EXPENDED FOR THE STATED PURPOSE
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	THE FOUNDATION AWARDED SEVEN SCHOLARSHIPS OF 5,000 EACH, AND FOUR AT 7,000 EACH, TOTALING 63,000 ALL OTHER SCHOLARSHIPS WERE LESS THAN 5,000 TOTAL SCHOLARSHIPS AWARDED TO INDIVIDUAL RECEIPIENTS AND THEIR EDUCATIONAL INSTITUTIONS WERE 200,040

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

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

Employer identification number
38-6095283

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	**(a)** Name of disqualified person	**(b)** Description of transaction	**(c)** Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	**(b)** Loan to or from the organization? To	From	**(c)** Original principal amount	**(d)** Balance due	**(e)** In default? Yes	No	**(f)** Approved by board or committee? Yes	No	**(g)** Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
GOOD SAMARITAN MINISTRYJOHN QUERY	SEE SCHEDULE O	30,398	GRANTS		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

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

Employer identification number
38-6095283

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	421,236	FAIR 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	X	1	31,038	FAIR MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization
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THE HOLLAND/ZEELAND AREA

Employer identification number
38-6095283

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	ALL BOARD MEMBERS ARE ON A VOLUNTEER BASIS DURING 2009, INDIVIDUALS SERVED AS VOLUNTEERS IN THE FOLLOWING CAPACITIES BOARD MEMBERS, INCLUDING EXITING AND INCOMING BOARD MEMBERS ADVISORY BOARD PARTICIPANTS YOUTH ADVISORY COMMITTEE MEMBERS INCLUDING EXISTING AND INCOMING PARTICIPANTS ADVISORY AND STANDING COMMITTEES
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CAYMAN ISLANDS
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	DONORS WHO CONTRIBUTE 50 OR MORE ARE CONSIDERED TO BE "MEMBERS" AND ARE INVITED TO VOTE IN THE GOVERNING BOARD AT THE ANNUAL MEETING HELD IN THE SPRING OF EACH YEAR OTHERWISE, SUCH "MEMBERS" HAVE NO GOVERNING AUTHORITY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A DRAFT COPY OF FORM 990, AND SUPPORTING SCHEDULES, WAS SUBMITTED, VIA EMAIL, TO THE EXECUTIVE COMMITTEE AND THE AUDIT COMMITTEE MEMBERS FOR THEIR APPROVAL CONFIRMATION OF RECEIPT AND APPROVAL WAS SENT VIA RETURN EMAIL RESPONSE AFTER SAID APPROVAL BY THESE COMMITTEE MEMBERS, A COPY OF THE 990 WAS PROVIDED TO ALL BOARD MEMBERS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE COMMUNITY FOUNDATION STRIVES TO MAINTAIN THE HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES AND PROGRAMS AND TO AVOID ANY CONFLICTS OF INTEREST EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS AND EMPLOYEES, SHALL SIGN 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 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 SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	PURPOSE OVER AND ABOVE ANY LEGAL REQUIREMENT OR PUBLIC SCRUTINY, AS GOOD STEWARDS OF PHILANTHROPIC RESOURCES, THE FOUNDATION WOULD LIKE TO GO 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 NOVEMBER, THE EXECUTIVE DIRECTOR WILL WRITE A SELF-ASSESSMENT OF HIS/HER ACHIEVEMENTS BASED ON THE PERFORMANCE GOALS SET FOR THE YEAR THE ASSESSMENT SHOULD INCLUDE OBJECTIVES SET FOR THE PAST YEAR, ACCOMPLISHMENTS