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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 private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

85 EAST 8TH STREET SUITE 110

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

HOLLAND, MI 49423

D Employer identification number

38-6095283

E Telephone number

(616) 396-6590

G Gross receipts \$ 19,999,930

F Name and address of principal officer

SUSAN DEN HERDER
85 EAST 8TH STREET SUITE 110
HOLLAND, MI 49423

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CFHZ.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1951

M State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CREATE LASTING POSITIVE CHANGE WE WORK TO BUILD A PERMANENT COMMUNITY ENDOWMENT THAT SUPPORTS HIGH IMPACT CHARITABLE PROJECTS WE HELP DONORS ACHIEVE THEIR CHARITABLE GOALS, AND WE LEAD AND PARTNER IN COMMUNITY LEVEL INITIATIVES		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	55
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,891
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	32,997
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		5,287,430	8,616,129
		0	0
		1,451,925	889,530
		-17,459	-44,787
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶191,675	4,222,378	4,212,267
		0	0
		419,334	471,980
		0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	826,559	598,481
		5,468,271	5,282,728
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		54,408,241	56,161,825
		661,285	640,381
		53,746,956	55,521,444

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

MICHAEL GOORHOUSE PRESIDENT/CEO

Type or print name and title

2016-10-31

Date

Paid Preparer Use Only

Print/Type preparer's name

TINA M PETERS CPA

Preparer's signature

TINA M PETERS CPA

Date

Check ☐ if self-employed

PTIN

P00904574

Firm's name ▶ PLANTE & MORAN PLLC

Firm's EIN ▶ 38-1357951

Firm's address ▶ 2601 CAMBRIDGE CT SUITE 500

Phone no (248) 375-7100

AUBURN HILLS, MI 48326

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 or note to any line in this Part III ☒

1 Briefly describe the organization's mission

THE MISSION OF THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA IS TO CREATE LASTING POSITIVE CHANGE WE WORK TO BUILD A PERMANENT COMMUNITY ENDOWMENT THAT SUPPORTS HIGH IMPACT CHARITABLE PROJECTS WE HELP DONORS ACHIEVE THEIR CHARITABLE GOALS, AND WE LEAD AND PARTNER IN COMMUNITY LEVEL INITIATIVES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 4,741,929 including grants of \$ 4,212,267) (Revenue \$)
IN ADDITION TO HELPING MANAGE CHARITABLE CONTRIBUTIONS ON BEHALF OF DONORS, THE COMMUNITY FOUNDATION ALSO MAKES STRATEGIC GRANTS THROUGH OUR COMPETITIVE GRANTMAKING PROGRAM. WE LOOK TO SUPPORT HIGH IMPACT PROJECTS THAT ARE BEING IMPLEMENTED BY ORGANIZATIONS WITH THE APPROPRIATE CAPACITY TO SUCCESSFULLY DELIVER ON PROJECT GOALS. IN 2015, SOME OF THE KEY PROJECTS WE SUPPORTED INCLUDE: HOLLAND RESCUE MISSION'S GATEWAY CENTER, GOOD SAMARITAN MINISTRIES CIRCLES YOUTH PROGRAM, RENEW THERAPEUTIC RIDING CENTER'S CAPITAL CAMPAIGN, AND HOLLAND AREA ARTS COUNCIL'S CREATIVE CONNECTIONS PROGRAM.	

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 ▶	4,741,929
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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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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	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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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	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, line 10? If "Yes," complete Schedule D, Part VI	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	Yes	
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		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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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	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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	16	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	8
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
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" to line 3b, 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, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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 as charitable contributions?	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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring 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: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	18	
b	Enter the number of voting members included in line 1a, above, who are independent	18	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization		No
	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?		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?		

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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶MICHAEL GOORHOUSE 85 EAST 8TH STREET SUITE 110 HOLLAND, MI 49423 (616) 396-6590

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) P HAANS MULDER BOARD CHAIR	6 00 0 00	X		X				0	0	0
(2) SCOTT SPOELHOF CHAIR ELECT - AUDIT CHAIR	2 00 0 00	X		X				0	0	0
(3) JIM BISHOP TREASURER	2 00 0 00	X		X				0	0	0
(4) JUANITA BOCANEGRA SECRETARY, DISTRIBUTION CHAIR	2 00 0 00	X		X				0	0	0
(5) SUSAN DEN HERDER PAST BOARD CHAIR - GOVERNANCE CHAIR	5 00 0 00	X						0	0	0
(6) LESLIE BROWN TRUSTEE	0 50 0 00	X						0	0	0
(7) LORI BUSH TRUSTEE	0 50 0 00	X						0	0	0
(8) BRET DOCTER TRUSTEE - PRI CHAIR	2 00 0 00	X						0	0	0
(9) MARK HARDER TRUSTEE	1 00 0 00	X						0	0	0
(10) DAVE JANSSEN TRUSTEE	0 50 0 00	X						0	0	0
(11) ELEANOR LOPEZ TRUSTEE	1 00 0 00	X						0	0	0
(12) NANCY MILLER TRUSTEE	1 00 0 00	X						0	0	0
(13) JANE PATTERSON TRUSTEE	1 00 0 00	X						0	0	0
(14) ANN QUERY TRUSTEE	2 00 0 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(15) JUDITH SMITH TRUSTEE, DEVELOPMENT CHAIR	2 00 0 00	X						0	0	
(16) MARGARET VAN GROUW TRUSTEE	1 00 0 00	X						0	0	
(17) MASON WESOLEK YOUTH TRUSTEE	0 50 0 00	X						0	0	
(18) JIM WIERSMA TRUSTEE - INVESTMENT CHAIR	2 00 0 00	X						0	0	
(19) TABAHN AFRIK YOUTH TRUSTEE - PARTIAL YEAR	0 50 0 00	X						0	0	
(20) MIKE GOORHOUSE PRESIDENT / CEO	50 00 0 00			X				111,500	0	3,300

