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CLIENT'S COPY

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC
155 NORTH DEAN STREET - SUITE 5
ENGLEWOOD, NEW JERSEY 07631
(201) 567-4100

DECEMBER 23, 2020

HOLLAND CHRISTIAN HOME ASSOCIATION
151 GRAHAM AVENUE
NORTH HALEDON, NJ 07508

HOLLAND CHRISTIAN HOME ASSOCIATION:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO
US BY FEBRUARY 16, 2021.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning APR 1, 2019, and ending MAR 31, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

HOLLAND CHRISTIAN HOME ASSOCIATION

22-1529791

Name and title of officer

**BRENT SJAARDEMA
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,921,640.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MALESARDI, QUACKENBUSH, SWIFT & CO LLC to enter my PIN 29791
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22653800254

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOLLAND CHRISTIAN HOME ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 151 GRAHAM AVENUE City or town, state or province, country, and ZIP or foreign postal code NORTH HALEDON, NJ 07508 F Name and address of principal officer: STEVEN EICHHORN SAME AS C ABOVE	D Employer identification number 22-1529791 E Telephone number (973) 427-4087 G Gross receipts \$ 13,038,033. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HCHNJ.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1960 M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE HOLLAND CHRISTIAN HOME ASSOCIATION (THE "ASSOCIATION") HAS PROUDLY SERVED THE NEEDS OF THE 2 Check this box <input type="checkbox"/> 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 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 207 6 Total number of volunteers (estimate if necessary) 6 75 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">423,826.</td> <td style="text-align: right;">1,334,012.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">9,518,048.</td> <td style="text-align: right;">8,074,213.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">890,931.</td> <td style="text-align: right;">1,513,415.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">10,832,805.</td> <td style="text-align: right;">10,921,640.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	423,826.	1,334,012.	9 Program service revenue (Part VIII, line 2g)	9,518,048.	8,074,213.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	890,931.	1,513,415.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,832,805.	10,921,640.							
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Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">6,621,341.</td> <td style="text-align: right;">7,548,057.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 171,899.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">2,567,625.</td> <td style="text-align: right;">2,930,514.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">9,188,966.</td> <td style="text-align: right;">10,478,571.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">1,643,839.</td> <td style="text-align: right;">443,069.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,621,341.	7,548,057.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 171,899.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,567,625.	2,930,514.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,188,966.	10,478,571.	19 Revenue less expenses. Subtract line 18 from line 12	1,643,839.	443,069.	
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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 BRENT SJAARDEMA, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JENNYFER LOGRONO	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P02167510
	Firm's name ▶ MALESARDI, QUACKENBUSH, SWIFT & CO. LLC Firm's address ▶ 155 NORTH DEAN STREET - SUITE 5 ENGLEWOOD, NJ 07631	Firm's EIN ▶ 22-1624206 Phone no. 201-567-4100

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 [X]

1 Briefly describe the organization's mission:
HOLLAND CHRISTIAN HOME IS A RETIREMENT & SUPPORT SERVICE COMMUNITY OF MEN AND WOMEN BOUND TOGETHER AS A FAMILY BY A COMMON FAITH IN JESUS CHRIST OUR LORD. WITH HEARTS TO LOVE AND HANDS TO HELP, OUR STAFF, VOLUNTEERS AND BOARD ARE DEDICATED TO THE WELL-BEING OF OUR RESIDENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 8,460,299. including grants of \$) (Revenue \$ 8,074,213.)
TO SUPPORT AND ASSIST AGED MEN AND WOMEN.

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

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

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

4e Total program service expenses 8,460,299.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 207		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g N/A	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/A	N/A	
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 N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a N/A		
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 N/A		
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 N/A		
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? 13a N/A		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - (973) 427-4087**
151 GRAHAM AVENUE, NORTH HALEDON, NJ 07508

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) JOHN BELANUS BOARD MEMBER	5.00	X					0.	0.	0.	
(2) RANDALL VEENSTRA BOARD MEMBER	5.00	X					0.	0.	0.	
(3) JOHN DE HAAN BOARD MEMBER	5.00	X					0.	0.	0.	
(4) STEVEN EICHHORN BOARD MEMBER	5.00	X					0.	0.	0.	
(5) BRENT SJAARDEMA BOARD MEMBER	5.00	X					0.	0.	0.	
(6) VIRGINIA HOOGSTRA BOARD MEMBER	5.00	X					0.	0.	0.	
(7) THOMAS ROSE BOARD MEMBER	5.00	X					0.	0.	0.	
(8) STEVEN EICHHORN PRESIDENT	5.00	X		X			0.	0.	0.	
(9) ABE VAN WINGERDEN VICE PRESIDENT	5.00	X		X			0.	0.	0.	
(10) RANDALL VEENSTRA SECRETARY	5.00	X		X			0.	0.	0.	
(11) BRENT SJAARDEMA TREASURER	5.00	X		X			0.	0.	0.	
(12) BEVERLY CUSACK ASSISTANT TREASURER	5.00	X		X			0.	0.	0.	
(13) IVAN TANIS RESIDENT REPRESENTATIVE	5.00	X		X			0.	0.	0.	
(14) CARLOS G. BEATO EXECUTIVE DIRECTOR	40.00			X			172,870.	0.	0.	
(15) KAREN BANDSTRA DIRECTOR OF FINANCE	40.00			X			78,368.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Subtotal							251,238.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							251,238.	0.	0.	

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,241,050.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	92,962.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,334,012.			
Program Service Revenue	2 a ENTRANCE FEES	Business Code	623000	5,326,602.	5,326,602.		
	b SOCIAL SECURITY & PENS.		623000	2,531,505.	2,531,505.		
	c PER DIEM, INC.		623000	194,225.	194,225.		
	d ANCILLARY FEES		623000	21,881.	21,881.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			8,074,213.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			138,240.		138,240.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,491,568.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,116,393.				
	c Gain or (loss)	7c	1,375,175.				
	d Net gain or (loss)			1,375,175.		1,375,175.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			10,921,640.	8,074,213.	0.	1,513,415.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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	6,025,780.	4,733,080.	1,216,592.	76,108.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,073,499.	703,311.	365,976.	4,212.
10 Payroll taxes	448,778.	273,210.	168,239.	7,329.
11 Fees for services (nonemployees):				
a Management	500.		500.	
b Legal	10,686.		10,686.	
c Accounting	12,875.		12,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,233.		19,233.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	328,820.	328,820.		
12 Advertising and promotion	81,650.			81,650.
13 Office expenses	648,177.	642,505.	5,672.	
14 Information technology	35,439.	17,577.	17,578.	284.
15 Royalties				
16 Occupancy	95,270.	95,270.		
17 Travel	6,053.	5,770.	283.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	718,057.	718,057.		
23 Insurance	215,143.	215,143.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESIDENT EXPENSES	707,500.	707,500.		
b MISCELLANOURS	31,696.	1,978.	28,739.	979.
c ACTIVITY OUTINGS	11,575.	11,575.		
d EQUIPMENT	7,840.	6,503.		1,337.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,478,571.	8,460,299.	1,846,373.	171,899.
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		1	
	2 Savings and temporary cash investments	2,695,226.	2	1,740,538.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,064,351.	4	2,914,356.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	76,088.	9	107,329.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,631,276.		
	b Less: accumulated depreciation	10b 10,811,517.	10c	18,819,759.
	11 Investments - publicly traded securities	7,298,634.	11	3,998,161.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	25,458.	15	28,208.
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,605,191.	16	27,608,351.	
Liabilities	17 Accounts payable and accrued expenses	938,023.	17	559,371.
	18 Grants payable		18	
	19 Deferred revenue	200,827.	19	136,715.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,000,000.	23	2,300,000.
	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	25,458.	25	28,208.
	26 Total liabilities. Add lines 17 through 25	3,164,308.	26	3,024,294.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	25,427,652.	27	24,567,826.
	28 Net assets with donor restrictions	13,231.	28	16,231.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,440,883.	32	24,584,057.
33 Total liabilities and net assets/fund balances	28,605,191.	33	27,608,351.	