TOWARDS OBJECTIVES, DISCUSSION OR EXPLANATIONS OF UNMET OBJECTIVES, AND OTHER ITEMS AS NEED BE DISCUSSED 2) THE PRESIDENT OF THE BOARD WILL SEND A MEMO BY EARLY DECEMBER TO ALL TRUSTEES ALONG WITH AN EVALUATION FORM AND A COPY OF THE SELF-ASSESSMENT 3) TRUSTEES ARE ASKED TO COMPLETE AN EVALUATION FORM AND RETURN IT DIRECTLY TO THE PRESIDENT, ALONG WITH ANY COMMENTS OR RESPONSES ABOUT THE EXECUTIVE DIRECTOR'S PERFORMANCE OR SELF-ASSESSMENT BY MID-DECEMBER 4) STAFF IS ALSO ASKED TO COMPLETE AN EVALUATION FORM AND MAIL DIRECT TO THE BOARD PRESIDENT BY MID-DECEMBER (STAFF IS NOT PROVIDED A COPY OF THE SELF-ASSESSMENT) 5) THE BOARD PRESIDENT WILL COLLECT AND CONDENSE THE EVALUATION INTO A SUMMARY FORM AND INCLUDE COMMENTS PROVIDED BY TRUSTEES AND STAFF 6) THE EXECUTIVE COMMITTEE WILL SERVE 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 7) EXECUTIVE COMMITTEE WILL OBTAIN AND REFERENCE APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS SALARY DETERMINATION RELEVANT DATA INCLUDES, BUT IS NOT LIMITED TO CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT SOURCES FOR EXAMPLE COUNCIL ON FOUNDATION'S GRANT MAKER'S SALARIED BENEFITS REPORTS (PUBLISHED ANNUALLY), CHARITABLE FORM 990'S ON GUIDESTAR, NONPROFIT SALARY SURVEYS THE COMMITTEE WILL REVIEW COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS AND WILL THEN RECOMMEND SALARY ADJUSTMENTS OR BONUS PAYMENTS IN ACCORDANCE WITH THE RULES SET FORTH IN IRC 4958 8) THE EXECUTIVE COMMITTEE WILL MEET WITH THE EXECUTIVE DIRECTOR TO PROVIDE FEEDBACK AND REVIEW COMMENTS DISCUSSION SHOULD INCLUDE OBJECTIVES OR GOALS TO BE INCLUDED IN THE FOLLOWING YEAR'S OBJECTIVES 9) DOCUMENTATION MEETING MINUTES SHOULD INCLUDE COMMITTEE MEMBERS IN ATTENDANCE AND THOSE THAT VOTED ON IT, BASIC TERMS OF THE CONTRACT AND THE DATE IS 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
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	NO COMPENSATION IS ISSUED TO BOARD OF DIRECTORS THERE ARE NO OTHER EMPLOYEES MEETING THE DEFINITION OF A KEY EMPLOYEE NOTE A FORMAL REVIEW OF ALL EMPLOYEES IS CONDUCTED BY THE EXECUTIVE DIRECTOR ANNUALLY EMPLOYEES ARE ASKED TO SUBMIT ORGANIZATIONAL GOALS WITHIN THEIR AREA OF RESPONSIBILITY AND A SEMI-ANNUAL MEETING IS SCHEDULED THAT SEEKS TO MONITOR PROGRESS TOWARDS STATED ACCOMPLISHMENT GOALS IN EACH OF THOSE AREAS AT YEAR-END, EMPLOYEES CONDUCT A SELF-REVIEW IN THE AREAS OF JOB KNOWLEDGE, PROFESSIONALISM, EFFICIENCY AND ACCURACY, TEAMWORK AND INITIATIVE AND MEETS WITH THE EXECUTIVE DIRECTOR TO DISCUSS AREAS OF STRENGTH, WEAKNESS OR SUGGESTIONS FOR IMPROVEMENT
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, SUCH AS FORM 1023, ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND RECORDS RETENTION POLICY, ARE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990 IS AVAILABLE ON GUIDESTAR AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND UPON REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	ADDITIONAL EXPLANATION RE SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING RELATED PERSONS ANN QUERY IS A BOARD MEMBER OF THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA DISBURSED GRANTS TOTALING 30,398 TO GOOD SAMARITAN MINISTRIES DURING 2009 HER SPOUSE, JOHN QUERY, IS A BOARD MEMBER OF GOOD SAMARITAN MINISTRIES, INC ALL GRANTS TO GOOD SAMARITAN MINISTRIES WERE SUBJECTED TO THE RIGOROUS GRANT APPROVAL PROCESS OF THE COMMUNITY FOUNDATION

