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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
70 WEST 8TH STREET 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 $ 10,484,105

F Name and address of principal officer
ANN QUERY
70 WEST 8TH STREET SUITE 100
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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFHZ ORG

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

Part I Summary

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 individuals employed in calendar year 2011 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	43
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-4,833
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-4,833

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,907,076	5,377,014
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	237,225	579,487
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,834	-14,941
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,171,135	5,941,560
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,764,821	4,337,610
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	325,570	334,422
16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,000	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶161,529		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	170,064	589,317
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,263,455	5,261,349
19	Revenue less expenses Subtract line 18 from line 12	1,907,680	680,211

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	41,940,253	41,329,077
21	Total liabilities (Part X, line 26)	967,939	1,102,623
22	Net assets or fund balances Subtract line 21 from line 20	40,972,314	40,226,454

Part II Signature Block

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

Sign Here

****** Signature of officer — 2012-11-13 Date

JANET DEYOUNG EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: CAROL LALONDE CPA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00181637

Firm's name (or yours if self-employed), address, and ZIP + 4: PLANTE & MORAN PLLC, 750 TRADE CENTRE WAY STE 300, PORTAGE, MI 49002 | EIN ▶ 38-1357951 | Phone no ▶ (269) 567-4500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 WE ACHIEVE THIS BY MAINTAINING AN ORGANIZATION THROUGH WHICH OUR COMMUNITIES CAN BUILD PERMANENT ENDOWMENTS THAT WILL SERVE THE COMMUNITIES, AND DO SO EFFICIENTLY, WITH MAXIMUM TAX BENEFITS TO THE DONOR, PROVIDING PROFESSIONAL MANAGEMENT OF THESE FUNDS TO PROTECT AND ENHANCE THE PRINCIPAL WHILE MAXIMIZING INCOME, AND USING THIS INCOME TO MEET NEEDS AND ENHANCE THE QUALITY OF LIFE IN WAYS THAT ARE COMPATIBLE WITH THE WISHES OF THE DONOR AND THE GOALS OF THE COMMUNITY FOUNDATION OUR AREAS OF INTEREST ARE EDUCATION, THE ARTS, HEALTH, SOCIAL SERVICES, ENVIRONMENT, RECREATION, COMMUNITY DEVELOPMENT, AND THE NEEDS OF THE YOUTH AND THE ELDERLY WE FOCUS OUR GRANTS ON CAPITAL PROJECTS AND NEW, CREATIVE ENDEAVORS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 4,731,879 including grants of $ 4,337,610) (Revenue $ 0)

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, DIVERSITY, 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** ▶ $ 4,731,879

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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		No
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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	22		
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**	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who 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	Yes	
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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**

Check if Schedule O contains a response to any question in this Part VII . . . . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) ANN QUERY PRESIDENT	8 00	X		X				0	0	0
(2) SUSAN DEN HERDER VICE-PRESIDENT	4 00	X		X				0	0	0
(3) RANDY THELEN TREASURER	3 00	X		X				0	0	0
(4) JUANITA BOCANEGRA SECRETARY	3 00	X		X				0	0	0
(5) MATTHEW LEPARD PAST PRESIDENT	1 00	X						0	0	0
(6) TAIYOH AFRIK TRUSTEE	1 00	X						0	0	0
(7) CHAR AMANTE TRUSTEE	1 00	X						0	0	0
(8) THUN CHAMPASSAK TRUSTEE	1 00	X						0	0	0
(9) LORI BUSH TRUSTEE	3 00	X						0	0	0
(10) JOHN DONNELLY JR TRUSTEE	1 00	X						0	0	0
(11) ELEANOR LOPEZ TRUSTEE	1 00	X						0	0	0
(12) JOHN MARQUIS TRUSTEE	30	X						0	0	0
(13) RITU MATHUR TRUSTEE	1 00	X						0	0	0
(14) HANNES MEYERS JR TRUSTEE	1 00	X						0	0	0
(15) JUDY SMITH TRUSTEE	2 00	X						0	0	0
(16) SCOTT SPOELHOF TRUSTEE	1 00	X						0	0	0
(17) DAN ZWIER TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) DEREK POSTMA YOUTH TRUSTEE - AS OF 5/11	1 00	X						0	0	0
(19) NANCY MILLER TRUSTEE	1 00	X						0	0	0
(20) HAANS MULDER TRUSTEE	2 00	X						0	0	0
(21) DEB CLARK-MILLER TRUSTEE	2 50	X						0	0	0
(22) SHANE BRANDSEN YOUTH TRUSTEE - THROUGH 5/11	50	X						0	0	0
(23) JANET DEYOUNG EXECUTIVE DIRECTOR	50 00			X				78,960	0	11,222