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	10,921,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,478,571.
3	Revenue less expenses. Subtract line 2 from line 1	3	443,069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,440,883.
5	Net unrealized gains (losses) on investments	5	-1,299,895.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,584,057.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization HOLLAND CHRISTIAN HOME ASSOCIATION	Employer identification number 22-1529791
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
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.)						
11 Total support. Add lines 7 through 10						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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		<input type="checkbox"/>
b 33 1/3% support test - 2018. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	169,860.	151,880.	833,560.	423,826.	1334012.	2913138.
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	7703999.	7460308.	9888258.	9497673.	8074213.	42624451.
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	7873859.	7612188.	10721818.	9921499.	9408225.	45537589.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						45537589.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	7873859.	7612188.	10721818.	9921499.	9408225.	45537589.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	142,571.	158,324.	202,035.	180,399.	119,007.	802,336.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	142,571.	158,324.	202,035.	180,399.	119,007.	802,336.
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.)	11,967.	18,959.	22,670.	20,375.	21,881.	95,852.
13 Total support. (Add lines 9, 10c, 11, and 12.)	8028397.	7789471.	10946523.	10122273.	9549113.	46435777.

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 2019 (line 8, column (f), divided by line 13, column (f))	15	98.07 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1.73 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	2.04 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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 .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? 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.			
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? 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.			
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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

HOLLAND CHRISTIAN HOME ASSOCIATION

Employer identification number

22-1529791

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization HOLLAND CHRISTIAN HOME ASSOCIATION	Employer identification number 22-1529791
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOLLAND CHRISTIAN HOME FOUNDATION 151 GRAHAM AVENUE NORTH HALEDON, NJ 07508	\$ 1,241,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF NJ, OFFICE OF HOMELAND SECURITY PO BOX 091 TRENTON, NJ 08625	\$ 87,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOLLAND CHRISTIAN HOME ASSOCIATION	Employer identification number 22-1529791
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HOLLAND CHRISTIAN HOME ASSOCIATION	Employer identification number 22-1529791
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **HOLLAND CHRISTIAN HOME ASSOCIATION** Employer identification number **22-1529791**

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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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?

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)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,335.		25,335.
b Buildings		27,425,140.	9,760,268.	17,664,872.
c Leasehold improvements				
d Equipment		2,180,801.	1,051,249.	1,129,552.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,819,759.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) DUE TO RESIDENTS	28,208.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,208.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,723,564.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,299,895.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-2,841,884.
e	Add lines 2a through 2d	2e	-4,141,779.
3	Subtract line 2e from line 1	3	10,865,343.
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	19,233.
b	Other (Describe in Part XIII.)	4b	37,064.
c	Add lines 4a and 4b	4c	56,297.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,921,640.

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	10,651,838.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	192,500.
e	Add lines 2a through 2d	2e	192,500.
3	Subtract line 2e from line 1	3	10,459,338.
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	19,233.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	19,233.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,478,571.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ARC REFUNDS	192,500.
CHANE IN OBLIGATION FOR FUTURE SERVICE	-3,034,384.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,841,884.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ENTRANCE FEES DEFERRED UNDER GAAP	37,064.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

ARC REFUNDS	192,500.
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Part XIII Supplemental Information (continued)

Lined area for supplemental information

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HOLLAND CHRISTIAN HOME ASSOCIATION

Employer identification number

22-1529791

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | | |
|--|-----------|--|----------|
| a Receive a severance payment or change-of-control payment? | 4a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--|----------|
| a The organization? | 5a | | X |
| b Any related organization? | 5b | | X |
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|--|----------|
| a The organization? | 6a | | X |
| b Any related organization? | 6b | | X |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7			X
----------	--	--	----------

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8			X
----------	--	--	----------

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9			
----------	--	--	--

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARLOS G. BEATO EXECUTIVE DIRECTOR	(i)	171,570.	1,300.	0.	0.	0.	172,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

HOLLAND CHRISTIAN HOME ASSOCIATION

Employer identification number

22-1529791

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SENIOR COMMUNITY FOR MORE THAN A CENTURY. AT THE CORE OF ITS MISSION IS LIFE CARE - A CONTINUUM OF CARE THAT ESSENTIALLY ALLOWS ITS RESIDENTS TO PAY ONE FEE ON ENTRANCE AND LIVE WORRY-FREE, ASSURED OF SKILLED NURSING CARE SHOULD THEY NEED IT. SIMILAR TO LIFE CARE, THE ASSOCIATION ALSO OFFERS A LIMITED NUMBER OF EXTRA CARE ROOMS FOR RESIDENTS WHO REQUIRE A HELPING HAND WITH THEIR DAILY ROUTINE. IT ALSO OFFERS RESPITE CARE IN ITS MOUNTAIN VIEW NURSING UNIT FOR INDIVIDUALS WHO NEED SHORT- OR LONG-TERM CARE OR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH THE NURTURE OF DEVOTED CARE; A WARM, HOMELIKE ATMOSPHERE; LOVING AND FRIENDLY COMPANIONSHIP; AND A STRONG COVENANT RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS MEMBERS WHO ELECT THE BOARD AND APPROVE THE ANNUAL OPERATING BUDGET.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS HAVE THE RIGHT TO VOTE ON THE ELECTION OF BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS HAVE THE RIGHT TO APPROVE THE ANNUAL OPERATING BUDGET.

FORM 990, PART VI, SECTION A, LINE 8B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization HOLLAND CHRISTIAN HOME ASSOCIATION	Employer identification number 22-1529791
--	--

THERE IS NO OTHER COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER OF THE BOARD REVIEWS AND APPROVES THE FORM 990 AND THEN IT IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

A DESIGNATED MEMBER OF THE BOARD MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

A REVIEW IS CONDUCTED BY THE PRESIDENT AND VICE PRESIDENT OF THE BOARD OF DIRECTORS AND COMPENSATION IS DETERMINED ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 18:

THE ASSOCIATION'S FORM 990 WILL BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE ASSOCIATION'S DISCLOSURE STATEMENT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization **HOLLAND CHRISTIAN HOME ASSOCIATION** Employer identification number **22-1529791**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HOLLAND CHRISTIAN HOME FOUNDATION - 20-0286031, 151 GRAHAM AVENUE, NORTH HALEDON, NJ 07508	SUPPORTING HOLLAND CHRISTIAN HOME ASSOCIATION	NEW JERSEY	501(C)(3)	12A	HOLLAND CHRISTIAN HOME ASSOCIATION	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOLLAND CHRISTIAN HOME FOUNDATION	O	135,277.	CASH VALUE
(2) HOLLAND CHRISTIAN HOME FOUNDATION	C	1,241,050.	CASH VALUE
(3)			
(4)			
(5)			
(6)			