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA

EIN 38-6095283

SCHEDULE I - PART II - GRANTS OVER $5,000

YEAR ENDED 12-31-09

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-cash Assistance	Valuation Method	Description Non-cash Assistnc	Purpose of Grant or Assistance
Amazing Adventures Christian Learning Center 925 Central Avenue Holland, MI 49423	26-4416987	501(c)(3)	15,000		0		Tuition Assistance
Boys & Girls Club of Greater Holland	38-2756671	501(c)(3)	14,600		0		Northside Project
435 Van Raalte Ave.	38-2756671	501(c)(3)	2,500		0		Designer Show House 2009
Holland, MI 49423	38-2756671	501(c)(3)	30,000		0		Learning Center Technology
	38-2756671	501(c)(3)	1,150		0		Northside Project
CASA-Children's After School Achievement	38-1381271	501(c)(3)	3,300		0		Save the Water
263 College Avenue	38-1381271	501(c)(3)	2,000		0		Annual Donation
P.O. Box 9000 Holland, MI 49422-9000							
Center for Women in Transition	38-2181204	501(c)(3)	10,000		0		Transitional Housing
411 Butternut	38-2181204	501(c)(3)	10,574		0		Emergency Shelter
Holland, MI 49424	38-2181204	501(c)(3)	500		0		General Support
	38-2181204	501(c)(3)	500		0		Program Support
	38-2181204	501(c)(3)	1,000		0		Unrestricted Support
	38-2181204	501(c)(3)	500		0		Annual Support
	38-2181204	501(c)(3)	1,000		0		Annual Fund
Child Development Services of Ottawa County	38-1840604	501(c)(3)	1,000		0		Unrestricted Support to Honor JoAnne Brooks
100 Pine St Ste 220	38-1840604	501(c)(3)	5,000		0		Speech Therapy
Zeeland, MI 49464-2602	38-1840604	501(c)(3)	-580		0		Feasibility Study for Longfellow School
Christ Memorial Church	38-6032818	501(c)(3)	7,000		0		$2,000 to Ministry Fund, $2, 000 to Building Fund, $2,000 to Samaritan Fund, $1,000 to Mission Fund
595 Graafschap Road Holland, MI 49423							
Christian Learning Center - Grand Rapids	38-2619844	501(c)(3)	5,000		0		Jeff Van Daalen Fund
4340 Burlingame SW Wyoming, MI 49509							

City of Holland	38-6004622		3,251	0	Maple Avenue Brick Project
270 S. River Avenue	38-6004622		3,300	0	Holland Youth Advisory Council
Holland, MI 49423	38-6004622		400	0	Veteran Memorial Garden Maintenance
City on a Hill Ministries	20-3901260	501(c)(3)	30,000	0	Health Clinic
100 Pine Street	20-3901260	501(c)(3)	1,500	0	Health Clinic
Zeeland, MI 49464	20-3901260	501(c)(3)	2,000	0	Health Clinic
Community Access Line of the Lakeshore	38-3171086	501(c)(3)	5,800	0	Community Marketing & Outreach Compaign
560 Seminole Rd.					
Muskegon, MI 49444					
Community Action House	23-7120670	501(c)(3)	2,000	0	Homeless Assistance Recovery Program - AmeriCorps Match
345 West 14th Street					
Holland, MI 49423	23-7120670	501(c)(3)	5,000	0	Critical Needs - Household & Personal Necessities
	23-7120670	501(c)(3)	1,000	0	Unrestricted Support
	23-7120670	501(c)(3)	30,000	0	Emergency Services
	23-7120670	501(c)(3)	1,000	0	Annual Donation
Culver Educational Foundation	35-0868071	501(c)(3)	71,000	0	$5,000 Mexico Habitat for Humanity and $66,000 Mexico Scholarship Challenge Fund
1300 Academy Road #153					
Culver, IN 46511-9980					
Evergreen Commons Senior Center	38-2526940	501(c)(3)	1,000	0	Unrestricted Support
480 State Street	38-2526940	501(c)(3)	1,000	0	Annual Donation
Holland, MI 49423	38-2526940	501(c)(3)	250	0	Annual Support
	38-2526940	501(c)(3)	10,574	0	Meals on Wheels
Family Life Ministries	38-3234306	501(c)(3)	5,000	0	Winning at Home Child-Friendly Therapy Room
300 South State St., Ste. 13					
Zeeland, MI 49464					
Geneva Camp & Retreat Center	38-1417381	501(c)(3)	10,574	0	Kids Hope Program
3995 N. Lakeshore Dr. N	38-1417381	501(c)(3)	1,000	0	Unrestricted Support
Holland, MI 49424	38-1417381	501(c)(3)	250	0	Program Support