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	78,960	0	11,222

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

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

			(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 56,416				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5,320,598				
	g	Noncash contributions included in lines 1a-1f $ 1,326,273				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,377,014			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	480,420		-4,833	485,253
	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: 4,619,171				
	b	Less cost or other basis and sales expenses: 4,520,104				
	c	Gain or (loss): 99,067				
	d	Net gain or (loss) . . . . . ▶	99,067			99,067
	8a	Gross income from fundraising events (not including $ 56,416 of contributions reported on line 1c) See Part IV, line 18 . . . a 7,500				
	b	Less direct expenses . . . b 22,441				
	c	Net income or (loss) from fundraising events . . ▶	-14,941			-14,941
	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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	5,941,560	0	-4,833	569,379

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,997,097	3,997,097		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	340,513	340,513		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	90,182	27,055	18,036	45,091
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	186,240	22,306	120,175	43,759
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,615	1,538	4,308	2,769
9	Other employee benefits	28,984	5,176	14,492	9,316
10	Payroll taxes	20,401	3,643	10,201	6,557
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	16,746		16,746	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	9,401		9,401	
12	Advertising and promotion	36,806	14,136	7,137	15,533
13	Office expenses	7,710	1,423	2,521	3,766
14	Information technology	21,143	7,170	7,557	6,416
15	Royalties . .				
16	Occupancy	28,191	8,457	14,096	5,638
17	Travel	1,359	204	340	815
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,950	4,356	2,866	20,728
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,721		9,721	
23	Insurance	7,737		7,737	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAMS	367,300	258,408	108,892	
b	COMMUNITY LEADERSHIP	13,100	13,100		
c	ANNUAL REPORT	8,622		8,622	
d	MEMBERSHIPS	4,614	231	3,922	461
e					
f	All other expenses	28,917	27,066	1,171	680
25	**Total functional expenses.** Add lines 1 through 24f	5,261,349	4,731,879	367,941	161,529
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		4,112,451	2	1,684,080
	3	Pledges and grants receivable, net		84,592	3	133,275
	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		505,687	7	1,069,293
	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 163,523			
	b	Less accumulated depreciation	10b 132,453	39,476	10c	31,070
	11	Investments—publicly traded securities		37,194,031	11	38,405,862
	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		3,916	15	5,397
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		41,940,253	16	41,329,077
Liabilities	17	Accounts payable and accrued expenses		4,156	17	4,317
	18	Grants payable		358,199	18	945,360
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		605,584	25	152,946
	26	**Total liabilities.** Add lines 17 through 25		967,939	26	1,102,623
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		40,887,722	27	39,283,163
	28	Temporarily restricted net assets		84,592	28	943,291
	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		40,972,314	33	40,226,454
	34	Total liabilities and net assets/fund balances		41,940,253	34	41,329,077

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	5,941,560
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,261,349
3	Revenue less expenses Subtract line 2 from line 1	3	680,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	40,972,314
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,426,071
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	40,226,454

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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

2011

Open to Public Inspection

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

Employer identification number
38-6095283

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

The organization is not a private foundation because it is (For lines 1 through 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,305,110	7,564,929	2,854,681	3,907,076	5,377,014	28,008,810
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	8,305,110	7,564,929	2,854,681	3,907,076	5,377,014	28,008,810
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)						6,186,783
6 **Public Support.** Subtract line 5 from line 4						21,822,027

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,305,110	7,564,929	2,854,681	3,907,076	5,377,014	28,008,810
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,078,040	574,617	779,081	63,690	480,420	2,975,848
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	32,506	39,188	32,331	47,856	7,500	159,381
11 **Total support** (Add lines 7 through 10)						31,144,039

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

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 2011 (line 6 column (f) divided by line 11 column (f))	14	70 070 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	62 820 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME SPECIAL EVENT REVENUE

Additional Data

Software ID:

Software Version:

EIN: 38-6095283

Name: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA INC

Form 990, Special Condition Description:

Special Condition Description

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
38-6095283

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	93	376
2	Aggregate contributions to (during year)	1,959,281	3,835,277
3	Aggregate grants from (during year)	2,530,963	1,806,647
4	Aggregate value at end of year	7,690,389	32,536,065