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. 179

Name(s) shown on return HOLLAND CHRISTIAN HOME ASSOCIATION	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 22-1529791
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	718,080.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	718,080.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:
43 Amortization of costs that began before your 2019 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. HOLLAND CHRISTIAN HOME ASSOCIATION	Taxpayer identification number (TIN) 22-1529791
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 151 GRAHAM AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH HALEDON, NJ 07508	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **151 GRAHAM AVENUE - NORTH HALEDON, NJ 07508**
Telephone No. ▶ **(973) 427-4087** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2019**, and ending **MAR 31, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HOLLAND CHRISTIAN HOME ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
4	BUILDINGS AND IMPROVEMENTS	040188	SL	50.00	3403337.		3403337.	2086744.	68,067.
5	KITCHEN	110191	SL	50.00	597,999.		597,999.	339,766.	11,960.
10	BUILDING IMPROVEMENTS	033198	SL	50.00	9,928.		9,928.	4,577.	199.
11	BUILDING ADDITION	033198	SL	50.00	49,100.		49,100.	21,443.	982.
12	ROOM RENOVATION	033198	SL	10.00	56,360.		56,360.	56,360.	0.
16	RENOVATIONS	032399	SL	10.00	10,165.		10,165.	10,165.	0.
18	BUILDING ADDITION	033199	SL	50.00	212,248.		212,248.	89,145.	4,245.
19	99 NURSING UNIT RENOVATION	040199	SL	10.00	66,484.		66,484.	66,480.	0.
20	99 ADDITIONS	040199	SL	50.00	927,155.		927,155.	389,403.	18,543.
21	99 IMPROVEMENTS	040199	SL	50.00	18,796.		18,796.	7,896.	376.
24	20 BUILDING ADDITION	040100	SL	50.00	3465823.		3465823.	1386317.	69,316.
26	NURSING UNIT RENOVATION	040100	SL	10.00	2,642.		2,642.	2,642.	0.
29	01 BULDING ADDITION	040101	SL	50.00	2126899.		2126899.	808,222.	42,538.
30	01 BUILDING RENOVATION	040101	SL	10.00	869,031.		869,031.	869,031.	0.
31	01 NURSING UNIT RENOVATION	040101	SL	10.00	64,968.		64,968.	64,968.	0.
32	01 LANDSCAPE & DRIVEWAY RENOVATION	040101	SL	10.00	72,150.		72,150.	72,150.	0.
35	OUTDOOR SIGNAGE	040101	SL	10.00	5,000.		5,000.	5,000.	0.
37	BUILDING ADDITION	040102	SL	50.00	403,917.		403,917.	145,404.	8,078.
38	CHAPEL RENOVATION	040102	SL	10.00	120,758.		120,758.	120,758.	0.
39	03 IMPROVEMENTS	040102	SL	10.00	227,308.		227,308.	227,308.	0.
41	BUILDING & IMPROVEMENTS	100103	SL	50.00	194,657.		194,657.	64,235.	3,893.
42	BUILDING RENOVATION	100103	SL	10.00	113,077.		113,077.	113,077.	0.
44	BUILDING RENOVATION	100104	SL	10.00	50,550.		50,550.	50,550.	0.
45	BUILDING RENOVATION	100104	SL	50.00	404,252.		404,252.	125,318.	8,085.
47	LANDSCAPING	100104	SL	10.00	26,425.		26,425.	26,425.	0.
48	INFIRMARY RENOVATIONS	100104	SL	10.00	75,905.		75,905.	75,905.	0.
49	BUILDING RENOVATION	100104	SL	10.00	68,818.		68,818.	68,818.	0.
52	PARKING IMPROVEMENTS	052705	SL	15.00	70,860.		70,860.	70,073.	787.
53	KITCHEN FLOOR	070805	SL	10.00	29,025.		29,025.	29,025.	0.
55	INFIRMARY RENOVATIONS	080505	SL	10.00	8,866.		8,866.	8,866.	0.
56	WING 6 IMPROVEMENTS	090105	SL	10.00	4,216.		4,216.	4,216.	0.
57	ADMIN WING RENOVATIONS	092205	SL	10.00	29,943.		29,943.	29,943.	0.
59	LAUNDRY ROOM RENOVATIONS	100405	SL	10.00	3,350.		3,350.	3,350.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

HOLLAND CHRISTIAN HOME ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
60	KITCHEN IMPROVEMENTS	081705	SL	10.00	6,802.		6,802.	6,802.	0.
64	OFFICE IMPROVEMENTS	011506	SL	10.00	14,433.		14,433.	14,433.	0.
65	LANDSCAPING	033106	SL	15.00	18,490.		18,490.	17,262.	1,228.
66	INFIRMARY RENOVATIONS	021506	SL	39.00	208,420.		208,420.	75,707.	5,344.
67	WING 3 IMPROVEMENTS	080205	SL	10.00	13,600.		13,600.	13,600.	0.
71	WINDOW TREATMENT	082306	SL	10.00	28,580.		28,580.	28,580.	0.
72	BATH TUB LIFT	010107	SL	10.00	25,994.		25,994.	25,994.	0.
73	SHOWER ROOM INFIRMARY	013007	SL	10.00	19,600.		19,600.	19,600.	0.
85	SPIRIT OF THE HEART	033107	SL	10.00	15,547.		15,547.	15,547.	0.
90	SPIRIT OF THE HEART	033108	SL	10.00	12,681.		12,681.	12,681.	0.
92	FLOORING	070107	SL	10.00	27,835.		27,835.	27,835.	0.
93	BI-FOLD DOORS	103007	SL	10.00	8,500.		8,500.	8,500.	0.
94	DINING ROOM RENOVATIONS	123107	SL	10.00	11,212.		11,212.	11,212.	0.
115	MOUNTAIN VIEW FLOOR	053108	SL	10.00	6,215.		6,215.	6,215.	0.
116	AWNINGS	100108	SL	10.00	6,092.		6,092.	6,092.	0.
117	GAZEBO & LANDSCAPE	103108	SL	10.00	47,127.		47,127.	47,127.	0.
118	BUILDING RENOVATION	013109	SL	10.00	14,501.		14,501.	14,501.	0.
119	BUILDING REPAIRS	033109	SL	10.00	3,300.		3,300.	3,300.	0.
120	ROOM RENOVATION	033109	SL	39.00	6,450.		6,450.	1,815.	165.
121	ROOF REPAIR	033109	SL	10.00	10,400.		10,400.	10,400.	0.
122	DROP CURB	033109	SL	10.00	1,850.		1,850.	1,850.	0.
123	BOILER CONTROLS & PUMPS	033109	SL	10.00	14,151.		14,151.	14,151.	0.
138	CAFE RENOVATIONS	120909	SL	10.00	18,691.		18,691.	18,691.	0.
139	REPAVE UNDER PORTICO	050809	SL	10.00	3,000.		3,000.	3,000.	0.
140	REPAVE PARKING LOT	111109	SL	10.00	28,500.		28,500.	28,500.	0.
141	WATER METER	113009	SL	10.00	3,200.		3,200.	3,200.	0.
142	REDESIGN ATTIC SPRINKLER	020410	SL	10.00	3,120.		3,120.	3,120.	0.
143	EXIT DOOR MOUNTAIN VIEW	033010	SL	10.00	2,425.		2,425.	2,425.	0.
164	ENTRANCE	012011	SL	10.00	3,600.		3,600.	3,300.	300.
165	PARKING IMPROVEMENTS	070110	SL	15.00	10,180.		10,180.	6,620.	679.
166	PARKING IMPROVEMENTS	033111	SL	15.00	17,233.		17,233.	10,341.	1,149.
167	GARBAGE SHED	033111	SL	10.00	10,000.		10,000.	9,000.	1,000.
168	KITCHEN ENTRANCE	060810	SL	10.00	3,650.		3,650.	3,589.	61.
169	RAMP TO DUMPSTER	081710	SL	10.00	1,750.		1,750.	1,721.	29.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