Girl Scouts of Michigan Shore to Shore 3275 Walker Ave. NW Grand Rapids, MI 49544	38-1366924	501(c)(3)	1,000	0	Annual Fund
	38-1366924	501(c)(3)	3,300	0	Inspiring Greatness in Youth - Leadership and Service Learning Program
	38-1366924	501(c)(3)	250	0	Unrestricted Support
	38-1366924	501(c)(3)	10,000	0	All Aboard - Uniquely Me!
	38-1366924	501(c)(3)	700	0	Camp scholarship support for Holland/Zeeland area children
Good Samaritan Ministries 513 East 8th Street, Suite 25 Holland, MI 49423	38-1887347	501(c)(3)	500	0	General Support
	38-1887347	501(c)(3)	1,000	0	40th Anniversary Celebration
	38-1887347	501(c)(3)	10,000	0	Beyond the Walls - Building Healthier Neighborhoods
	38-1887347	501(c)(3)	3,000	0	Homelessness Prevention Rental Assistance Fund
	38-1887347	501(c)(3)	12,740	0	Parents as Teachers
	38-1887347	501(c)(3)	1,000	0	Faith-based Partners Initiative Giving for Good Auction
	38-1887347	501(c)(3)	2,000	0	AmeriCorps Program
Grand Rapids Community College 143 Bostwick Ave. NE Grand Rapids, MI 49503-3201	38-6100380	501(c)(3)	67,000	0	GRCC Lakeshore MidTown Campus Project
Grand Valley State University 301 Michigan St NE Ste 100 Grand Rapids, MI 49503-3314	38-1684280	501(c)(3)	5,000	0	Annual Fund
	38-1684280	501(c)(3)	1,500	0	$500 to Parent Fund, $1,000 to Young Leaders Fund
	38-1684280	501(c)(3)	250	0	Interfaith Institute Fund
Greater Ottawa County United Way PO Box 1349 115 Clover Street Holland, MI 49422	38-3522782	501(c)(3)	5,000	0	Holland Flood Relief - Water Heaters
	38-3522782	501(c)(3)	2,000	0	Spending Policy Distribution
	38-3522782	501(c)(3)	7,700	0	Spending Policy Distribution
	38-3522782	501(c)(3)	5,000	0	Flood Relief
	38-3522782	501(c)(3)	1,000	0	Flood Relief
His Harvest Stand 100 S Pine St STE 100 Zeeland, MI 49464	32-0069107	501(c)(3)	5,000	0	Critical Needs - Food Pantry & Essentials
Holland Area Arts Council 150 East 8th Street Holland, MI 49423	38-2420156	501(c)(3)	3,500	0	Annual Donation
	38-2420156	501(c)(3)	1,500	0	Patron Support
	38-2420156	501(c)(3)	200	0	Unrestricted Support
	38-2420156	501(c)(3)	500	0	Unrestricted Support