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	4,854,575	4,541,127	3,908,713	5,403,132	
b	Contributions	514,665	170,349	186,457	225,731	
c	Investment earnings or losses	-171,082	307,999	714,046	-1,524,756	
d	Grants or scholarships	229,085	164,900	231,068	195,394	
e	Other expenditures for facilities and programs					
f	Administrative expenses			37,021		
g	End of year balance	4,969,073	4,854,575	4,541,127	3,908,713	

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- 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		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,445	535	4,910
d Equipment		24,524	19,847	4,677
e Other		133,554	112,071	21,483
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				31,070

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
(1) Financial derivatives		
(2) 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	152,946
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	152,946

2. Fin 48 (ASC 740) 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 (ASC740)

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	5,941,560
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,261,349
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	680,211
4	Net unrealized gains (losses) on investments	4	-1,817,710
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	391,639
9	Total adjustments (net) Add lines 4 - 8	9	-1,426,071
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-745,860

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	3,403,966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,817,710		
b	Donated services and use of facilities	2b	5,208		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	391,639		
e	Add lines **2a** through **2d**			2e	-1,420,863
3	Subtract line **2e** from line **1**			3	4,824,829
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	1,116,731		
c	Add lines **4a** and **4b**			4c	1,116,731
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,941,560

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

1	Total expenses and losses per audited financial statements			1	4,903,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	5,208		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	22,441		
e	Add lines **2a** through **2d**			2e	27,649
3	Subtract line **2e** from line **1**			3	4,876,058
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	385,291		
c	Add lines **4a** and **4b**			4c	385,291
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,261,349

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENTS HELD BY THE FOUNDATION ARE REPORTED IN ACCORDANCE WITH FASB ASC 958 AND ARE CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS ALL ENDOWMENTS REPORTED ARE BOARD-DESIGNATED, OR QUASI-ENDOWMENTS, AS DEFINED WITHIN THE IRS FORM INSTRUCTIONS THE AMOUNTS REPORTED IN PART V INCLUDE ALL FUNDS OVER WHICH THE FOUNDATION ITSELF IMPOSES RESTRICTIONS ON THEIR USE ON PRIOR YEARS' FORM 990S, THE AMOUNT REPORTED AS ENDOWMENTS REFLECTED A MAJORITY OF THE UNRESTRICTED NET ASSETS OF THE ORGANIZATION IN 2011, THE NET ASSET CLASSIFICATIONS HAVE BEEN REVISED TO ONLY INCLUDE QUASI ENDOWMENT UNRESTRICTED FUNDS DESIGNATED AS SUCH BY THE BOARD OF TRUSTEES WITH THE INTENT OF CONSISTENCY AND PROPER REPORTING, THE FOUNDATION HAS RESTATED ALL PRIOR YEARS OF ENDOWMENT INFORMATION IN SCHEDULE D, PART V
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE FOUNDATION IS A PUBLIC CHARITY AND OPERATES AS A 501(C)(3), AS DESCRIBED IN SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE CONSEQUENTLY, THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AND CERTAIN EXCISE TAXES IMPOSED ON PRIVATE FOUNDATIONS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2011 AND 2010, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 391,639
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 391,639
PART XII, LINE 4B - OTHER ADJUSTMENTS		AGENCY REVENUE 1,139,172 SPECIAL EVENT EXPENSES -22,441
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 22,441
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AGENCY EXPENSES 385,291

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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

2011

Open to Public Inspection

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

Employer identification number
38-6095283

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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 LUNCHEON (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	58,360	5,556		63,916
	2 Less Charitable contributions	50,860	5,556		56,416
	3 Gross income (line 1 minus line 2)	7,500			7,500
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,521	2,880		7,401
	7 Food and beverages	6,009			6,009
	8 Entertainment				
	9 Other direct expenses	5,198	3,833		9,031
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(22,441)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-14,941

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

Open to Public Inspection

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

Employer identification number
38-6095283

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to 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 Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 73

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 2

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
(1) SCHOLARSHIPS FOR STUDENTS ATTENDING POST-SECONDARY EDUCATIONAL INSTITUTIONS	170	340,513	0	N/A	N/A