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	111,500	0	3,300

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	76,951				
	d	Related organizations . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,539,178				
	g	Noncash contributions included in lines 1a-1f \$		1,624,412				
	h	Total. Add lines 1a-1f		8,616,129				
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		391,940		35,891	356,049
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)		497,590			497,590
8a		Gross income from fundraising events (not including \$ 76,951 of contributions reported on line 1c) See Part IV, line 18 . . .	a	26,799				
		b	Less direct expenses	b	71,586			
		c	Net income or (loss) from fundraising events . .		-44,787			-44,787
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			9,460,872	0	35,891	808,852	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,615,022	3,615,022		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	597,245	597,245		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	114,800	34,440	22,960	57,400
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	293,217	95,615	135,147	62,455
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,009	3,509	4,266	3,234
9	Other employee benefits	21,305	6,791	8,256	6,258
10	Payroll taxes	31,649	10,088	12,264	9,297
11	Fees for services (non-employees)				
a	Management				
b	Legal	450		450	
c	Accounting	16,458		16,458	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	21,042	9,628	3,709	7,705
13	Office expenses	12,949	3,178	4,953	4,818
14	Information technology	26,265	6,743	12,991	6,531
15	Royalties				
16	Occupancy	24,204	7,261	12,102	4,841
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,272	21,367	11,181	2,724
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,983		63,983	
23	Insurance	8,958		8,958	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FUND RELATED PROGRAMS	282,381	282,381		
b	MISCELLANEOUS	51,789	47,891	2,461	1,437
c	ESTATE CAMPAIGN	26,039		2,604	23,435
d	MEMBERSHIPS	15,403	770	13,093	1,540
e	All other expenses	13,288		13,288	
25	Total functional expenses. Add lines 1 through 24e	5,282,728	4,741,929	349,124	191,675
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			100	1	100
	2	Savings and temporary cash investments			3,438,405	2	5,809,076
	3	Pledges and grants receivable, net			240,394	3	1,724,817
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			347,536	7	263,358
	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	1,116,913			
	b	Less: accumulated depreciation	10b	177,666	973,703	10c	939,247
	11	Investments—publicly traded securities			21,358,899	11	23,870,950
	12	Investments—other securities. See Part IV, line 11			27,710,217	12	23,443,517
	13	Investments—program-related. See Part IV, line 11			328,529	13	98,999
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,458	15	11,761
	16	Total assets. Add lines 1 through 15 (must equal line 34)			54,408,241	16	56,161,825
Liabilities	17	Accounts payable and accrued expenses			80,815	17	3,923
	18	Grants payable			496,942	18	581,259
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to 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			83,528	25	55,199
	26	Total liabilities. Add lines 17 through 25			661,285	26	640,381
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			52,863,005	27	53,235,988
	28	Temporarily restricted net assets			883,951	28	2,285,456
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			53,746,956	33	55,521,444
	34	Total liabilities and net assets/fund balances			54,408,241	34	56,161,825

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,460,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,282,728
3	Revenue less expenses Subtract line 2 from line 1	3	4,178,144
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,746,956
5	Net unrealized gains (losses) on investments	5	-2,391,126
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,530
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,521,444

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
38-6095283

Part I

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	5,377,014	8,524,432	4,317,914	5,287,430	8,616,129	32,122,919
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,377,014	8,524,432	4,317,914	5,287,430	8,616,129	32,122,919
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)						4,158,945
6 Public support. Subtract line 5 from line 4						27,963,974

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	5,377,014	8,524,432	4,317,914	5,287,430	8,616,129	32,122,919
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	480,420	415,696	399,065	479,977	391,940	2,167,098
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	7,500	15,096	14,034	21,572	26,799	85,001
11 Total support. Add lines 7 through 10						34,375,018

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 section 501(c)(3) organization, check this box and **stop here**

☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	81 350 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	77 420 %

16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

☐

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

☐

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

☐

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA INC	Employer identification number 38-6095283
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	107	370
2	Aggregate value of contributions to (during year)	3,689,883	4,564,430
3	Aggregate value of grants from (during year)	1,763,555	2,291,554
4	Aggregate value at end of year	13,957,082	36,978,443
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☒ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☒ Yes ☐ No