HOLLAND CHRISTIAN HOME ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
170	BATHROOM RENOVATIONS	011211	SL	10.00	2,490.		2,490.	2,303.	187.
171	GAZEBO & LANDSCAPE	073010	SL	10.00	6,727.		6,727.	6,505.	222.
186	WATERPROOFING BOARD ROOM	020312	SL	10.00	16,450.		16,450.	13,434.	1,645.
187	PARKING LOT IMPROVEMENTS	060111	SL	15.00	27,758.		27,758.	16,350.	1,851.
213	PARKING IMPROVEMENTS	102212	SL	15.00	61,000.		61,000.	32,536.	4,067.
214	DOOR & LANDING CEMENT	080212	SL	15.00	6,100.		6,100.	3,256.	407.
230	CONDENSING UNIT	060113	SL	10.00	3,740.		3,740.	2,556.	374.
231	UNITED FIRE PROTECTION	061913	SL	10.00	2,357.		2,357.	1,612.	236.
232	CHILLERS	071413	SL	10.00	4,862.		4,862.	3,281.	486.
233	AUTO DOOR OPENER	071713	SL	10.00	2,391.		2,391.	1,613.	239.
234	WIRELESS ZONE SYSTEM	073013	SL	10.00	8,110.		8,110.	5,407.	811.
235	ROOFING	082613	SL	10.00	9,450.		9,450.	6,300.	945.
236	FIRE PUMP	092613	SL	10.00	3,686.		3,686.	2,429.	369.
237	PARKING IMPROVEMENTS	100113	SL	15.00	23,490.		23,490.	10,179.	1,566.
238	TELEHEALTH	103113	SL	10.00	5,324.		5,324.	3,414.	532.
239	ULTRASONIC EVAL OF PIPES	111813	SL	10.00	3,800.		3,800.	2,438.	380.
240	DR'S OFFICE	121213	SL	10.00	10,823.		10,823.	6,853.	1,082.
241	SPRINKLERS	123113	SL	10.00	8,732.		8,732.	5,456.	873.
242	HEARING LOOP	020114	SL	10.00	6,379.		6,379.	3,934.	638.
243	DRY SPRINKLERS	021914	SL	10.00	21,275.		21,275.	13,123.	2,128.
244	MP CLOSET	021114	SL	10.00	8,414.		8,414.	5,186.	841.
261	COOLER/FREEZER FLOOR	043014	SL	10.00	4,752.		4,752.	2,811.	475.
285	COMPACT BOOSTER HEATER	050515	SL	10.00	2,163.		2,163.	1,062.	216.
286	MV HALLWAY FLOORING	052815	SL	10.00	8,705.		8,705.	4,209.	871.
287	STAIR PLATFORMS	011816	SL	10.00	1,350.		1,350.	563.	135.
288	NURSE CALL	021016	SL	10.00	5,476.		5,476.	2,282.	548.
289	HEAT PUMP RM #121	022916	SL	10.00	5,715.		5,715.	2,336.	572.
290	RENOVATE ROOM #121	022916	SL	10.00	4,625.		4,625.	1,891.	463.
291	EXCAVATE CRAWL SPACE	030716	SL	10.00	10,375.		10,375.	4,238.	1,038.
292	AC ADMINISTRATION	050615	SL	10.00	4,041.		4,041.	1,986.	404.
293	REPLACE VALVE	052115	SL	10.00	1,724.		1,724.	832.	172.
294	REPAIR GAZEBO WALL	052715	SL	10.00	1,000.		1,000.	483.	100.
295	REPLACE PUMP	052715	SL	10.00	4,576.		4,576.	2,213.	458.
296	REPAIR CHILLERS	070115	SL	10.00	4,862.		4,862.	2,309.	486.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

HOLLAND CHRISTIAN HOME ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
297	AC W4	071315	SL	10.00	2,145.		2,145.	1,021.	215.
298	AC COMPRESSOR	073015	SL	10.00	2,919.		2,919.	1,363.	292.
299	NURSE CALL STATIONS	080515	SL	10.00	4,128.		4,128.	1,927.	413.
300	AC	081115	SL	10.00	3,600.		3,600.	1,680.	360.
301	BUIDLING FIRE ALARM	091515	SL	10.00	6,915.		6,915.	3,113.	692.
302	WATER HEATERS (2)	010116	SL	10.00	7,852.		7,852.	3,336.	785.
303	TRANE SERVICE	010416	SL	10.00	3,050.		3,050.	1,296.	305.
317	PAVING IMPROVEMENTS	061617	SL	10.00	12,500.		12,500.	3,438.	1,250.
318	TELEPHONE SYSTEM	083117	SL	10.00	3,355.		3,355.	868.	336.
319	A/C - LAUNDRY	090117	SL	10.00	9,800.		9,800.	2,532.	980.
320	HALLWAY A/C	092117	SL	10.00	13,390.		13,390.	3,348.	1,339.
322	PAVING IMPROVEMENTS	110417	SL	10.00	17,250.		17,250.	4,169.	1,725.
323	CO DETECTORS	120117	SL	10.00	11,607.		11,607.	2,709.	1,161.
324	NURSE CALL	030118	SL	10.00	3,744.		3,744.	779.	374.
325	REPLACEMENT DOORS	030118	SL	10.00	3,220.		3,220.	671.	322.
328	HALLWAY FLOOR	050916	SL	10.00	3,500.		3,500.	1,371.	350.
329	SITTING ROOM A/C	060216	SL	10.00	7,660.		7,660.	2,936.	766.
330	DINING ROOM A/C (ROOFTOP)	061416	SL	10.00	11,390.		11,390.	4,271.	1,139.
331	WALL REPAIR & PAINTING	061616	SL	10.00	3,975.		3,975.	1,492.	398.
332	AIR CONDITIONER	062016	SL	10.00	9,860.		9,860.	3,698.	986.
333	PAINTING	062816	SL	10.00	6,955.		6,955.	2,610.	696.
334	LIGHTNING ROD INSTALLATION	090916	SL	10.00	3,980.		3,980.	1,426.	398.
	MV 1ST FLOOR COFFEE SHOP-ARCHITECTS								
335	DRAWINGS	093016	SL	10.00	2,952.		2,952.	1,033.	295.
336	A/C CONDENSING UNIT	100416	SL	10.00	2,800.		2,800.	980.	280.
	ELECTRICAL POWER SYSTEMS-GENERATOR								
337	LEADS	022817	SL	10.00	8,307.		8,307.	2,562.	831.
338	WIRING FOR TELEPHONE SYSTEM	033117	SL	10.00	4,900.		4,900.	1,470.	490.
339	PAVING IMPROVEMENTS	121216	SL	15.00	22,650.		22,650.	4,908.	1,510.
349	DINING ROOM RENOVATIONS	091107	SL	10.00	38,800.		38,800.	38,800.	0.
350	WING 4 ROOF	093018	SL	10.00	47,799.		47,799.	7,170.	4,780.
351	PAVING IMPROVEMENTS	060818	SL	10.00	38,100.		38,100.	6,985.	3,810.
352	SIGNAGE	121318	SL	10.00	9,391.		9,391.	1,252.	939.
353	RENOVATIONS-DESIGN	112718	SL	10.00	4,117.		4,117.	549.	412.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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HOLLAND CHRISTIAN HOME ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
354	CO2 DETECTORS	112118	SL	10.00	5,804.		5,804.	773.	580.
360	ENGINEERING	081518	SL	10.00	3,006.		3,006.	501.	301.
361	AUTOMATIC DOOR OPENER	122718	SL	10.00	10,251.		10,251.	1,281.	1,025.
362	MERLINO DESIGN	120318	SL	10.00	479,039.		479,039.	63,872.	47,904.
363	PILLOW SPEAKERS	011419	SL	10.00	16,500.		16,500.	2,063.	1,650.
364	EQUIPMENT	010919	SL	10.00	8,760.		8,760.	1,095.	876.
365	WAYNE TILE	032119	SL	50.00	80,264.		80,264.	1,605.	1,605.
366	CONSTRUCTION 3 STORY ADDITION	033119	SL	50.00	6098483.		6098483.	121,970.	121,970.
367	ARCHITECT	033119	SL	50.00	74,725.		74,725.	1,495.	1,495.
382	WING 3 ROOF	070119	SL	10.00	31,281.		31,281.	2,346.	3,128.
383	DR CEILING	111319	SL	10.00	5,553.		5,553.	231.	555.
384	CHILLER	033120	SL	15.00	62,763.		62,763.		4,184.
385	TELEPHONE SYSTEM	082119	SL	15.00	11,548.		11,548.	449.	770.
386	EQUIPMENT AND FIXTURES	123119	SL	10.00	21,203.		21,203.	530.	2,120.
387	EDUCATION	013120	SL	16.00	5,000.		5,000.	52.	313.
388	STORAGE ROOM FENCING	070819	SL	50.00	6,490.		6,490.	97.	130.
389	PAVING IMPROVEMENTS	060119	SL	10.00	44,500.		44,500.	3,708.	4,450.
390	COMPUTER EQUIPMENT	101419	SL	10.00	25,514.		25,514.	1,276.	2,551.
391	WATER TESTING	111819	SL	5.00	8,500.		8,500.	567.	1,700.
392	LANDSCAPING	010719	SL	10.00	15,387.		15,387.	1,539.	1,539.
393	SIGNAGE	112719	SL	10.00	2,913.		2,913.	97.	291.
394	ENGINEERING	060119	SL	10.00	683.		683.	57.	68.
395	LIGHTING RODS	081319	SL	15.00	3,250.		3,250.	144.	217.
396	MOVING AND SET UP	071719	SL	10.00	5,003.		5,003.	334.	500.
397	MERLINO DESIGN	103119	SL	10.00	230,011.		230,011.	9,584.	23,001.
398	MISC SUPPLIES	121919	SL	10.00	17,049.		17,049.	426.	1,705.
399	DINING ROOM REDECORATING	081319	SL	10.00	7,985.		7,985.	532.	799.
400	SECURITY	060119	SL	10.00	83,820.		83,820.	6,985.	8,382.
401	TELEHEALTH	120219	SL	10.00	6,123.		6,123.	204.	612.
402	TOUCHDOWN	040119	SL	10.00	9,379.		9,379.	938.	938.
403	EQUIPMENT-TRIPLE CEE	101619	SL	10.00	3,288.		3,288.	137.	329.
404	CONSTRUCTION 3 STORY ADDITION	033120	SL	50.00	2350763.		2350763.		47,015.
405	ARCHITECT	033120	SL	50.00	71,405.		71,405.		1,428.
	* 990 PAGE 10 TOTAL BUILDINGS				24858717.		24858717.	8436322.	585,601.