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 A LETTER ACCOMPANIES ALL GRANT AWARDS, INFORMING THE GRANTEE OF THE PURPOSE OF THE GRANT GRANTEES ARE REQUIRED TO RETURN ANY GRANT FUNDS NOT EXPENDED FOR THE STATED PURPOSE THE FOUNDATION REQUIRES A GRANT EVALUATION FORM TO BE COMPLETED BY ALL ORGANIZATIONS RECEIVING COMPETITIVE GRANTS ONE OF THE QUESTIONS ON THE EVALUATION REQUIRES THE GRANTEE TO DESCRIBE THE USE OF THE GRANT FUNDS THE DIRECTOR OF GRANTMAKING REVIEWS THE RESPONSES TO BE SURE IT WAS CONSISTENT WITH THE ORIGINAL GRANT PURPOSE SCHOLARSHIP AWARDS ARE ISSUED DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR CREDIT TO THE STUDENT'S ACCOUNTS ANY DOLLARS NOT USED FOR THE STATED PURPOSE OR STUDENT ARE RETURNED BY THE SCHOOLS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-6095283
Name: THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ARTPRIZE201 MONROE AVE NW STE 500 GRAND RAPIDS, MI 49503	26-4571560	501(C)(3)	5,000				TO ENHANCE AND PROMOTE ARTS, CULTURE, HUMANITIES
BENJAMIN'S HOPE 895 OTTAWA BEACH ROAD HOLLAND, MI 49424	74-3153382	501(C)(3)	608,300				CAPITAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BETHANY CHRISTIAN SERVICES12048 JAMES STREET HOLLAND,MI 49424	38-3542119	501(C)(3)	6,000				ALTERNATIVES FOR FAMILIES COGNITIVE BEHAVIORAL THERAPIST PROGRAM
BOYS & GIRLS CLUB OF GREATER HOLLAND435 VAN RAALTE AVE HOLLAND,MI 49423	38-2756671	501(C)(3)	30,209				FAMILIES PLUS, NORTHSIDE FACILITY, FENCING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CALVARY CHRISTIAN REFORMED CHURCH OF HOLLAND400 BEELINE ROAD HOLLAND,MI 49424	38-2051351	501(C)(3)	5,000				NORTHSIDE COMMUNITY PARK
CASA-CHILDREN'S AFTER SCHOOL ACHIEVEMENTPO BOX 9000 HOLLAND,MI 494229000	38-1381271	501(C)(3)	7,300				FARM TO TABLE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTER FOR MICHIGAN THE 4100 N DIXBORO RD ANN ARBOR, MI 48105	32-0167398	501(C)(3)	20,000				ANNUAL SUPPORT
CENTER FOR WOMEN IN TRANSITION411 BUTTERNUT HOLLAND, MI 49424	38-2181204	501(C)(3)	35,100				PROGRAM SUPPORT, SAFE HOUSE SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHRIST MEMORIAL CHURCH595 GRAAFSCHAP ROAD HOLLAND, MI 49423	38-6032818	501(C)(3)	12,500				UNRESTRICTED SUPPORT
CHRISTIAN LEARNING CENTER - GRAND RAPIDS 4340 BURLINGAME SW WYOMING, MI 49509	38-2619844	501(C)(3)	7,000				JEFF VAN DAALEN FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CITY OF HOLLAND 270 S RIVER AVENUE HOLLAND, MI 49423	38-6004622	GOV'T	5,400				HOLLAND IN BLOOM, UP ON THE ROOFTOPS
CITY ON A HILL MINISTRIES100 PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	13,533				CONTINUING CARE CLINIC SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CLASSIS OF HOLLAND2586 FLORAL DRIVE ZEELAND, MI 49464	22-2549167	501(C)(3)	12,976				SUPPORT CHARITABLE MISSION
COMMUNITY ACTION HOUSE 345 WEST 14TH STREET HOLLAND, MI 49423	23-7120670	501(C)(3)	54,750				HOMELESSNESS AND FORECLOSURE PREVENTION PROGRAMS, PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMMUNITY REFORMED CHURCH 10376 FELCH STREET ZEELAND, MI 494646839	38-6155592	501(C)(3)	34,329				CHILDREN'S MINISTRY AREA RENOVATION