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
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, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	48,189,188	46,466,215	41,041,408	4,938,665	4,854,575
b Contributions	6,951,261	5,980,275	4,773,665	640,613	451,248
c Net investment earnings, gains, and losses	-1,340,910	1,030,995	5,397,350	507,706	-171,082
d Grants or scholarships	5,149,470	5,288,297	4,746,208	376,498	229,085
e Other expenditures for facilities and programs					
f Administrative expenses				20,000	-33,009
g End of year balance	48,650,069	48,189,188	46,466,215	5,690,486	4,938,665

2

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

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

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

4

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		799,950	57,534	742,416
c Leasehold improvements				
d Equipment		316,963	120,132	196,831
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				939,247

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	21,270,892	F
(B) PRIVATE EQUITY REAL ESTATE	866,261	F
(C) GLOBAL REITS	1,306,364	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	23,443,517	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
ANNUITIES PAYABLE	55,199
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	55,199

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,011,856
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,391,126
b	Donated services and use of facilities	2b	-21,012
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-12,530
e	Add lines 2a through 2d	2e	-2,424,668
3	Subtract line 2e from line 1	3	9,436,524
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	24,348
c	Add lines 4a and 4b	4c	24,348
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	9,460,872

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,149,470
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	-21,012
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	71,586
e	Add lines 2a through 2d	2e	50,574
3	Subtract line 2e from line 1	3	5,098,896
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	183,832
c	Add lines 4a and 4b	4c	183,832
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,282,728

Part XIII Supplemental Information

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

Return Reference	Explanation
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. IN 2014, THE NET ASSET CLASSIFICATIONS WERE REVISED TO INCLUDE ALL FUNDS DESIGNATED BY THE BOARD AS ENDOWMENTS WHICH REPRESENTS ALL UNRESTRICTED NET ASSETS. ENDOWMENT INFORMATION FOR 2014 AND 2013 HAS BEEN RESTATED BASED ON THE AUDITED FINANCIAL STATEMENTS. IN 2012 AND YEARS PRIOR, NET ASSET CLASSIFICATIONS WERE REVISED TO ONLY INCLUDE QUASI-ENDOWMENT UNRESTRICTED FUNDS DESIGNATED AS SUCH BY THE BOARD OF TRUSTEES.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AGENCY REVENUE 95,934 SPECIAL EVENT EXPENSES -71,586
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 71,586
PART XII, LINE 4B - OTHER ADJUSTMENTS	AGENCY EXPENSES 183,832

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
38-6095283

Part I

General Information on Activities Outside the United States.
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		11,184,637
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			11,184,637
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			11,184,637

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒ Yes☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐ Yes☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes☒ No

Additional Data

Software ID:

Software Version:

EIN: 38-6095283

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

Part V Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
38-6095283

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1 FALL EVENT CELEBRATION (event type)	(b)Event #2 LUNCHEON (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	93,271	10,479		103,750
	2 Less Contributions	76,951			76,951
	3 Gross income (line 1 minus line 2)	16,320	10,479		26,799
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	36,448			36,448
	7 Food and beverages	10,566	6,187		16,753
	8 Entertainment				
	9 Other direct expenses	11,202	7,183		18,385
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				71,586
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-44,787

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
FORM 990, SCHEDULE G, PART II	EXPLANATION REGARDING FUNDRAISING EVENTS THE ECONOMIC PROFIT EARNED FROM THESE EVENTS IS THE NET OF LINE 1, TOTAL GROSS RECEIPTS (\$103,750) AND LINE 10, DIRECT EXPENSES (\$71,586), OR \$32,164 NET PROFIT THE FOLLOWING ITEMS ARE REPORTED IN COMPLIANCE WITH THE INSTRUCTIONS FOR SCHEDULE G LINE 1, GROSS RECEIPTS - \$103,750 - REPRESENTS TOTAL RECEIPTS FORM THE EVENTS LINE 2, CHARITABLE CONTRIBUTIONS - \$76,951 - REPRESENTS AMOUNT REQUIRED BY THE IRS TO BE ACKNOWLEDGED TO DONORS AS CONTRIBUTIONS LINE 3, GROSS INCOME - \$26,799 - REPRESENTS PAYMENTS BY DONORS FOR VALUE RECEIVED LINE 10, DIRECT EXPENSE SUMMARY - \$71,586 - COSTS INCURRED IN CONNECTION WITH FUNDRAISING EVENTS

Schedule G (Form 990 or 990-EZ) 2015

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

▶ **Attach to Form 990.**

2015

38-6095283

☒ Yes ☐ No

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

3	Enter total number of other organizations listed in the line 1 table	1
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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING POST-SECONDARY (1) EDUCATIONAL INSTITUTIONS	252	597,245	0	N/A	N/A