(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
36	01 FURNITURE	040101	SL	10.00	45,565.		45,565.	45,565.	0.
51	FURNITURE & EQUIPMENT	100104	SL	10.00	88,857.		88,857.	88,857.	0.
95	DR/SR FURNITURE	113007	SL	10.00	61,482.		61,482.	61,482.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				195,904.		195,904.	195,904.	0.
	MACHINERY & EQUIPMENT								
6	EQUIPMENT AND FURNITURE	040188	SL	10.00	158,508.		158,508.	158,508.	0.
8	EQUIPMENT AND FURNITURE-WELFARE FUND	040188	SL	10.00	19,714.		19,714.	19,714.	0.
13	EQUIPMENT & FURNITURE	033198	SL	10.00	23,437.		23,437.	23,437.	0.
14	COMPUTER	033198	SL	5.00	3,363.		3,363.	3,363.	0.
17	EQUIPMENT & FURNITURE	033099	SL	10.00	34,607.		34,607.	34,607.	0.
25	FANS	040100	SL	10.00	28,800.		28,800.	28,800.	0.
27	BOILER	040100	SL	10.00	18,545.		18,545.	18,545.	0.
28	TELEPHONE SYSTEM	040100	SL	10.00	25,702.		25,702.	25,702.	0.
40	KITCHEN EQUIPMENT	040102	SL	10.00	15,705.		15,705.	15,705.	0.
43	SNOWBLOWER & EQUIPMENT	100103	SL	5.00	5,245.		5,245.	5,245.	0.
46	SPRINKLER SYSTEM	100104	SL	10.00	55,384.		55,384.	55,380.	0.
54	SOUND SYSTEM	071205	SL	5.00	15,140.		15,140.	15,140.	0.
58	WASHER/DRYER	092905	SL	5.00	675.		675.	675.	0.
61	SPRINKLER SYSTEM	020106	SL	5.00	1,215.		1,215.	1,215.	0.
63	CARPET EXTRACTOR	022806	SL	5.00	2,648.		2,648.	2,648.	0.
96	EXERCISE ROOM	033108	SL	10.00	13,357.		13,357.	13,357.	0.
124	EQUIPMENT & FURNITURE	053108	SL	10.00	3,465.		3,465.	3,465.	0.
125	EXERCISE & FITNESS ROOM	053108	SL	10.00	5,993.		5,993.	5,990.	0.
126	SERVER	053108	SL	5.00	3,816.		3,816.	3,816.	0.
127	EQUIPMENT & FURNITURE	080108	SL	10.00	9,081.		9,081.	9,081.	0.
128	EQUIPMENT & FURNITURE	100108	SL	10.00	2,675.		2,675.	2,675.	0.
129	TABLES & CHAIRS	013109	SL	10.00	10,825.		10,825.	10,825.	0.
130	TELEPHONE SYSTEM	022809	SL	10.00	2,975.		2,975.	2,975.	0.
144	TILT SKILLET	040109	SL	10.00	15,100.		15,100.	15,100.	0.
145	CARPET MACHINE	022210	SL	10.00	3,483.		3,483.	3,480.	0.
146	REFRIGERATOR - CAFE	113009	SL	10.00	1,366.		1,366.	1,366.	0.
147	CAFE TABLES & CHAIRS	081309	SL	10.00	6,142.		6,142.	6,089.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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188	WATER HEATER	110311	SL	10.00	4,734.		4,734.	3,981.	473.
189	HOYER STAND LIFT	051811	SL	10.00	2,189.		2,189.	1,953.	219.
190	PICTURE ID SYSTEM	100111	SL	10.00	3,402.		3,402.	2,890.	340.
216	VITAL SIGN MONITOR	071012	SL	5.00	3,400.		3,400.	3,400.	0.
217	SERVER DELL	012313	SL	5.00	12,587.		12,587.	12,587.	0.
245	TIME & ATTENDANCE SOFTWARE	081213	SL	10.00	4,167.		4,167.	2,780.	417.
246	MDCC STAFF STATION	122313	SL	10.00	1,735.		1,735.	1,102.	174.
247	CLINICAL NURSING OFFICE	091413	SL	10.00	7,415.		7,415.	4,885.	742.
248	WELLNESS CENTER	091413	SL	10.00	1,620.		1,620.	1,066.	162.
249	NURSING DESK & KIOSK	101513	SL	10.00	4,088.		4,088.	2,658.	409.
250	WING 4 LOUNGE	120413	SL	10.00	2,072.		2,072.	1,311.	207.
304	HACTO CONVEYOR TOASTER	052715	SL	10.00	2,170.		2,170.	1,049.	217.
305	TURBO AIR 2-DOOR FREEZER	092315	SL	10.00	4,300.		4,300.	1,935.	430.
306	ORGAN POWER SUPPLY	011916	SL	10.00	3,472.		3,472.	1,446.	347.
307	CELL PHONE BOOSTER	031416	SL	10.00	580.		580.	237.	58.
308	SPRINKLER PIPE	072815	SL	10.00	2,900.		2,900.	1,353.	290.
309	SHELVING	021716	SL	10.00	3,440.		3,440.	1,400.	344.
316	PAYROLL TIME CLOCK	060117	SL	10.00	3,500.		3,500.	992.	350.
368	ROOM STATIONS-NURSE CALL	052418	SL	10.00	8,804.		8,804.	1,614.	880.
369	WATER HEATER	010219	SL	10.00	4,472.		4,472.	559.	447.
370	ROOFING	052918	SL	10.00	2,100.		2,100.	385.	210.
371	HEATING	100118	SL	10.00	7,204.		7,204.	1,080.	720.
372	LANDSCAPING	071118	SL	10.00	5,900.		5,900.	1,033.	590.
373	EQUIPMENT	103118	SL	10.00	5,671.		5,671.	803.	567.
374	CARPETING	100118	SL	10.00	24,173.		24,173.	3,626.	2,417.
375	DINING ROOM CHAIR	052318	SL	10.00	51,486.		51,486.	9,440.	5,149.
376	MAGNIFIER/READER	033119	SL	5.00	2,655.		2,655.	531.	531.
377	ROOM STATIONS-NURSE CALL	070119	SL	10.00	4,536.		4,536.	340.	454.
378	TREE SERVICES	061419	SL	10.00	3,800.		3,800.	317.	380.
379	HEATING	102519	SL	10.00	9,637.		9,637.	402.	964.
380	CARPETING	070219	SL	10.00	24,173.		24,173.	1,813.	2,417.
381	COMPUTER EQUIPMENT	101419	SL	10.00	20,829.		20,829.	1,041.	2,083.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				730,177.		730,177.	556,912.	22,988.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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	TRANSPORTATION EQUIPMENT								
7	VEHICLES	040188	SL	5.00	61,522.		61,522.	61,522.	0.
9	VEHICLE	040188	SL	5.00	16,990.		16,990.	16,990.	0.
33	JOHN DEERE TRUCK	040101	SL	5.00	22,845.		22,845.	22,845.	0.
50	TRUCK	040104	SL	5.00	19,789.		19,789.	19,789.	0.
62	WHEELCHAIR VAN	111705	SL	5.00	43,745.		43,745.	43,745.	0.
78	SPREADER	081006	SL	5.00	1,460.		1,460.	1,460.	0.
80	LEAF BLOWER	100606	SL	5.00	2,920.		2,920.	2,920.	0.
83	2006 COMPASS	122106	SL	5.00	18,673.		18,673.	18,673.	0.
84	2006 PACIFICA	122106	SL	5.00	23,995.		23,995.	23,995.	0.
148	2009 SILVERADO WITH PLOW	022410	SL	5.00	30,465.		30,465.	30,465.	0.
172	DUMP INSERT - TAILGATE SPREADER	093010	SL	5.00	9,178.		9,178.	9,178.	0.
251	14 PASSENGER BUS	033114	SL	5.00	15,000.		15,000.	14,750.	0.
262	14 PASSENGER BUS	042914	SL	5.00	55,208.		55,208.	55,208.	0.
263	REBUILD TRANS-GRAY PU	050714	SL	5.00	3,286.		3,286.	3,286.	0.
326	TOYOTA SIENNA VAN	033118	SL	5.00	40,412.		40,412.	16,164.	8,082.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				365,488.		365,488.	340,990.	8,082.
	LAND								
1	LAND - NORTH HALEDON		L		25,335.		25,335.		0.
	* 990 PAGE 10 TOTAL LAND				25,335.		25,335.	0.	0.
	OTHER								
68	AUTOMATIC DOOR OPENER	111406	SL	5.00	3,031.		3,031.	3,031.	0.
69	SPRINKLER SYSTEM	070106	SL	5.00	810.		810.	810.	0.
70	LIGHTING	070106	SL	5.00	1,610.		1,610.	1,610.	0.
74	WASHING MACHINES	071206	SL	5.00	19,990.		19,990.	19,990.	0.
75	KITCHEN EQUIPMENT	020507	SL	10.00	56,265.		56,265.	56,265.	0.
76	WING 3 ROOF	042006	SL	10.00	26,250.		26,250.	26,250.	0.
79	BEAUTY SALON UPGRADE	020507	SL	15.00	46,086.		46,086.	40,452.	3,072.
81	WING 5 GUTTERS	101006	SL	5.00	8,300.		8,300.	8,300.	0.
82	INSULATION AND VENTING	061506	SL	39.00	33,440.		33,440.	11,861.	857.
86	FURNITURE & EQUIPMENT	033107	SL	7.00	3,908.		3,908.	3,908.	0.
87	OUTDOOR SIGNAGE	033107	SL	10.00	7,025.		7,025.	7,025.	0.
88	WATER SOFTNER	033107	SL	10.00	11,590.		11,590.	11,590.	0.