COUNCIL OF MICHIGAN FOUNDATIONSONE S HARBOR DR STE 3 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	6,300				PHILANTHROPY SUPPORT THROUGH MEMBERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CULVER EDUCATIONAL FOUNDATION1300 ACADEMY ROAD 153 CULVER,IN 465119980	35-0868071	501(C)(3)	97,750				$92,750 FOR SCHOLARSHIPS, $5,000 FOR HABITAT
DEGRAAF NATURE CENTER600 GRAAFSCHAP RD HOLLAND,MI 49423	38-6004622	GOV'T	5,485				2011 SPENDING POLICY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EVERGREEN COMMONS SENIOR CENTER480 STATE STREET HOLLAND,MI 49423	38-2526940	501(C)(3)	33,850				ADULT DAY CARE CENTER
FAIRHAVEN MINISTRIES - HAND2HAND PROGRAM2900 BALDWIN ST HUDSONVILLE,MI 49426	38-6165534	501(C)(3)	9,900				HAND2HAND MINISTRIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GERONTOLOGY NETWORK500 CHERRY STREET SE GRAND RAPIDS,MI 49503	38-2774701	501(C)(3)	7,200				LIFE CONNECTIONS HOLLAND/ZEELAND ADVOCATE FUND
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE3275 WALKER AVE NW GRAND RAPIDS,MI 49544	38-1366924	501(C)(3)	5,050				AMUSE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GOOD SAMARITAN MINISTRIES513 EAST 8TH STREET SUITE 25 HOLLAND,MI 49423	38-1887347	501(C)(3)	8,650				NEIGHBORHOOD CONNECTIONS, GIVING FOR GOOD
GRAND RAPIDS COMMUNITY COLLEGE143 BOSTWICK AVE NE GRAND RAPIDS,MI 495033201	38-6100380	GOV'T	32,000				GRCC MID-TOWN CAMPUS PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GRAND RAPIDS SYMPHONY300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 495023039	38-6005447	501(C)(3)	6,000				HOLLAND/ZEELAND AREA LOLLIPOPS MUSIC EDUCATION PROGRAM
GRAND VALLEY STATE UNIVERSITY301 MICHIGAN ST NE STE 100 GRAND RAPIDS, MI 495033314	38-1684280	GOV'T	6,750				MARY IDEMA PEW LIBRARY LEARNING CENTER, INTERFAITH INSITUTE FUND, ANNUAL FUND, YOUNG LEADERS FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GREATER OTTAWA COUNTY UNITED WAYPO BOX 1349 HOLLAND,MI 49422	38-3522782	501(C)(3)	6,598				UNRESTRICTED, SUBSTANCE ABUSE PROGRAMS
HEIGHTS OF HOPE995 EAST 8TH STREET HOLLAND,MI 49423	20-0123010	501(C)(3)	5,500				WHOA FITNESS & HEALTH EDUCATION PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HELEN DEVOS CHILDREN'S HOSPITAL FOUNDATION100 MICHIGAN ST NE GRAND RAPIDS,MI 495023030	38-2752328	501(C)(3)	1,000				ANNUAL FUND
HELEN DEVOS CHILDREN'S HOSPITAL FOUNDATION100 MICHIGAN ST NE GRAND RAPIDS,MI 495023030	38-2752328	501(C)(3)	1,001,250				CLINICAL CARE & CORE RESEARCH SERVICES FOR HAWORTH FAMILY PEDIATRIC ONCOLOGY INNOVATIVE THERAPUETICS CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOLLAND AREA ARTS COUNCIL 150 EAST 8TH STREET HOLLAND,MI 49423	38-2420156	501(C)(3)	8,917				PROGRAM SUPPORT
HOLLAND CHORALEPO BOX 1513 HOLLAND,MI 494221513	38-2188467	501(C)(3)	5,600				ANNUAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOLLAND FREE HEALTH CLINIC99 W 26TH STREET HOLLAND, MI 49423	30-0072620	501(C)(3)	6,000				ANNUAL SUPPORT, PARISH NURSE PROGRAM
HOLLAND HISTORICAL TRUST31 W 10TH ST HOLLAND, MI 49423	38-1692502	501(C)(3)	20,245				VAN RAALTE FARM CIVIL WAR MUSTER, DERBY PARTY, VAN RAALTE CELEBRATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOLLAND HOSPITAL FOUNDATION602 MICHIGAN AVE HOLLAND,MI 49423	38-2800065	501(C)(3)	34,250				SCHOOL NURSE PROGRAM
HOLLAND PUBLIC SCHOOLS156 W 11TH ST HOLLAND,MI 49423	38-6003257	GOV'T	12,088				YOUTH LEADERSHIP SCHOLARSHIP, LEARNING TO READ, READ TO ME

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOLLAND PUBLIC SCHOOLS PTO EDUCATIONAL TRUST282 W 30TH STREET HOLLAND,MI 49423	20-0154989	501(C)(3)	7,330				2011 SPENDING POLICY
HOLLAND RESCUE MISSION356 FAIRBANKS AVE HOLLAND,MI 49423	38-1734763	501(C)(3)	13,925				GAP POPULATION SOLUTIONS PROJECT, POSTAL SERVICE FOOD DRIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOMECOR151 CENTRAL AVENUE STE 280 HOLLAND,MI 49423	38-3281993	501(C)(3)	7,000				ANNUAL SUPPORT
HOPE COLLEGEPO BOX 9000 HOLLAND,MI 494229000	38-1381271	501(C)(3)	9,750				HOPE FUND, VARIOUS FUNDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOPE SUMMER REPERTORY THEATREPO BOX 9000 HOLLAND,MI 494229000	38-1381271	501(C)(3)	5,000				CENTER STAGE CIRCLE
HOSPICE OF HOLLAND270 HOOVER BLVD HOLLAND,MI 49423	38-2355709	501(C)(3)	25,000				VANDER LEEK CUP, TULIP TREE FUND, ANNUAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOWARD MILLER LIBRARY & COMMUNITY CENTER14 S CHURCH STREET ZEELAND, MI 494641728	38-6004744	GOV'T	37,700				2011 SPENDING POLICY
LAKESHORE ADVANTAGE201 WEST WASHINGTON STE 410 ZEELAND, MI 49464	06-1708014	501(C)6	90,000				JOB RETENTION AND EXPANSION PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LAKESHORE ETHNIC DIVERSITY ALLIANCEPO BOX 2945 HOLLAND,MI 494222945	38-3360686	501(C)(3)	22,500				MIGRANT READING PROGRAM
LAKESHORE HABITAT FOR HUMANITY12727 RILEY STREET HOLLAND,MI 49424	38-2893355	501(C)(3)	11,900				NEIGHBORHOOD REVITALIZATION INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LAKESHORE LATINO OUTREACH CENTER INCPO BOX 1664 HOLLAND,MI 494221664	38-3775669	501(C)(3)	10,000				LIVING A HEALTHY LIFE WITH CHRONIC CONDITIONS
LATIN AMERICANS UNITED FOR PROGRESS96 W 15TH STREET STE 101 HOLLAND,MI 49423	38-2099880	501(C)(3)	18,000				ANNUAL SUPPORT, CITIZENSHIP CLASSES, CRITICAL THINKING YOUTH TRAINING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LIFE SERVICES SYSTEM OF OTTAWA COUNTY INC11172 ADAMS ST HOLLAND,MI 49423	38-2854059	501(C)(3)	25,000				PARENTS ARE PRICELESS, LIVING LAUGHTING LEARNING & GROWING, SAFE KIDS LAKESHORE
MACATAWA BAY JUNIOR ASSOCIATIONPO BOX 189 MACATAWA,MI 494340189	38-2460525	501(C)(3)	60,750				JUNIOR SAILING CENTER LEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MAKE-A-WISH FOUNDATION OF MICHIGANSTE 290 2300 GENOA BUSINESS PARK DR DR BRIGHTON,MI 481147369	38-2505812	501(C)(3)	5,000				THE WISH SOCIETY
MSU CAREER SERVICES - MCAN THE IMAGINE FUND 113 STUDENT SERVICES BLDG EAST LANSING,MI 48824	20-8899588	501(C)(3)	75,000				MSU COLLEGE ADVISING CORPS MATCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MUSCULAR DYSTROPHY ASSOCIATION678 FRONT AVE NW STE 265 GRAND RAPIDS,MI 49504	13-1665552	501(C)3	5,000				MDA 2012 WEST MICHIGAN SUMMER CAMP
NEW COMMUNITY FOURTH REFORMED CHURCH238 W 15TH STREET HOLLAND,MI 49423	38-6179728	501(C)(3)	7,500				WESTCORE COMMUNITY CONNECTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NEWNORTH CENTER FOR DESIGN IN BUSINESS62 E 8TH ST HOLLAND,MI 49423	27-0440934	501(C)(3)	62,375				UNRESTRICTED SUPPORT, CAPITAL CAMPAIGN, FISCAL SPONSORSHIP
OAR INCPO BOX 1875 HOLLAND,MI 494221875	38-1984739	501(C)(3)	5,400				ANNUAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT 13565 PORT SHELDON RD HOLLAND, MI 49424	38-1709520	GOV'T	114,955				M-TEC PARKING LOT EXPANSION
OTTAWA COUNTY HEALTH DEPARTMENT12251 JAMES STREET HOLLAND, MI 49424	38-6004883	GOV'T	5,750				MILES OF SMILES MOBILE DENTAL UNIT OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
OUTDOOR DISCOVERY CENTER4214 56TH STREET HOLLAND,MI 49423	38-2461102	501(C)(3)	85,000				FILLMORE DISCOVERY PARK, LAKE MAC WATER RESTORATION PROJECT, PROGRAM SUPPORT
PUMPKINFEST - ZEELAND CHAMBER OF COMMERCE149 W MAIN ZEELAND,MI 49464	38-6108765	501(C)(6)	6,980				SHINING UP PUMPKINFEST