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

Return Reference	Explanation
PART I, LINE 2	ALL GRANTS OF THE FOUNDATION ARE DISTRIBUTED, AT A MINIMUM, WITH A TRANSMITTAL LETTER THAT ITEMIZES THE PURPOSE OF THE GRANT, CONFIRMS THE CHARITABLE NATURE OF THE GRANT AND ACKNOWLEDGES THE FUND(S) FROM WHICH THE GRANT IS MADE. COMPETITIVE GRANTS REQUIRE A SIGNED GRANT ACCEPTANCE AGREEMENT THAT OUTLINES THE PURPOSE OF THE GRANT AND INSTRUCTS THE GRANTEE TO USE THE FUNDS FOR THE PURPOSE OUTLINED IN THEIR APPLICATION. IT REQUIRES THAT ANY CHANGES IN THE USE OF FUNDS MUST FIRST BE APPROVED BY THE FOUNDATION. A FINAL NARRATIVE AND FINANCIAL REPORT ON THE USE OF FUNDS IS REQUIRED AT THE END OF THE PROGRAM PERIOD. THAT REPORT IS REVIEWED BY THE VICE PRESIDENT OF COMMUNITY IMPACT TO VERIFY THE FUNDS WERE USED FOR THEIR INTENDED PURPOSE. ANY FUNDS REMAINING THAT ARE NOT USED FOR THE STATED PURPOSE ARE REQUIRED TO BE RETURNED. SCHOLARSHIP AWARDS ARE ISSUED DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR CREDIT TO THE STUDENT'S ACCOUNT. ANY DOLLARS NOT USED FOR THE STUDENT'S EDUCATIONAL PURPOSES ARE REQUIRED TO BE RETURNED BY THE SCHOOL.