(D) - Asset disposed

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89	NURSE CALL	041507	SL	10.00	6,479.		6,479.	6,479.	0.
98	TRANE CHILLER	063007	SL	10.00	3,848.		3,848.	3,848.	0.
99	SIDEWALK REPLACEMENT	073007	SL	10.00	1,750.		1,750.	1,750.	0.
100	SEALCOAT PARKING LOT	080107	SL	15.00	18,612.		18,612.	15,717.	1,241.
101	NURSING DOOR ALARM	083007	SL	10.00	15,895.		15,895.	15,895.	0.
102	UNITED FIRE PROTECTION	083007	SL	15.00	4,176.		4,176.	3,502.	278.
103	AIR CONDITIONERS	083007	SL	15.00	9,000.		9,000.	7,550.	600.
104	GLIDER	083107	SL	5.00	5,981.		5,981.	5,981.	0.
105	WINDMILL & LANDSCAPING	090107	SL	10.00	12,334.		12,334.	12,334.	0.
106	LIGHTNING ROD SYSTEM	103107	SL	39.00	27,550.		27,550.	8,770.	706.
107	POND CLEAN-UP	103107	SL	15.00	10,397.		10,397.	8,605.	693.
108	SNOW BLOWER	013008	SL	5.00	949.		949.	949.	0.
109	PIPE REPAIR	033108	SL	10.00	63,944.		63,944.	63,944.	0.
110	VIDEO SECURITY SYSTEM	033108	SL	5.00	4,395.		4,395.	4,395.	0.
111	SAFETY CABINET	033108	SL	15.00	4,857.		4,857.	3,886.	324.
112	TRANE EXHAUST FAN	033108	SL	15.00	3,330.		3,330.	2,664.	222.
113	IMPROVEMENTS	033108	SL	10.00	22,459.		22,459.	22,459.	0.
131	AIR CONDITIONERS	050108	SL	15.00	33,663.		33,663.	26,741.	2,244.
132	OUTSIDE RAILINGS	053108	SL	10.00	5,700.		5,700.	5,700.	0.
133	ICE MACHINE	053108	SL	10.00	3,220.		3,220.	3,220.	0.
134	SPRINKLER SYSTEM	083108	SL	10.00	5,888.		5,888.	5,888.	0.
135	AUTO DOOR OPENER	100108	SL	10.00	2,875.		2,875.	2,875.	0.
136	LONG RANGE PLANNING	033109	SL	39.00	32,691.		32,691.	9,218.	838.
137	ELECTRIC PANELS	033109	SL	15.00	3,507.		3,507.	2,574.	234.
149	A/C SERVER ROOM	051209	SL	15.00	4,080.		4,080.	2,969.	272.
150	BOILER CONTROL	090109	SL	15.00	25,927.		25,927.	18,292.	1,728.
151	CONDENSING UNIT	071009	SL	15.00	4,938.		4,938.	3,537.	329.
152	COMPRESSOR	080609	SL	15.00	1,523.		1,523.	1,088.	102.
153	LIFELINE WING 3	033110	SL	15.00	9,240.		9,240.	6,160.	616.
154	BUILDING REPAIRS	090209	SL	15.00	2,582.		2,582.	1,820.	172.
155	GAZEBO IRRIGATION	062209	SL	15.00	3,065.		3,065.	2,193.	204.
156	SIGMA CARE	013110	SL	10.00	97,727.		97,727.	97,727.	0.
157	LANDSCAPING	120209	SL	10.00	6,982.		6,982.	6,982.	0.
158	NEW ELECTRICAL CIRCUIT	042109	SL	10.00	2,171.		2,171.	2,171.	0.