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
READY FOR SCHOOL100 E 8TH ST STE 240 HOLLAND,MI 49423	27-4898652	501(C)(3)	68,100				GENERAL OPERATIONS
RENEW THERAPEUTIC RIDING CENTER 4271 60TH STREET HOLLAND,MI 49423	37-1578949	501(C)(3)	8,321				SCHOLARSHIP PROGRAM FOR HOLLAND/ZEELAND AREA STUDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
RESTHAVEN CARE COMMUNITY9 EAST 8TH STREET HOLLAND, MI 49423	38-1387113	501(C)(3)	14,100				CARE CENTER EXPANSION
SECOND REFORMED CHURCH225 EAST CENTRAL AVENUE ZEELAND, MI 49464	38-1507304	501(C)(3)	50,244				ANNUAL SPENDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SOLID ROCK MINISTRIES100 PINE ST STE 230 ZEELAND, MI 49464	20-5263656	501(C)(3)	7,500				MATERIALS FUND
SPORTSQUEST FAMILY CENTER43 EAST 8TH STREET STE 150 HOLLAND, MI 49423	20-5821743	501(C)(3)	9,900				UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
TALENT 2025259 OTTAWA ST MUSKEGON, MI 494421008	27-0193853	501(C)(3)	5,000				TALENT 2025
TULIP TIME FESTIVAL74 W 8TH STREET HOLLAND, MI 49423	38-1266660	501(C)(3)	8,649				2011 TULIP TIME FESTIVAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF MICHIGAN503 THOMPSON STREET ANN ARBOR, MI 481091340	38-6006309	GOV'T	75,000				MICHIGAN COLLEGE ADVISING CORPS MATCH
WATERFRONT FILM FESTIVALPO BOX 387 SAUGATUCK, MI 49453	38-3519201	501(C)(3)	5,000				ANNUAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WEST MICHIGAN STRATEGIC ALLIANCEPO BOX 68046 GRAND RAPIDS, MI 49516	38-3551109	501(C)(3)	25,000				WEST MICHIGAN INTERNSHIP INITIATIVE
WEST OTTAWA PUBLIC SCHOOLS 1138 136TH AVENUE HOLLAND,MI 49424	38-6032447	GOV'T	100,350				KINETIC AFFECT AND WEST OTTAWA INT'L BACCALAUREATE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ZEELAND CHRISTIAN SCHOOL334 W CENTRAL AVE ZEELAND,MI 49464	38-1566660	GOV'T	23,700				2011 SPENDING POLICY
ZEELAND HISTORICAL SOCIETYBOX 165 ZEELAND,MI 49464	38-2147423	501(C)(3)	12,400				MAIN STREET PERMANENT DISPLAY & NEW GRONINGEN SCHOOL RENOVATION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ZEELAND RECREATION - ZEELAND PUBLIC SCHOOLS320 EAST MAIN ZEELAND, MI 49464	38-6003307	GOV'T	10,000				BALLPARK LIGHTING AND EQUIPMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319008332