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3SIXTY PO BOX 2151 HOLLAND,MI 49422	26-0672610	501(C)(3)	30,000	0			MIDTOWN HUB RENOVATION, UNRESTRICTED
BEAVERDAM REFORMED CHURCH 7250 RANSOM ST ZEELAND,MI 49464	38-3127354	501(C)(3)	30,000	0			DEBT REDUCTION
BOYS & GIRLS CLUB OF GREATER HOLLAND 435 VAN RAALTE AVE HOLLAND,MI 49423	38-2756671	501(C)(3)	36,254	0			COLLEGE VISITS, NORTHSIDE FACILITY, COLLEGE AND CAREER READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF GRAND RAPIDS YOUTH COMMONWEALTH 235 STRAIGHT AVE NW GRAND RAPIDS, MI 49504	38-0593958	501(C)(3)	10,000	0			PROJECT LEARN
CALVARY CHRISTIAN REFORMED CHURCH OF HOLLAND 400 BEELINE ROAD HOLLAND, MI 49424	38-2051351	501(C)(3)	25,000	0			GENERAL MINISTRY, MISSION HAITI AND EVERY SQUARE INCH
CAMP SUNSHINE 430 EAST 8TH STREET PMB 200 HOLLAND, MI 49423	38-3444227	501(C)(3)	5,300	0			UNRESTRICTED SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR WOMEN IN TRANSITION 411 BUTTERNUT HOLLAND, MI 49424	38-2181204	501(C)(3)	27,750	0			UNRESTRICTED,, DOMESTIC VIOLENCE EMERGENCY SHELTER
CENTRAL AVENUE CHRISTIAN REFORMED CHURCH 259 CENTRAL AVENUE HOLLAND, MI 49423	38-1387126	501(C)(3)	8,300	0			MFFM (BRIDGE) FUND
CHILDREN'S ADVOCACY CENTER 12125 UNION STREET HOLLAND, MI 49424	38-3445089	501(C)(3)	16,900	0			UNRESTRICTED, FORENSIC MEDICAL EXAMS FOR ABUSE VICTIMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST MEMORIAL CHURCH 595 GRAAFSCHAP ROAD HOLLAND, MI 49423	38-6032818	501(C)(3)	49,600	0			SOUTH AFRICA MISSIONS, SPENDING GRANT, ESCAPE COLLEGE VISITS
CITY OF HOLLAND 270 S RIVER AVENUE HOLLAND, MI 49423	38-6004622	GOVERNMENT	70,550	0			BIANNUAL RETREAT, SNOWMELT EXTENSION PROJECT, MULTI-CULTURAL FESTIVAL, WWII MEMORIAL GARDEN, LAKEVIEW CITY PARK, HOLLAND YOUTH CONNECTIONS
CITY OF SAUGATUCK PO BOX 86 102 BUTLER ST SAUGATUCK, MI 49453	38-6007203	GOVERNMENT	19,800	0			DUNES MAINTENANCE AND RESTORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ZEELAND 21 SOUTH ELM STREET ZEELAND, MI 49464	38-6004744	GOVERNMENT	27,200	0			SPLASH PAD
CITY OF ZEELAND 21 SOUTH ELM STREET ZEELAND, MI 49464	38-6004744	GOVERNMENT	45,000	0			SPENDING GRANT
CITY ON A HILL MINISTRIES 100 PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	12,250	0			HEALTH CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACCESS LINE OF THE LAKESHORE 560 SEMINOLE RD MUSKEGON, MI 49444	38-3171086	501(C)(3)	7,371	0			YOUTH ENGAGEMENT INITIATIVE
COMMUNITY ACTION HOUSE 345 WEST 14TH STREET HOLLAND, MI 49423	23-7120670	501(C)(3)	42,181	0			UNRESTRICTED, SPENDING GRANT, FACILITY IMPROVEMENTS, HOLIDAY TURKEYS
COMPASSIONATE HEART MINISTRIES 100 S PINE STREET STE 150 ZEELAND, MI 49464	36-2423707	501(C)(3)	50,900	0			UNRESTRICTED SUPPORT, HEARTHS IN MOTION, CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRITTER BARN 9275 ADAMS STREET ZEELAND, MI 49464	32-0028470	501(C)(3)	25,500	0			PHASE 1 CAPITAL PROJECT AND PROPERTY
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD 153 CULVER, IN 46511	35-0868071	501(C)(3)	5,000	0			HABITAT BUILDING BRIDGES PROGRAM
DAVENPORT UNIVERSITY 6191 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-1945965	501(C)(3)	5,000	0			GDC/SCOTT GEERLINGS ENDOWED SCHOLARSHIP (CAP CAMPAIGN)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIM CHRISTIAN SERVICES 13020 S CENTRAL AVENUE PALOS HEIGHTS, IL 60462	36-2276614	501(C)(3)	7,500	0			MOVING BEYOND CAPITAL CAMPAIGN
ESCAPE OF GRAND RAPIDS 202 E 32ND STREET HOLLAND, MI 49423	47-3381068	501(C)(3)	60,000	0			UNRESTRICTED SUPPORT
ESCAPE YFGK 202 EAST 32ND STREET HOLLAND, MI 49423	45-3015164	501(C)(3)	39,500	0			VEHICLE PURCHASE, UNRESTRICTED SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERGREEN COMMONS SENIOR CENTER 480 STATE STREET HOLLAND, MI 49423	38-2526940	501(C)(3)	26,350	0			SPENDING GRANT, EVERGREEN CHORALE, IN-HOME DAY CENTER
FAMILY HOPE FOUNDATION 7086 8TH AVENUE JENISON, MI 49428	26-4505914	501(C)(3)	14,950	0			SPENDING GRANT
FIRST REFORMED CHURCH 148 E CENTRAL AVE ZEELAND, MI 49464	38-1505635	501(C)(3)	50,500	0			UNRESTRICTED SUPPORT, SPECIAL ED MINISTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR ECONOMIC EDUCATION 1718 PEACHTREE ST NW SUITE 1048 ATLANTA, GA 30309	13-6006960	501(C)(3)	25,000	0			EDUCATIONAL SEMINAR
GENEVA CAMP & RETREAT CENTER 3995 N LAKESHORE DR HOLLAND, MI 49424	38-1417381	501(C)(3)	8,150	0			GENEVA 365, UNRESTRICTED SUPPORT
GOOD SAMARITAN MINISTRIES 513 EAST 8TH STREET SUITE 25 HOLLAND, MI 49423	38-1887347	501(C)(3)	65,250	0			CIRCLES YOUTH, NEIGHBORHOOD CONNECTIONS, HOUSING ASSESSMENT, AND UNRESTRICTED SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VALLEY STATE UNIVERSITY PO BOX 1945 GRAND RAPIDS, MI 49501	38-1684280	501(C)(3)	9,349	0			UNRESTRICTED, NONPROFIT BOARD TRAINING PROGRAM, FOUNDERS ENDOWED SCHOLARSHIP AND ESTHER PADNOS NURSING SCHOLARSHIP
GREATER HOLLAND AREA YOUNG LIFE 96 W 15TH ST STE 108 HOLLAND, MI 49423	84-0385934	501(C)(3)	9,000	0			UNRESTRICTED SUPPORT AND YOUNG LIVES FOR TEEN MOMS
GREATER OTTAWA COUNTY UNITED WAY 115 CLOVER STREET STE 300 HOLLAND, MI 49422	38-3522782	501(C)(3)	66,750	0			LAKESHORE HOUSING ALLIANCE, OTTAWA HOUSING NEXT, BOARD TRAINING, COMMUNITY ASSESSMENT, LAKESHORE NONPROFIT ALLIANCE, SPENDING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAITI PARTNERS PO BOX 2865 VERO BEACH, FL 32961	26-3768289	501(C)(3)	5,000	0			DREAM BIG CAMPAIGN
HIGHER GROUND FOUNDATION 2185 EAGLE BOULEVARD HOLLAND, MI 49424	38-3446501	501(C)(3)	5,000	0			UNRESTRICTED SUPPORT
HIS HARVEST STAND 100 S PINE ST STE 100 ZEELAND, MI 49464	32-0069107	501(C)(3)	14,033	0			WALK-IN COOLER AND FREEZER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLAND AREA ARTS COUNCIL 150 EAST 8TH STREET HOLLAND, MI 49423	38-2420156	501(C)(3)	28,300	0			UNRESTRICTED AND CREATIVE CONNECTIONS ART SPACE
HOLLAND CHRISTIAN SCHOOLS 956 OTTAWA AVENUE HOLLAND, MI 49423	38-1416520	501(C)(3)	12,800	0			2015 SPENDING POLICY GRANT
HOLLAND DEACON'S CONFERENCE 272 E 26TH ST HOLLAND, MI 49423	38-2309172	501(C)(3)	31,000	0			UNRESTRICTED SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLAND EDUCATIONAL FOUNDATION 320 W 24TH ST HOLLAND, MI 49423	38-2513737	501(C)(3)	5,000	0			UNRESTRICTED SUPPORT
HOLLAND FREE HEALTH CLINIC 99 W 26TH STREET HOLLAND, MI 49423	30-0072620	501(C)(3)	22,500	0			UNRESTRICTED SUPPORT AND ELECTRONIC HEALTH SOFTWARE SYSTEM
HOLLAND HARBOR LIGHTHOUSE 114 MAIDSTONE CT NE GRAND RAPIDS, MI 49546	38-7396083	501(C)(3)	9,750	0			LIGHTHOUSE MAINTENANCE AND EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLAND HISTORICAL TRUST 31 W 10TH ST HOLLAND, MI 49423	38-1692502	501(C)(3)	45,500	0			UNRESTRICTED, FIVE-YEAR MASTER PLAN, SPENDING GRANT
HOLLAND RESCUE MISSION 356 FAIRBANKS AVE HOLLAND, MI 49423	38-1734763	501(C)(3)	30,800	0			UNRESTRICTED, GATEWAY CENTER, SPENDING GRANT, WORKKEYS AND CAREER READY
MECOR 151 CENTRAL AVENUE SUITE 280 HOLLAND, MI 49423	38-3281993	501(C)(3)	18,000	0			PARTNERS FOR RENEWAL AND UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE COLLEGE 141 EAST 12TH STREET HOLLAND, MI 49422	38-1381271	501(C)(3)	33,500	0			UPWARD BOUND - COLLEGE VISITS, KRUISENGA ART MUSEUM, PATRON FOR THE ARTS, HOPE FUND, BULTMAN STUDENT CENTER, STEP UP COLLEGE VISITS, COMPOSITION COMMISSION, WAVERLY MEADOWS WELLNESS PROGRAM, JACK H MILLER CENTER FOR MUSICAL ARTS
HOPE SUMMER REPERTORY THEATRE PO BOX 9000 HOLLAND, MI 49422	38-1381271	501(C)(3)	10,000	0			UNRESTRICTED SUPPORT
HOSPICE OF HOLLAND 270 HOOVER BLVD HOLLAND, MI 49423	38-2355709	501(C)(3)	49,150	0			EXTRAORDINARY PALLIATIVE CARE FOR ALL, UNRESTRICTED, SPENDING GRANT, VANDERLEEK CUP - GIFTS FROM HEART