(D) - Asset disposed

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159	DIGITAL SOUND PROCESSOR	070209	SL	10.00	5,000.		5,000.	5,000.	0.
160	WELL PUMP	072709	SL	15.00	7,490.		7,490.	5,323.	499.
161	NEW BLOWER	093009	SL	15.00	10,643.		10,643.	7,455.	710.
162	ROAM ALERT SYSTEM	100509	SL	10.00	3,154.		3,154.	3,151.	0.
173	SPRINKLER SYSTEM	073010	SL	10.00	11,253.		11,253.	10,875.	378.
174	WATER HEATER	090110	SL	10.00	4,201.		4,201.	3,990.	211.
175	COMPRESSOR	091010	SL	15.00	3,016.		3,016.	1,926.	201.
176	WELL PUMP	092110	SL	15.00	11,485.		11,485.	7,277.	766.
177	STORAGE LOCKERS	110110	SL	15.00	12,521.		12,521.	7,932.	835.
178	SPRINKLER SYSTEM	110110	SL	10.00	49,300.		49,300.	46,424.	2,876.
179	TIME & ATTENDANCE SOFTWARE	012511	SL	5.00	5,770.		5,770.	5,770.	0.
180	RESIDENT WIRELESS	021111	SL	5.00	2,527.		2,527.	2,527.	0.
181	CARPET REPLACEMENT	021511	SL	10.00	27,637.		27,637.	25,106.	2,531.
182	CHILLERS	022211	SL	15.00	4,211.		4,211.	2,552.	281.
183	ELECTRONIC VITAL SIGN	022311	SL	5.00	3,419.		3,419.	3,419.	0.
184	NURSE CALL	022511	SL	10.00	23,670.		23,670.	21,500.	2,170.
191	10 SPRINKLERS-KITCHEN	042711	SL	10.00	2,790.		2,790.	2,488.	279.
192	LANDSCAPING	050111	SL	10.00	3,250.		3,250.	2,898.	325.
193	NURSE CALL	060711	SL	10.00	23,670.		23,670.	20,909.	2,367.
194	LANDSCAPING	070811	SL	10.00	2,500.		2,500.	2,188.	250.
195	LANDSCAPING	090311	SL	10.00	4,800.		4,800.	4,120.	480.
196	LANDSCAPING	033012	SL	10.00	1,400.		1,400.	1,120.	140.
197	ELEVATOR CLC PROCESSOR	111611	SL	10.00	3,737.		3,737.	3,148.	374.
198	AUTO DOOR OPENER	010112	SL	10.00	2,319.		2,319.	1,914.	232.
199	DVR/CAMERA	022712	SL	5.00	2,365.		2,365.	2,365.	0.
200	FLUSHOMETER	013112	SL	10.00	2,961.		2,961.	2,417.	296.
201	RESIDENT NURSE COMM	030112	SL	10.00	13,407.		13,407.	10,839.	1,341.
202	LANDSCAPING	031512	SL	10.00	2,500.		2,500.	2,021.	250.
203	HYDRONIC HEATER	031312	SL	10.00	3,895.		3,895.	3,152.	390.
204	NEW 20 AMP CIRCUIT	020912	SL	10.00	1,325.		1,325.	1,085.	133.
205	CHILLERS (2)	022412	SL	10.00	15,452.		15,452.	12,489.	1,545.
206	SPRINKLER SYSTEM	101811	SL	10.00	50,200.		50,200.	42,670.	5,020.
207	ICE MACHINE	102711	SL	5.00	4,841.		4,841.	4,841.	0.
208	ELECTRICAL BREAKER PANEL	012712	SL	10.00	10,559.		10,559.	8,624.	1,056.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HOLLAND CHRISTIAN HOME ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
209	MOUNTAINVISION	020112	SL	10.00	55,863.		55,863.	45,619.	5,586.
210	CARPET REPLACEMENT	093011	SL	10.00	44,680.		44,680.	37,978.	4,468.
211	PLAYER PIANO	040111	SL	7.00	3,000.		3,000.	3,000.	0.
215	STEINWAY PIANO	082012	SL	15.00	31,000.		31,000.	16,535.	2,067.
218	LIGHTPATH TELEPHONE	091412	SL	10.00	7,648.		7,648.	6,120.	765.
219	CARPET	022313	SL	10.00	27,096.		27,096.	21,679.	2,710.
220	3 PHASE CIRCUITS	033113	SL	10.00	7,500.		7,500.	5,250.	750.
221	MOUNTAIN VISION	060112	SL	10.00	41,342.		41,342.	33,072.	4,134.
222	CARPET	123112	SL	10.00	32,030.		32,030.	25,624.	3,203.
223	T&R ALARM	051712	SL	10.00	2,741.		2,741.	2,192.	274.
224	LANDSCAPING	060112	SL	10.00	4,000.		4,000.	3,200.	400.
225	INDUSTRIAL POWER	061412	SL	10.00	3,500.		3,500.	2,800.	350.
226	PUMP	091412	SL	10.00	2,500.		2,500.	2,000.	250.
227	SPRINKLER SYSTEM	092712	SL	10.00	3,800.		3,800.	3,040.	380.
228	LANDSCAPING	111012	SL	10.00	8,500.		8,500.	6,800.	850.
252	SIGMA CARE	041213	SL	10.00	3,002.		3,002.	2,075.	300.
253	LANDSCAPING-MULCH	050113	SL	10.00	3,695.		3,695.	2,559.	370.
254	MOUNTAINVISION	051513	SL	10.00	505.		505.	348.	51.
255	TREE REMOVAL	110513	SL	10.00	3,050.		3,050.	2,110.	305.
256	CARPET REPLACEMENT	091713	SL	10.00	8,736.		8,736.	5,754.	874.
257	CARPET REPLACEMENT	102813	SL	10.00	38,084.		38,084.	24,435.	3,808.
258	LANDSCAPE FRONT ENTRANCE	110113	SL	10.00	9,263.		9,263.	5,942.	926.
260	3 PHASE CIRCUITS	062113	SL	10.00	22,428.		22,428.	15,701.	2,243.
264	WEB SITE DEVELOPMENT	070114	SL	10.00	4,945.		4,945.	2,846.	495.
265	CONDENSING UNIT-CHAPEL	070314	SL	10.00	8,180.		8,180.	4,704.	818.
266	LANDSCAPE GARDEN NEAR	071014	SL	10.00	5,927.		5,927.	3,410.	593.
267	LAPTOP	081414	SL	5.00	2,671.		2,671.	2,671.	0.
268	PAYROLL SYSTEM	082014	SL	10.00	8,979.		8,979.	5,014.	898.
269	AUTO DOOR OPENER	110114	SL	10.00	5,110.		5,110.	2,768.	511.
270	FIRE ALARM UPGRADED	121514	SL	10.00	5,026.		5,026.	2,683.	503.
271	PAINT FLOORS-LAUNDRY, STORAGE	033115	SL	10.00	16,909.		16,909.	8,455.	1,691.
272	MV HALLWAY FLOORING	033115	SL	10.00	7,500.		7,500.	3,750.	750.
273	CARPET REPLACEMENT	122314	SL	10.00	29,807.		29,807.	15,898.	2,981.
274	AIR CONDITIONING WIRELESS	050714	SL	10.00	2,880.		2,880.	1,704.	288.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HOLLAND CHRISTIAN HOME ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
275	LANDSCAPE	050714	SL	10.00	2,400.		2,400.	1,420.	240.
276	NURSE CALL SYSTEM	060214	SL	10.00	2,537.		2,537.	1,481.	254.
277	LANDSCAPE	061714	SL	10.00	3,200.		3,200.	1,840.	320.
278	LANDSCAPE	071014	SL	10.00	2,600.		2,600.	1,495.	260.
279	FIRE ALARM UPGRADED	081114	SL	10.00	2,661.		2,661.	1,507.	266.
280	HYDRONIC COILS	091114	SL	10.00	6,830.		6,830.	3,756.	683.
281	SPRINKLER SYSTEM	112414	SL	10.00	2,550.		2,550.	1,360.	255.
282	BOILER PUMP	120114	SL	10.00	3,338.		3,338.	1,781.	334.
283	MAIN ENTRANCE	031115	SL	10.00	10,990.		10,990.	5,587.	1,099.
310	SIGMA CARE	070115	SL	10.00	14,000.		14,000.	6,650.	1,400.
311	NURSING COMPUTERS	111315	SL	5.00	7,517.		7,517.	6,638.	879.
313	NORTH HALEDON TREE	102815	SL	10.00	2,200.		2,200.	972.	220.
314	CARPET REPLACEMENT	112815	SL	10.00	22,996.		22,996.	9,967.	2,300.
321	CARPET REPLACEMENT	093017	SL	10.00	22,260.		22,260.	5,565.	2,226.
340	5 NURSE CALL ROOM STATIONS	052316	SL	10.00	4,132.		4,132.	1,584.	413.
341	3 DOOR REFRIGERATOR	071416	SL	10.00	4,600.		4,600.	1,725.	460.
342	ROAMING ALARM CLOCK	072016	SL	10.00	2,741.		2,741.	1,005.	274.
343	CARPET REPLACEMENT	113016	SL	10.00	23,026.		23,026.	7,677.	2,303.
344	WATER SOFTENER	031717	SL	10.00	3,850.		3,850.	1,187.	385.
345	25 MATTRESSES	033117	SL	10.00	6,085.		6,085.	1,827.	609.
346	BOILER PUMP	033117	SL	10.00	2,685.		2,685.	807.	269.
347	LONG RANGE PLANNING	033119	SL	39.00	1731432.		1731432.	44,396.	44,396.
348	STIENWAY PIANO	042512	SL	15.00	9,000.		9,000.	4,800.	600.
355	PHONE SYSTEM	091718	SL	10.00	36,020.		36,020.	5,403.	3,602.
356	EQUIPMENT	090118	SL	10.00	5,305.		5,305.	840.	531.
357	SURVEILLANCE CAMERAS	012219	SL	10.00	3,195.		3,195.	373.	320.
358	COMPUTER EQUIPMENT	020619	SL	10.00	32,022.		32,022.	3,736.	3,202.
359	LANDSCAPING	101718	SL	10.00	36,205.		36,205.	5,130.	3,621.
	* 990 PAGE 10 TOTAL OTHER				3485582.		3485582.	1326735.	156,981.
	* GRAND TOTAL 990 PAGE 10 DEPR				29661203.		29661203.	10856863.	773,652.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC
155 NORTH DEAN STREET - SUITE 5
ENGLEWOOD, NEW JERSEY 07631
(201) 567-4100

NOVEMBER 19, 2020

HOLLAND CHRISTIAN HOME ASSOCIATION
151 GRAHAM AVENUE
NORTH HALEDON, NJ 07508

HOLLAND CHRISTIAN HOME ASSOCIATION:

ENCLOSED IS A COPY OF THE ORGANIZATION'S 2019 NEW JERSEY FORM
CRI-300R, REGISTRATION/VERIFICATION STATEMENT.

THE NEW JERSEY CRI-300R HAS BEEN PREPARED FOR ELECTRONIC
FILING ON THE NEW JERSEY DIVISION OF CONSUMER AFFAIRS WEBSITE.
PLEASE SIGN AND RETURN THE FORM CRI-300R TO OUR OFFICE.
THE FORM MUST BE SIGNED BY TWO AUTHORIZED OFFICERS, ONE SIGNATURE
MUST BE THAT OF THE CFO OR TREASURER OF THE ORGANIZATION. WE
WILL THEN SUBMIT YOUR ELECTRONIC STATEMENT TO NEW JERSEY. DO NOT
MAIL THE PAPER COPY OF THE STATEMENT TO NEW JERSEY. RETURN THE
FORM CRI-300R TO US BY FEBRUARY 15, 2021.

ENCLOSED IS A SEPARATE INVOICE FOR THE REGISTRATION FEE OF \$250.00
THAT WILL BE PAID WITH THE ONLINE FILING.

VERY TRULY YOURS,

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 03/31/2020
month day year

2. Federal ID Number (EIN) 22-1529791 2a. N.J. Charities Registration Number: CH- 0774700

3. Full legal name of the registering organization: HOLLAND CHRISTIAN HOME ASSOCIATION
In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 151 GRAHAM AVENUE, NORTH HALEDON, NJ 07508 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

_____ Contact person Street address City State ZIP Code

_____ Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:
(973) 427-4087 Telephone number (include area code) 973-427-8939 Fax number (include area code)
INFO@HCHNJ.ORG E-mail address HCHNJ.ORG Web site

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

9. Where and when was the organization legally established? Date: 02/04/1960 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration. **SEE STATEMENT 1**

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
ALREADY EXISTS—TO SUPPORT AND ASSIST AGED MEN AND WOMEN.

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>				
Full legal name: HOLLAND CHRISTIAN HOME ASSOCIATION				
Fiscal year-end being reported: 03/31/2020 <small>month day year</small>		Federal ID Number (EIN) 22-1529791		
Mailing address: 151 GRAHAM AVENUE, NORTH HALEDON, NJ 07508				
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Street address of the registering organization: _____				
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
New Jersey Charities Registration number: CH 0774700		Telephone number: (973) 427-4087 <small>(include area code)</small>		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	92,962.
(2)	Telephone solicitation	0.
(3)	Commercial co-venture	0.
(4)	Gross receipts from fund-raising events	0.
(5)	Canisters, counter cards, door to door etc	0.
(6)	Corporations and other businesses	0.
(7)	Foundations and trusts	0.
(8)	Donated land, buildings, property, equipment and materials	0.
(9)	Legacies and bequests	0.
(10)	Membership dues solely resulting from solicitations	0.
(11)	Other support (specify)	0.

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 92,962.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	0.
(2)	From an affiliated organization	1,241,050.
(3)	From another fund-raising organization	0.

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) 1,241,050.

Line A1e. Total Gross Contributions (add lines A1b and A1d) 1,334,012.

Line A2.	Government grants including purchase of service contracts (specify agency)		
	a. _____	.....	0.
	b. _____	.....	0.
	c. _____	.....	0.
	d. _____	.....	0.
Line A2e.	Total Government Grants (add lines 2a thru 2d)	.....	0.

Line A3.	Other Support		
	a. Bona fide membership	.....	0.
	b. Program service revenue	SEE STATEMENT 5	8,074,213.
	c. Professional services rendered by volunteers	.....	0.
	d. Miscellaneous income (specify)	SEE STATEMENT 4	1,513,415.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	9,587,628.

Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	10,921,640.
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B. Expenses

Line B1.	Program expenses	8,460,299.
Line B2.	Management and general expenses	1,846,373.
Line B3.	Fund-raising expenses	.....	171,899.
Line B4.	Payments to state/national affiliates (if applicable)	.....	0.
Line B5.	Total Expenses (add the totals of line B1 thru B4)	.....	10,478,571.

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)	443,069.
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D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year	25,440,883.
Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 3	.....	-1,299,895.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	.....	24,584,057.

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: HOLLAND CHRISTIAN HOME ASSOCIATION

N.J. Charities Registration Number: CH- 0774700 -00

Federal ID Number (EIN) 22-1529791

Fiscal Year-End being reported: 03/31/2020
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? Yes No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name BRENT SJAARDEMA Title TREASURER Date _____

Signature _____ Name RANDALL VEENSTRA Title SECRETARY Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R	DESCRIPTION OF SPECIFIC PROGRAMS AND CHARITABLE PURPOSES	STATEMENT	1
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PAGE 2, LINE 14

DESCRIPTION

HOLLAND CHRISTIAN HOME IS A RETIREMENT & SUPPORT SERVICE COMMUNITY OF MEN AND WOMEN BOUND TOGETHER AS A FAMILY BY A COMMON FAITH IN JESUS CHRIST OUR LORD. WITH HEARTS TO LOVE AND HANDS TO HELP, OUR STAFF, VOLUNTEERS AND BOARD ARE DEDICATED TO THE WELL-BEING OF OUR RESIDENTS THROUGH THE NURTURE OF DEVOTED CARE; A WARM, HOMELIKE ATMOSPHERE; LOVING AND FRIENDLY COMPANIONSHIP; AND A STRONG COVENANT RELATIONSHIP.

FORM CRI-300

PROGRAM SERVICE REVENUE

STATEMENT 5

DESCRIPTION

AMOUNT

ENTRANCE FEES	5,326,602.
SOCIAL SECURITY & PENS.	2,531,505.
PER DIEM, INC.	194,225.
ANCILLARY FEES	21,881.
<hr/>	
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3B	8,074,213.
<hr/> <hr/>	

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name BRENT SJAARDEMA Title TREASURER Date _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name RANDALL VEENSTRA Title SECRETARY Date _____