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

2011

Open to Public Inspection

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

Employer identification number
38-6095283

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	23	921,437	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (FORFEITURE OF FUTURE PAYMENTS FROM A CRUT)	X	1	404,836	PRESENT VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			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?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS RECEIVED SCHEDULE M, PART I, LINE 25 FOREFEITURE OF FUTURE PAYMENTS FROM A CRUT
THIRD PARTY USE	PART I, LINE 32B	STOCK BROKERS ASSISTED WITH THE SALE OF PUBLICLY TRADED SECURITIES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
38-6095283

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	RANDY THELEN AND ANN QUERY HAVE A BUSINESS RELATIONSHIP HAANS MULDER AND THUN CHAMPASSAK HAVE A BUSINESS RELATIONSHIP MATTHEW LEPARD AND RANDY THELEN HAVE A BUSINESS RELATIONSHIP NANCY MILLER AND SUE DEN HERDER HAVE A FAMILY RELATIONSHIP THE BOARD HAS REVIEWED THE RELATIONSHIPS DESCRIBED ABOVE AND HAS DETERMINED THAT ALL VOTING MEMBERS STILL QUALIFY AS BEING INDEPENDENT
	FORM 990, PART VI, SECTION A, LINE 6	DONORS WHO CONTRIBUTE $50 OR MORE ARE CONSIDERED TO BE "MEMBERS"
	FORM 990, PART VI, SECTION A, LINE 7A	DONORS WHO CONTRIBUTE $50 OR MORE ARE CONSIDERED TO BE "MEMBERS" AND ARE INVITED TO VOTE IN THE ELECTION OF THE GOVERNING BOARD AT THE ANNUAL MEETING HELD IN THE SPRING OF EACH YEAR OTHERWISE, SUCH "MEMBERS" HAVE NO GOVERNING AUTHORITY
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT COPY OF FORM 990 WITH SUPPORTING SCHEDULES WAS PERSONALLY PRESENTED BY THE AUDITORS TO THE AUDIT COMMITTEE FOR THEIR EDITS AND QUESTIONS ON BEHALF OF THE AUDIT COMMITTEE, THE CO-CHAIR E-MAILED TO THE FULL BOARD (ALL OFFICERS AND TRUSTEES/DIRECTORS) A FINAL DRAFT OF THE 990 AND SUPPORTING SCHEDULES, WITH A MOTION TO APPROVE THE FORM 990 FOR FILING AS PRESENTED MOTION TO APPROVE THE FINAL 990 WAS PASSED WITH NO OBJECTIONS RECEIVED
	FORM 990, PART VI, SECTION B, LINE 12C	THE COMMUNITY FOUNDATION STRIVES TO MAINTAIN THE HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES AND PROGRAMS AND TO AVOID ANY CONFLICTS OF INTEREST EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTE WITH BOARD DELEGATED POWERS AND EMPLOYEES, ANNUALLY SIGNS A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON 1)HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IN CONNECTION WITH ANY DIRECT OR INDIRECT FINANCIAL INTEREST OR DUALITY OF INTEREST AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS/HER FINANCIAL INTEREST OR AFFILIATION AND ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEE WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE MAY BE REQUESTED TO LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS
	FORM 990, PART VI, SECTION B, LINE 15	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 NEEDED TO 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, THE COUNCIL ON FOUNDATION'S GRANT MAKER'S SALARIED BENEFIT REPORTS (PUBLISHED ANNUALLY), CHARITABLE FORM 990'S ON GUIDESTAR, AND NONPROFIT SALARY SURVEYS THE COMMITTEE WILL REVIEW COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGNANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS AND WILL THEN RECOMMEND SALARY ADJUSTMENTS OR BONUS PAYMENTS 9) DOCUMENTATION MEETING MINUTES INCLUDE COMMITTEE MEMBERS IN ATTENDANCE AND THOSE THAT VOTED ON IT, BASIC TERMS OF THE CONTRACT AND THE DATE IT WAS APPROVED, THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA WAS OBTAINED, AND ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE TRANSACTION BY ANYONE WHO MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION MEMBERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSATED THERE ARE NO OTHER EMPLOYEES MEETING THE DEFINITION OF A KEY EMPLOYEE A FORMAL REVIEW OF ALL EMPLOYEES IS CONDUCTED BY THE EXECUTIVE DIRECTOR ANNUALLY EMPLOYEES SUBMIT ORGANIZATIONAL GOALS WITHIN THEIR AREA OF RESPONSIBILITY AND PROGRESS TOWARDS STATED ACCOMPLISHMENT GOALS IN EACH OF THOSE AREAS IS DISCUSSED AT YEAR-END EMPLOYEES CONDUCT A SELF-REVIEW IN THE AREAS OF JOB KNOWLEDGE, PROFESSIONALISM, EFFICIENCY AND ACCURACY, TEAMWORK AND INITIATIVE THEN THE EXECUTIVE DIRECTOR MEETS WITH EMPLOYEES TO DISCUSS AREAS OF STRENGTH, WEAKNESS OR SUGGESTIONS FOR IMPROVEMENT THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2011
	FORM 990, PART VI, SECTION C, 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 AUDITED FINANCIAL STATEMENTS, FORM 990 (AND FORM 990-T, IF REQUIRED) ARE AVAILABLE ON THE FOUNDATION'S WEBSITE, ON GUIDESTAR AND UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,817,710 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 391,639 TOTAL TO FORM 990, PART XI, LINE 5 -1,426,071
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR HOWEVER, FOR 2011 THE AUDIT COMMITTEE SUBMITTED A REQUEST FOR PROPOSALS FROM INDEPENDENT AUDIT FIRMS AND SELECTED A NEW AUDITOR FOR THE TAX YEAR ENDED DECEMBER 31, 2011
	FORM 990, PART V, LINE 4	THE FUNDS IN THE CAYMAN ISLANDS ARE HELD IN A HEDGE FUND AND THEREFORE THERE IS NO REQUIREMENT TO FILE FORM TD F 90-22 1