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INTERNATIONAL AID INC 17011 HICKORY ST SPRING LAKE, MI 49456	38-2323550	501(C)(3)	5,000	0			UNRESTRICTED SUPPORT
JUBILEE MINISTRIES 96 WEST 15TH STREET HOLLAND, MI 49423	38-3477214	501(C)(3)	7,000	0			UNRESTRICTED SUPPORT
KANDU 4190 SUNNYSIDE DR HOLLAND, MI 49424	38-6123412	501(C)(3)	34,800	0			SPENDING POLICY GRANT

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KIDS' FOOD BASKET PO BOX 1045 HOLLAND, MI 49422	04-3760991	501(C)(3)	31,400	0			HOLLAND SACK SUPPER PROGRAM
LAKE SHORE ADVANTAGE 201 WEST WASHINGTON STE 410 ZEELAND, MI 49464	06-1708014	501(C)(6)	280,000	0			SMARTZONE START UP AND JOB CREATION PROGRAMMING
LAKE SHORE HABITAT FOR HUMANITY 12727 RILEY STREET HOLLAND, MI 49424	38-2893355	501(C)(3)	16,350	0			HOME BUILD, RESTORATION AND REPAIR, SPENDING GRANT

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LIFE SERVICES SYSTEM OF OTTAWA COUNTY 479 COLUMBIA HOLLAND, MI 49423	38-2854059	501(C)(3)	14,221	0			SPENDING GRANT AND FUND DISSOLUTION
LOVE INC OF OCEANA COUNTY 186 N MICHIGAN AVENUE SHELBY, MI 49455	27-2466631	501(C)(3)	11,800	0			UNRESTRICTED SUPPORT
LUKE SOCIETY 3409 GATEWAY BLVD SUITE 1000 SIOUX FALLS, SD 57106	84-0563440	501(C)(3)	8,725	0			GRACIAS HONDURAS PROJECT