Holland Free Health Clinic 99 W. 26th Street Holland, MI 49423	30-0072620	501(c)(3)	1,000	0	Annual Donation
	30-0072620	501(c)(3)	25,000	0	Expanding Service Capacity & Infrastructure
Holland Harbor Lighthouse 3277 Lake Drive SE E. Grand Rapids, MI 49506	38-7396083	501(c)(3)	2,000	0	Lighthouse Maintenance/Painting
	38-7396083	501(c)(3)	1,770	0	Lighthouse Maintenance and Upkeep
	38-7396083	501(c)(3)	4,000	0	Lighthouse Maintenance/Repairs
	38-7396083	501(c)(3)	351	0	Reporting Expenses
Holland Historical Trust 31 W 10th St Holland, MI 49423	38-1692502	501(c)(3)	1,500	0	Program Support
	38-1692502	501(c)(3)	1,000	0	Program Support
	38-1692502	501(c)(3)	10,000	0	Bury the Dragon Flood Disaster
	38-1692502	501(c)(3)	250	0	Unrestricted Support
	38-1692502	501(c)(3)	1,000	0	Annual Fund
Holland Hospital Foundation 602 Michigan Ave Holland, MI 49423	38-2800065	501(c)(3)	5,000	0	School Nursing Program
	38-2800065	501(c)(3)	3,000	0	Rescue Mission Nurse
	38-2800065	501(c)(3)	5,000	0	Culinary Cabaret
	38-2800065	501(c)(3)	250	0	Unrestricted Support
	38-2800065	501(c)(3)	250	0	School Nurse Program
Holland Rescue Mission 356 Fairbanks Ave Holland, MI 49423	38-1734763	501(c)(3)	10,000	0	Food Service Capacity Support
Homecor 151 Central Avenue, Ste 280 Holland, MI 49423	38-3281993	501(c)(3)	5,000	0	Annual Donation
Hope College 141 East 12th Street P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	1,000	0	Patron of the Arts $500 and Hope Fund $500
	38-1381271	501(c)(3)	2,500	0	$2,000 Hope Fund and $500 Patron of the Arts
	38-1381271	501(c)(3)	5,500	0	$3,000 Miller Scholarship, $2,000 Annual Fund, $500 Patron
Hope Summer Repertory Theatre DeWitt Cultural Center P.O. Box 9000 Holland, MI 49422-9000	38-1381271	501(c)(3)	10,000	0	$5,000 Center Stage Circle and $5,000 Annual Support

InterCare Community Health Network, Inc 50 Industrial Park Drive Bangor, MI 49013	38-2009364	501(c)(3)	5,000	0	Reach Out and Read Program
Lakeshore Advantage 201 West Washington Ste 410 Zeeland, MI 49464	06-1708014	501(c)(6)	9,700	0	Job Retention and Expansion Activities
	06-1708014	501(c)(6)	40,000	0	Job Retention and Expansion Activities
Lakeshore Ethnic Diversity Alliance P.O. Box 2945 Holland, MI 49422-2945	38-3360686	501(c)(3)	15,000	0	Diversity Champion
Latin Americans United for Progress 96 W 15th Street, Ste. 102 PO Box 1384 Holland, MI 49422-1384	38-2099880	501(c)(3)	10,000	0	Unresticted Support
	38-2099880	501(c)(3)	7,000	0	Hispanic Youth Leadership Development Program
Life Services System of Ottawa County, Inc. 11172 Adams St Holland, MI 49423	38-2854059	501(c)(3)	6,240	0	Parents as Teachers Oversight and Support Program
	38-2854059	501(c)(3)	8,480	0	Parents as Teachers Training
	38-2854059	501(c)(3)	4,163	0	Parents as Teachers Training
Make-A-Wish Foundation of Michigan 230 Huron View Blvd. Ann Arbor, MI 48104	38-2505812	501(c)(3)	7,500	0	One Penny at a Time Gala
Maple Avenue Ministries 427 Maple Avenue Holland, MI 49423	38-6032818	501(c)(3)	500	0	Annual Fund
	38-6032818	501(c)(3)	5,000	0	Project Learn
Michigan State University -Ottawa County Extension 333 Clinton Street Grand Haven, MI 49417	38-6005984	501(c)(3)	5,000	0	Journey 4-H Youth Mentoring - The Outdoor Challenge
New Community Fourth Reformed Church 238 W. 15th Street Holland, MI 49423	38-6179728	501(c)(3)	800	0	Critical Needs - Essentials for Breakfast with Baby Program
	38-6179728	501(c)(3)	650	0	Mobile Food Pantry and Breakfast with Baby
	38-6179728	501(c)(3)	10,800	0	Feeding America Mobile Food Pantry