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MAKE A WISH FOUNDATION 648 MONROE AVE NW STE 104 GRAND RAPIDS, MI 49503	38-2505812	501(C)(3)	10,000	0			WISH BALL - WISHING WELL
MARY FREE BED HOSPITAL AND REHABILITATION CENTER 235 WEALTHY SE GRAND RAPIDS, MI 49503	38-1359265	501(C)(3)	6,000	0			CAPITAL CAMPAIGN AND UNRESTRICTED
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1410467	501(C)(3)	5,750	0			4 X 4 PROGRAM AND UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MICHIGAN STATE UNIVERSITY 38 ADMINISTRATION BLDG 196 CRESCENT RD EAST LANSING, MI 48824	38-6005984	501(C)(3)	215,524	0			MSU RESEARCH CHAIR SUPPORT
MISSION PARTNERS INDIA PO BOX 168 ZEELAND, MI 49464	81-0552652	501(C)(3)	17,500	0			UNRESTRICTED SUPPORT
NORTH POINT CHURCH PO BOX 98 PLAINWELL, MI 49080	35-2298172	501(C)(3)	29,380	0			CAPITAL BUILDING FUND AND TITHE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OAR 483 CENTURY LANE HOLLAND, MI 49422	38-1984739	501(C)(3)	21,600	0			RECOVERY SUPPORT SERVICES, SPENDING GRANT AND COMMUNITY AND FAMILY PROGRAM
OPERATION MOBILIZATION USA 285 LYNNWOOD AVE TYRONE, GA 30290	22-2513811	501(C)(3)	5,000	0			VISITOR'S EXPERIENCE DECK
OUTDOOR DISCOVERY CENTER MACATAWA GREENWAY 4214 56TH STREET HOLLAND, MI 49423	38-2461102	501(C)(3)	39,348	0			MACATAWA GREENWAY, SPENDING GRANT, PROJECT CLARITY, PLAYGROUND, INTERNSHIP PROGRAM, CAPITAL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OXBOW SCHOOL OF ART 36 SOUTH WABASH AVE 12TH FLOOR CHICAGO,IL 60603	38-1081760	501(C)(3)	174,011	0			METAL SCULPTURE STUDIO BUILDING ADDITION
PATHWAYS MI 412 CENTURY LANE HOLLAND,MI 49423	38-2118103	501(C)(3)	57,700	0			OTTAWA COUNTY YOUTH ASSESSMENT SURVEY, TOTAL TREK QUEST AND LONG-TERM OUTCOMES RESEARCH
READY FOR SCHOOL 70 W 8TH STREET STE 100 HOLLAND,MI 49423	27-4898652	501(C)(3)	53,573	0			UNRESTRICTED, PRESCHOOL TUITION ASSISTANCE, PROGRAM SUPPORT, EXECUTIVE TRANSITION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RENEW THERAPEUTIC RIDING CENTER 4271 60TH STREET HOLLAND, MI 49423	90-0857463	501(C)(3)	31,000	0			CAPITAL CAMPAIGN
RESTHAVEN CARE COMMUNITY 9 EAST 8TH STREET HOLLAND, MI 49423	38-1387113	501(C)(3)	5,450	0			UNRESTRICTED SUPPORT AND SPENDING GRANT
RICK RACK 100 PINE STREET SUITE 177 ZEELAND, MI 49464	27-1812214	501(C)(3)	10,000	0			EXPANSION PROJECT

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ROOM FOR ALL PO BOX 11495 ALBANY, NY 12211	75-3202615	501(C)(3)	25,000	0			STAFF EXPANSION
SALVATION ARMY 104 CLOVER AVENUE HOLLAND, MI 49423	22-2406433	501(C)(3)	28,300	0			UNRESTRICTED SUPPORT, CAPITAL CAMPAIGN, EXPANSION
SECOND REFORMED CHURCH 225 EAST CENTRAL AVENUE ZEELAND, MI 49464	38-1507304	501(C)(3)	67,708	0			SPENDING GRANT, GENERAL FUND, MISSION OFFERING, ORGAN FUND

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SPARROW FOUNDATION PO BOX 30480 LANSING, MI 48909	38-6100687	501(C)(3)	10,000	0			DAPPER DADS
ST FRANCIS DE SALES CHURCH 195 W 13TH STREET HOLLAND, MI 49423	38-3473661	501(C)(3)	5,000	0			UNRESTRICTED SUPPORT
TAKING ROOT MINISTRIES PO BOX 2564 HOLLAND, MI 49422	46-1147265	501(C)(3)	49,200	0			ANALYSIS AND DEVELOPMENT OF CURRICULUM AND INSTRUCTION, UNRESTRICTED SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE BRIDGE MINISTRY CENTER 210 EAST MAIN ST ZEELAND, MI 49464	38-3577991	501(C)(3)	8,100	0			PROGRAM SUPPORT
THIRD REFORMED CHURCH 111 W 13TH STREET HOLLAND, MI 49423	38-1398838	501(C)(3)	20,000	0			HOUSING AND GENERAL SUPPORT
TULIP TIME FESTIVAL 74 W 8TH STREET HOLLAND, MI 49423	38-1266660	501(C)(3)	22,450	0			DEMOGRAPHIC AND ECONOMIC IMPACT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TULIPANES LATINO ART & FILM FESTIVAL PO BOX 1455 HOLLAND, MI 49422	38-3590223	501(C)(3)	5,800	0			TULIPANAS LATINO ART & FILM FESTIVAL
VAN RAALTE FARM CIVIL WAR MUSTER 114 EAST 26TH STREET HOLLAND, MI 49423	47-3348629	501(C)(3)	9,750	0			SUSTAINABLE MATERIALS
WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL EDUCATION FOUNDATION 1007 LAKE DRIVE SE GRAND RAPIDS, MI 49506	23-7128379	501(C)(3)	10,000	0			PILOT - MIDDLE SCHOOL EXPERIENTIAL AND PLACE-BASED CURRICULUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WEST OTTAWA PUBLIC SCHOOLS 1138 136TH AVENUE HOLLAND, MI 49424	38-6032447	501(C)(3)	6,685	0			UNRESTRICTED, KINDERGARTEN TOWER, IB WORKSHOP
WORLD RENEW 1700 28TH STREET SE GRAND RAPIDS, MI 49508	38-1708140	501(C)(3)	10,000	0			NEPAL EARTHQUAKE INITIATIVES
WORLD VISION PO BOX 70005 TACOMA, WA 98481	95-1922279	501(C)(3)	10,520	0			UNRESTRICTED SUPPORT OR WHERE NEEDED MOST, NEPAL EARTHQUAKE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ZEELAND CHRISTIAN SCHOOL 334 W CENTRAL AVE ZEELAND, MI 49464	38-1566660	501(C)(3)	40,200	0			2015 SPENDING POLICY GRANT
ZERO GRAVITY MINISTRIES PO BOX 112 ZEELAND, MI 49464	26-0681206	501(C)(3)	7,000	0			MISSIONARY SUPPORT