NewNorth Center for Design in Business 201 W Washington STE 410 Zeeland, MI 49464	27-0440934		100,000	0	Seed Money
Opera Grand Rapids 1320 Fulton St E Grand Rapids, MI 49503-3852	38-6142941 38-6142941	501(c)(3) 501(c)(3)	5,000 4,300	0 0	Capital Campaign Annual Gala
Ottawa County 12220 Filmore St West Olive, MI 49460		501(c)(3)	38,300	0	Ottawa County Parks Nature Education Center
Ottawa County Health Department 12251 James Street Holland, MI 49424		501(c)(3) 501(c)(3)	10,000 6,240	0 0	Miles of Smiles Mobile Dental Unit Outreach Parents as Teachers Universal Referral System
Ottawa County Human Services Coordinating Council 12120 Fillmore West Olive, MI 49460		501(c)(3)	5,000	0	Community Coordination/Access to Mental Health
Outdoor Discovery Center A-4214 56th Street Holland, MI 49423	38-2461102 38-2461102	501(c)(3) 501(c)(3)	1,000 10,000	0 0	Annual Donation Creating Partnerships...Improving Lives Through Nature
Regional Air Alliance of West Michigan 2900 Charlevoix Drive SE Suite 360 Grand Rapids, MI 49546	26-4346543	501(c)(3)	10,000	0	Initiative Support
Salvation Army 104 Clover Avenue Holland, MI 49423	22-2406433 22-2406433 22-2406433 22-2406433	501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)	1,000 2,000 5,000 2,000	0 0 0 0	Program Support Utilities Assistance Critical Needs - Utility and Rent Assistance Unrestricted Support
Second Reformed Church 225 East Central Avenue Zeeland, MI 49464	38-1507304 38-1507304 38-1507304 38-1507304	501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)	10,000 3,000 5,500 650	0 0 0 0	Annual Fund Critical Needs - Food Pantry & Utility Assistance Adult Literacy Training Food and Utilities Assistance

The Nature Conservancy in Michigan 101 East Grand River Lansing, MI 48906	53-0242652	501(c)(3)	31,797	0	Saugatuck Property Acquisition Project
Tulip Time Festival 238 S. River Avenue	38-1266660	501(c)(3)	1,069	0	Dutch Dance Costume Financial Assistance
Holland, MI 49423	38-1266660	501(c)(3)	4,390	0	Gould Sponsor 2009
	38-1266660	501(c)(3)	149	0	2009 Tulip Time Festival
Waterfront Film Festival P.O. Box 387 Saugatuck, MI 49453	38-3519201	501(c)(3)	5,000	0	Annual Support
Wedgwood Christian Services 3300 36th Street SE Grand Rapids, MI 49512	38-1918221	501(c)(3)	1,000,000	0	Building Hope for Children Campaign
West Michigan Strategic Alliance	38-3551109	501(c)(3)	5,000	0	Regional Indicators Project
P.O. Box 68046 Grand Rapids, MI 49516	38-3551109	501(c)(3)	100,000	0	Annual Support
West Ottawa Educational Foundation	38-2631368	501(c)(3)	1,000	0	Annual Fund
P O. Box 8302 Holland, MI 49422-8302	38-2631368	501(c)(3)	12,000	0	International Baccalaureate Development Support
Western Theological Seminary 101 East 13th Street Holland, MI 49423	38-2009204	501(c)(3)	6,000	0	$5,000 to Voskuil Chair Fund, $1,000 to General Fund
Young Life - Holland	84-0385934	501(c)(3)	8,000	0	Young Lives for TEEN DADS
96 W 15th St Ste 108	84-0385934	501(c)(3)	500	0	Zeeland Program Support
Holland, MI 49423	84-0385934	501(c)(3)	500	0	Unrestricted Support
Youth for Christ of Ottawa and Allegan Counties 100 S. Pine St Suite 390 Zeeland, MI 49464	38-1943656	501(c)(3)	1,000	0	Unrestricted Support
Youth for Christ of Ottawa and Allegan Counties 100 S. Pine St Suite 390 Zeeland, MI 49464	38-1943656	501(c)(3)	5,400	0	teen MoMs Laundry Night

Zeeland Public Schools Community Recreation 320 East Main Street Zeeland, MI 49464	501(c)(3)	63,400	0	Jim Kaat Ballpark Lighting
Totals		**2,141,981**	0	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA	Employer identification number 38-6095283
	Number, street, and room or suite no. If a P.O. box, see instructions. 70 W 8TH STREET 100	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOLLAND MI 49423	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ RANDY THELEN
  Telephone No. ▶ 616-396-6590 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/10.

5 For calendar year 2009, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Jayne E. Venlet Title ▶ JAYNE E. VENLET, CPA Date ▶ 08/11/10

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA	38-6095283
	Number, street, and room or suite no. If a P.O. box, see instructions. 70 W 8TH STREET 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOLLAND MI 49423	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ RANDY THELEN

Telephone No. ▶ 616-396-6590 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.