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	48	1,624,412	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNT LISTED IN COLUMN B REPRESENTS THE NUMBER OF ITEMS RECEIVED
PART I, LINE 32B	STOCK BROKERS ASSISTED WITH THE SALE OF PUBLICLY TRADED SECURITIES

2015

Open to Public Inspection

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

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

Employer identification number

38-6095283

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 AUDITOR S TO THE AUDIT COMMITTEE FOR THEIR EDITS AND QUESTIONS ON BEHALF OF THE AUDIT COMMITTEE, THE PRESIDENT E-MAILED TO THE FULL BOARD (ALL OFFICERS AND TRUSTEES/DIRECTORS) A FINAL DRAFT OF THE 990 AND SUPPORTING SCHEDULES, ALLOWING TIME FOR THEIR REVIEW, COMMENTS AND/OR QUESTIONS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COMMUNITY FOUNDATION STRIVES TO MAINTAIN THE HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES AND PROGRAMS AND TO AVOID ANY CONFLICTS OF INTEREST EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS AND EMPLOYEES, ANNUALLY SIGNS A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IN CONNECTION WITH ANY DIRECT OR INDIRECT FINANCIAL INTEREST OR DUALITY OF INTEREST AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS/HER FINANCIAL INTEREST OR AFFILIATION AND ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF THE COMMITTEE WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE MAY BE REQUESTED TO LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS
FORM 990, PART VI, SECTION B, LINE 15A	PURPOSE OVER AND ABOVE ANY LEGAL REQUIREMENT OR PUBLIC SCRUTINY, AS GOOD STEWARDS OF PHILANTHROPIC RESOURCES, THE FOUNDATION GOES THE EXTRA MILE TO BE CERTAIN THAT LEVELS OF COMPENSATION ARE REASONABLE REASONABLE IS GENERALLY DEFINED AS WHAT SIMILAR PERSONS IN SIMILAR POSITIONS WITH SIMILAR DUTIES AT SIMILAR ORGANIZATIONS ARE PAID PROCESS 1) EACH YEAR, THE CHAIR OF THE BOARD SENDS AN ELECTRONIC EVALUATION SURVEY AND A COPY OF THE PRESIDENT/CEO'S RESPONSIBILITIES TO ALL TRUSTEES, ALL STAFF, A SELECT NUMBER OF FUND HOLDERS AND A SELECT NUMBER OF NONPROFIT EXECUTIVE DIRECTORS 2) ALL RECIPIENTS ARE ASKED TO COMPLETE THE ANONYMOUS SURVEY WHICH HAS QUESTIONS DIRECTLY RELATED TO THE PRESIDENT/CEO'S PERFORMANCE AND AREAS OF STRENGTH AND WEAKNESS 3) THE BOARD CHAIR COLLECTS AND CONDENSES THE RESPONSES INTO A SUMMARY FORM 4) THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE (IE DISINTERESTED GOVERNING BOARD) AND WILL CONVENE, REVIEW THE PERFORMANCE SUMMARY AND AGREE ON POINTS TO COVER DURING THE REVIEW 5) EXECUTIVE COMMITTEE OBTAINS AND REFERENCES 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 REVIEWS COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS AND THEN RECOMMENDS SALARY ADJUSTMENTS OR BONUS PAYMENTS 6) 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 THIS PROCESS LAST OCCURRED IN DECEMBER, 2015 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 PRESIDENT/CEO ANNUALLY EMPLOYEES SUBMIT ORGANIZATIONAL GOALS WITHIN THEIR AREA OF RESPONSIBILITY AND PROGRESS TOWARDS THOSE GOALS IN EACH OF THE 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 PRESIDENT/CEO MEETS WITH EMPLOYEES TO DISCUSS AREAS OF STRENGTH, WEAKNESS OR SUGGESTIONS FOR IMPROVEMENT THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2015

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, SUCH AS FORM 1023, ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND RECORDS RETENTION POLICY, ARE AVAILABLE TO THE PUBLIC UPON REQUEST AUDITED FINANCIAL STATEMENTS, FORM 990 (AND FORM 990-T, IF REQUIRED) ARE AVAILABLE ON THE FOUNDATION'S WEBSITE, ON GUIDESTAR AND UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -12,530

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR