PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0774700 | 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	= 2022 calendar year, or tax year beginning $APR = 1$, 2022 and	ending M	IAR 31, 2023					
В	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addre	HOLLAND CHRISTIAN HOME ASSOCIATION							
	Name chang	Doing business as		22-15297	91				
F	Initial return Final return	151 CRAHAM AVENUE	Room/suite	ite E Telephone number 516-426-5974					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,231,954.				
	Ameno	NORTH HALEDON, NJ 07508		H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer: STEVEN DUMKE		for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No					
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions				
	Websit			H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 1960 N	M State of legal domicile: NJ				
P	art I	Summary	TTD T14T	NEW AND CLIDE	ODE GEDITGE				
Governance	1	Briefly describe the organization's mission or most significant activities: A RECOMMUNITY OF MEN AND WOMEN.							
erns	2	Check this box if the organization discontinued its operations or dispos		ı					
Š	3			<u>3</u>	9				
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			8				
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			165				
Ĕ	6	Total number of volunteers (estimate if necessary)			14				
Ac	/ a			<u>7a</u>	0.				
_	B	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		5,267,092.	1,122,958.				
Jue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		7,963,539.	7,294,417.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		353,087.	-179,870.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,914.	3,855.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,591,632.	8,241,360.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,409,122.	7,128,118.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,414,570.	4,060,654.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,823,692.	11,188,772.				
		Revenue less expenses. Subtract line 18 from line 12		2,767,940.	-2,947,412.				
Net Assets or	9		Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		28,851,243.	24,986,898.				
et A	21	Total liabilities (Part X, line 26)		35,980,591.	37,166,259. -12,179,361.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		<u>-7,129,348.</u>	-12,179,301.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ante and to the heet of my	/ knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			r knowledge and belief, it is				
truc	, 001100	g and completel boolaration of proparor (called alian officer) to bacoa on an information of the	non propuror	That any information					
Sig	n	Signature of officer		Date					
Hei		ANDREW VAN ORDEN, VP/ADMINISTRATOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN				
Pai	d	KERRI N. BOGDA, CPA KERRI N. BOGDA,	CPA 0	2/15/24 self-employ					
Pre	parer	Firm's name BAKER TILLY US, LLP		Firm's EIN 3	9-0859910				
Use	Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400							
_		LANCASTER, PA 17601		Phone no. 71	7.740.4863				
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

rai	otatement of Frogram Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE HOLLAND CHRISTIAN HOME ASSOCIATION (THE "ASSOCIATION") HAS	
	PROUDLY SERVED THE NEEDS OF THE SENIOR COMMUNITY FOR MORE THAN A	
	CENTURY. AT THE CORE OF ITS MISSION IS LIFE CARE - A CONTINUUM O	
	THAT ESSENTIALLY ALLOWS ITS RESIDENTS TO PAY ONE FEE ON ENTRANCE	AND
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 ex	nenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
		rises, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 9,097,847 • including grants of \$ 0 •) (Revenue \$ 7,	294,417.
4a		
	THE HOLLAND CHRISTIAN HOME ASSOCIATION PROUDLY SERVES THE NEEDS	
	SENIOR COMMUNITY FOR MORE THAN OVER 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, ASSURE	
	SKILLED NURSING CARE SHOULD THEY NEED IT. IN ADDITION, THE ASSOC	IATION
	ALSO OFFERS PER DIEM AND RESPITE CARE. IT ALSO OFFERS RESPITE CA	RE IN
	ITS MOUNTAIN VIEW NURSING UNIT FOR INDIVIDUALS WHO NEED SHORT OR	
	LONG-TERM SKILLED NURSING CARE OR ASSISTANCE WITH ACTIVITIES OF	DAILY
	LIVING.	
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$,
4c	(Code:) (Expenses \$	
40	(Code:) (Expenses #	
4d	Other program services (Describe on Schedule O.)	
		١
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 9,097,847.	1
70	Total program service expenses	Form 990 (2022)
		(८७८८)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	175		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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	13		1
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21		X

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I ai	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		_^
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	\vdash
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		₩.	1
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
-	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L

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022) HOLLAND CHRISTIAN HOME ASSOCIATION

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

				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	165							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		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 autho								
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	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 Account	nts (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				
С	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 org								
any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	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						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec	quired							
	to file Form 8282?		7c		_X_				
d	If "Yes," indicate the number of Forms 8282 filed during the year	•							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?	7e		<u>X</u>				
f	· · · · · · · · · · · · · · · · · · ·								
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization to		7h						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
sponsoring organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?									
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b						
10	Initiation fees and capital contributions included on Part VIII, line 12	.ı l							
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10th								
11	Section 501(c)(12) organizations. Enter:	′ 1							
	Gross income from members or shareholders 11a	.i l							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1							
-	amounts due or received from them.)	.							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	•	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 [
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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								
С	Enter the amount of reserves on hand	:							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u>X</u>				
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		15		х				
excess parachute payment(s) during the year?									
If "Yes," see the 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 an example of the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax on net investment income and the section 4968 excise tax of the sec	me?	16		<u> </u>				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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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.

Table 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 dependent If there are material differences in voting rights among members of the governing body, or if the governing body deligated broad authority to an executive committee or similar committee, application of the governing body deligated broad authority to an executive committee or similar committee, application of the governing body or in the governing body or in the governing body or in the governing body or of the governing body or officers, directors, trustees, or key employees to a management company or of the person? 3		Check if Schedule O contains a response or note to any line in this Part VI			X
It these are market differences in voltage gritten among members of the governing body, of it the governing body of the governing body? 5 Did the governing body of the governing body of the governing body of the governing body? 5 Did the governing body? 5 Did the governing body? 6 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or presence of the governing body? 7 Did the governing body? 8 Did the governing body? 8 Did the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body? 10 Did the organization to reliverations and the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body of the governing body of the governing body? 10 Did the organization thave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review the Formis Body of the governing body bellore filing the form? 11 Did the organization have a written do	Sec				
It these are market differences in voltage gritten among members of the governing body, of it the governing body of the governing body? 5 Did the governing body of the governing body of the governing body of the governing body? 5 Did the governing body? 5 Did the governing body? 6 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or presence of the governing body? 7 Did the governing body? 8 Did the governing body? 8 Did the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body? 10 Did the organization to reliverations and the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body of the governing body of the governing body? 10 Did the organization thave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review the Formis Body of the governing body bellore filing the form? 11 Did the organization have a written do				Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body diegated broad authority to an excustive committee or stillar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year	9 🖳		
b Enter the number of voting members included on line 1a, above, who are independent . 1					
b Enter the number of volting members included on line 1a, above, who are independent					
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b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NJ 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 D J Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	11a				
12a					
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 by Other officers or key employees of the organization for the deliberation and decision? a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NJ 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 X Upon request Other (explain on Schedule O) 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.			12a	Х	
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Did the organization have a written document retention and destruction policy? 14 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 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 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 X 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	13				
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20 State the name, address, and telephone number of the person who possesses the organization's books and records			.a mun	- 101	
	20				
	_0	ANDREW VAN ORDEN, VP/ADMINISTRATOR - 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do	not c	Pos	C) ition	l than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	, unles cer an	ss per id a d	rson is irecto	s both r/trus	an tee)	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
	line)	Indivi	Instit	Officer	Key e	Highe emplo	Former			
(1) YVETTE JONES	62.00									
LPN STAFF NURSE	0.00					X		114,691.	0.	24,324.
(2) ESTREDIDA MARTIN	40.00								_	
EXECUTIVE DIRECTOR (UNTIL 7/8/22)	0.00			Х				107,902.	0.	18,928.
(3) SOFIA BURKE	40.00									
DIRECTOR OF NURSING	0.00					X		117,711.	0.	95.
(4) NELLY HOLGUIN	40.00									
INFECTION PREVENTIONIST	0.00					X		100,087.	0.	8,116.
(5) JOHN BELANUS	5.00									
PRESIDENT	5.00	Х						0.	0.	0.
(6) RANDALL VEENSTRA	5.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(7) BEVERLY CUSACK	5.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(8) DEBBIE VAN BUITEN	5.00									
ASSISTANT TREASURER	0.00	Х						0.	0.	0.
(9) PAUL LYMAN	5.00									
RESIDENT REPRESENTATIVE	0.00	Х		Х				0.	0.	0.
(10) PAUL HEEREMA	5.00									
BOARD MEMBER	5.00	Х						0.	0.	0.
(11) MICHAEL KUKOL	5.00									
BOARD MEMBER	5.00	Х						0.	0.	0.
(12) THOMAS ROSE	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) BEVERLY TEN KATE	5.00									
BOARD MEMBER	5.00	Х						0.	0.	0.
(14) STEVEN EICHHORN	5.00									
PRESIDENT (UNTIL 5/25/22)	5.00	Х		Х				0.	0.	0.
(15) ABE VAN WINGERDEN	5.00									
VICE PRESIDENT (UNTIL 5/25/22	5.00	Х		Х				0.	0.	0.
(16) RAYMOND BROEK	5.00									
ASSISTANT TREASURER (UNTIL 5/25/22)	0.00	Х		Х				0.	0.	0.
(17) WILLIAM HEMSTEAD	5.00									
BOARD MEMBER (UNTIL 12/15/22)	0.00	Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	anc	1 Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D) (E)				(F)		
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	,	Es	stimate	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		an	nount	
	week (list any				l	1711 03	100)	from	from related			other	
	hours for	Individual trustee or director				_		the organization	organizatior (W-2/1099-MI		1	npensa rom th	
	related	ee or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)		l	janizat	
	organizations	trust	nal tru		yee	om pe		1099-NEC)	,		ı -	, d relat	
	below	vidual	Institutional trustee	ser	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	lndi	Insti	Officer	Key	High	Former				<u> </u>		
(18) VIRGINIA HOOGSTRA	5.00												
BOARD MEMBER (UNTIL 12/15/22)	0.00	Х				_		0.		0.			0.
		-											
						_							
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4h Cubbatal					<u> </u>	<u> </u>		440,391.		0.	5	1,4	63
1b Subtotal c Total from continuation sheets to Part V								0.		0.	<u> </u>	<u> </u>	0.
								440,391.		0.	5	1,4	
d Total (add lines 1b and 1c)								•	000 of roportoble			<u> </u>	05.
compensation from the organization	iot iiiiiited to tri	ose	IISLE	u au	ove	;) WII	io re	ceived more than \$100,	000 of reportable	3			4
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ا مم	(A)/ 6	mnl	OVA	e or	hia	hest compensated emp	lovee on	1			
line 1a? If "Yes," complete Schedule J for s			•	•	•		_	•	•		3		х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	•		•					•	•		4		х
5 Did any person listed on line 1a receive or	,		•										
rendered to the organization? If "Yes," cor											5		х
Section B. Independent Contractors	ripiete Scriedur	<i>- 0 1</i>	UI SC	ICI I	<i>J</i> C/3	OII .							
Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100.000 of com	pensa ^s	tion fro	om	
the organization. Report compensation for													
(A)				<u> </u>				(B)			(0	 2)	
							nsatio	n					
ALPHA HEALTHCARE STAFFING	FIRM L	LC					1	NURSING STAF	F				
194 PASSAIC ST., HACKENS	ACK, NJ	07	60	1				SERVICES			17	8,9	50.
	ATM CTR			тн	TP	ח	$\overline{}$	MITESTNG STAF	F				

Form **990** (2022)

167,779.

112,750.

Total number of independent contractors (including but not limited to those listed above) who received more than

FLOOR, PATERSON, NJ 07505

GRASSI HEALTHCARE ADVISORS LLC, ONE

\$100,000 of compensation from the organization

MAYNARD DRIVE, STE. 2203, PARK RIDGE, NJ

SERVICES

CONSULTING SERVICES

Form 990 (2022) HOLLAND
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
રા છ	1	a	Federated campaigns	1a					
an du			Membership dues	1b	2,450.				
⊕ ह			Fundraising events	1c					
ifts ar A			Related organizations	1d	1,100,000.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e	20,483.				
Š			All other contributions, gifts, grants, and						
bet			similar amounts not included above	1f	25.				
ÖĘ		g	Noncash contributions included in lines 1a-1f	1g \$					
Col		h	Total. Add lines 1a-1f			1,122,958.			
					Business Code				
ø	2	а	AMORTIZATION FEES		623000	4,392,039.	4,392,039.		
Σĕ		b	RESIDENT FEES		623000	2,902,378.	2,902,378.		
Se		С							
Program Service Revenue		d							
og B		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			7,294,417.			
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			69,851.			69,851.
	4		Income from investment of tax-exen						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а		Securities	(ii) Other				
				740,873.					
_		b	Less: cost or other basis						
nue				990,594.					
eve			· /	249,721.		240 721			240 721
her Revenue			Net gain or (loss)			-249,721.			-249,721.
	8	а	Gross income from fundraising events (_					
Ò			•	_ of					
			contributions reported on line 1c). S	I					
		L	Part IV, line 18						
			Less: direct expenses Net income or (loss) from fundraisin						
			Gross income from gaming activitie						
	•	u	Part IV, line 19	I					
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less return						
		_	and allowances	I					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of in						
			· ·		Business Code				
sno	11	а	APPLICATION FEES		900099	2,200.			2,200.
Miscellaneous Revenue		b	MISCELLANEOUS INCOME		900099	1,655.			1,655.
eve		С							
Aisc B		d	All other revenue						
_		е	Total. Add lines 11a-11d			3,855.			
	12		Total revenue. See instructions			8,241,360.	7,294,417.	0.	-176,015.

232009 12-13-22

Part IX Statement of Functional Expenses												
Sect	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 respor	se or note to any line in										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
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,	124 010	114 062	10 140								
	trustees, and key employees	134,012.	114,863.	19,149.								
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	F F 47 C C O	4 (07 700	050 060								
7	Other salaries and wages	5,547,669.	4,687,709.	859,960.								
8	Pension plan accruals and contributions (include	71 200	E1 171	20 110								
_	section 401(k) and 403(b) employer contributions)	71,290. 749,157.	51,171. 649,777.	20,119.								
9	Other employee benefits	625,990.	557,315.	68,675.								
10	Payroll taxes	043,990.	337,313.	00,073.								
11	Fees for services (nonemployees):											
	Management	198,752.		198,752.								
b	Legal	137,618.		137,618.								
	Accounting	137,010.		157,010.								
	Lobbying Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
	Other. (If line 11g amount exceeds 10% of line 25,											
9	column (A), amount, list line 11g expenses on Sch 0.)	528,032.	316,424.	211,608.								
12	Advertising and promotion	258,284.	3,964.	254,320.								
13	Office expenses	44,252.	0 / 0 0 = 1	44,252.								
14	Information technology	9,798.		9,798.								
15	Royalties	•		,								
16	Occupancy	264,596.	264,596.									
17	Travel	2,339.	2,339.									
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	5,563.	2,294.	3,269.								
20	Interest	269,498.	269,498.									
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	779,921.	779,921.									
23	Insurance	326,903.	326,903.									
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 0.)											
а	DIETARY EXPENSES	443,928.	443,928.									
b	SUPPLIES	247,551.	247,551.									
С	RESIDENCE EXPENSES	243,697.	243,697.	1.50								
d	MISCELLANEOUS	156,234.	3,392.	152,842.								
е	All other expenses	143,688.	132,505.	11,183.								
25	Total functional expenses . Add lines 1 through 24e	11,188,772.	9,097,847.	2,090,925.	0.							
26	Joint costs . Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											

Form **990** (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		6,449.	1	33,500.
	2	Savings and temporary cash investments		1,888,154.	2	3,645,543.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	599,089.	4	135,524.	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia	contributor, or 35%			
		controlled entity or family member of any of these per	sons		5	
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges		112,577.	9	114,274.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10th	32,443,954.			
	b	Less: accumulated depreciation 10th	20,012,205.		19,267,240.	
	11	Investments - publicly traded securities		5,902,467.	11	1,717,889.
	12	Investments - other securities. See Part IV, line 11 \dots		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	220 200	14	FO 000	
	15	Other assets. See Part IV, line 11		330,302.	15	72,928.
	16	Total assets. Add lines 1 through 15 (must equal line		28,851,243.	16	24,986,898.
	17	Accounts payable and accrued expenses		661,971.	17	1,147,059.
	18	Grants payable	17,621,434.	18	13,828,858.	
	19	Deferred revenue		17,021,434.	19	13,020,030.
	20	Tax-exempt bond liabilities			20 21	
	21 22	Escrow or custodial account liability. Complete Part I' Loans and other payables to any current or former of			21	
ies	22	trustee, key employee, creator or founder, substantia				
Liabilities		controlled entity or family member of any of these per		2,000,000.	22	2,000,000.
Lia	23	Secured mortgages and notes payable to unrelated the		6,004,177.	23	5,833,760.
	24	Unsecured notes and loans payable to unrelated third		0,001,17	24	3,000,000
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2				
		of Schedule D		9,693,009.	25	14,356,582.
	26	Total liabilities. Add lines 17 through 25		35,980,591.	26	37,166,259.
		Organizations that follow FASB ASC 958, check he	ere X			
Ses		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions		-7,145,579.	27	-12,195,592.
Bal	28	Net assets with donor restrictions		16,231.	28	16,231.
p I		Organizations that do not follow FASB ASC 958, cl	neck here			
린		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipm	ent fund		30	
As	31	Retained earnings, endowment, accumulated income	, or other funds		31	
Net L	32	Total net assets or fund balances		-7,129,348.	32	-12,179,361.
	33	Total liabilities and net assets/fund balances		28,851,243.	33	24,986,898.

Form 990 (2022)

Form	1990 (2022) HOLLAND CHRISTIAN HOME ASSOCIATION	44.	-⊥5⊿9	/ 9 I	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 24		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,18	8,7	72.
3	Revenue less expenses. Subtract line 2 from line 1	3		,94		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-7	,12	9,3	48.
5	Net unrealized gains (losses) on investments	5		-6	7,3	04.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				12.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2	,03	<u>4,8</u>	<u>85.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-12	,17	<u>9,3</u>	<u>61.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>, —</u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

HOLLAND CHRISTIAN HOME ASSOCIATION

Employer identification number

22-1529791

Pa	rt I	Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.			
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1	$\overline{\Box}$	•	·		-	-)(A)(i).			
2	П	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
<u>ح</u>		A mospital or a cooperative nospital service organization described in section 170(b)(1)(A)(iii) . Enter the hospital's name,								
4		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). (C		g ,		, 9-				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that normal	· ·				• •	oublic described in		
-		section 170(b)(1)(A)(vi). (C	-		g		g ₁			
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ II)					
9	H	An agricultural research org				ed in coni	inction with a land-grant	college		
Ū		or university or a non-land-g				-	-	-		
		university:	rant conege or agrici	altare (see instructions).	Litter tile i	iarric, city	, and state of the conege	, 01		
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membership fees, and	d gross receipts from		
		activities related to its exem								
		income and unrelated busin		•	` '			· ·		
		See section 509(a)(2). (Cor		(1033 300tion on reak) inc	iii busiiics	soco acquii	cd by the organization a	arter durie do, 1375.		
11		An organization organized a	-	valu to toot for public on	foty Coo	naation E()()(a)(4)			
								numacos of one or		
12	ш	An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·			
		more publicly supported org						neck the box on		
		lines 12a through 12d that o	* *							
а		Type I. A supporting orga	•	•	•	_				
		the supported organization			majority o	f the direc	tors or trustees of the su	upporting		
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		■ Type II. A supporting organization	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ving		
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)		
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness		
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	٧.			
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	rganizations							
g	Prov	vide the following information		d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
F - 4 .								1		

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and sto	~			•		
Se	ction C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the					nore, check this box	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=			
k	10% -facts-and-circumstances test	-	· ·	• • •	-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						·
	<u>, </u>		,	, , , , , , , , , , , , , , , , , , , ,			(Form 990) 2022

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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.)

`	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	423,826.	1334012.	1367449.	5267092.	1122958.	9515337.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf	9518048.	8074213.	8665696.	7963539.	7294417.	41515913.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	9941874.	9408225.	10033145.	13230631.	8417375.	51031250.
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.
	Public support. (Subtract line 7c from line 6.)						51031250.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	9941874.	9408225.	10033145.	13230631.	8417375.	51031250.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	180,399.	138,240.	80,652.	56,095.	69,851.	525,237.
h							
N	Unrelated business taxable income						
i.	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	180,399.	138,240.	80,652.	56,095.	69,851.	525,237.
11	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		·	-	7,914.	3,855.	11,769.
11 12	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	180,399. 10122273.	·	-		3,855.	
11 12 13	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10122273.	9546465.	10113797.	7,914. 13294640.	3,855. 8491081.	11,769. 51568256.
11 12 13 14	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	10122273. The organization's fire	9546465。 st, second, third, t	10113797。 Courth, or fifth tax y	7,914. 13294640. vear as a section 5	3,855. 8491081. 01(c)(3) organizatio	11,769. 51568256.
11 12 13 14	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	10122273. The organization's fire	9546465。 st, second, third, t	10113797。 Courth, or fifth tax y	7,914. 13294640. vear as a section 5	3,855. 8491081. 01(c)(3) organizatio	11,769. 51568256.
11 12 13 14 Sec 15	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I	10122273. Die organization's fir C Support Peroine 8, column (f), di	9546465. st, second, third, the centage vided by line 13, control of the centage vided by line	10113797 • ourth, or fifth tax y	7,914. 13294640. vear as a section 5	3,855. 8491081. 01(c)(3) organization	11,769. 51568256. on, 98.96 %
11 12 13 14 Sec 15 16	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (I Public support percentage from 2021)	10122273. The organization's firm of the state of the st	9546465. st, second, third, the centage vided by line 13, could lil, line 15	10113797 • ourth, or fifth tax y	7,914. 13294640. ear as a section 50	3,855. 8491081. 01(c)(3) organization	11,769. 51568256.
11 12 13 14 Sec 15 16 Sec	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here contact the contact of the public support percentage for 2022 (Inc.) Public support percentage from 2021 cetton D. Computation of Investices.	10122273. The organization's firm of the second of the se	9546465. st, second, third, 1 centage vided by line 13, c	10113797. Fourth, or fifth tax y	7,914. 13294640. rear as a section 50	3,855. 8491081. 01(c)(3) organization	11,769. 51568256. on, 98.96 % 98.68 %
11 12 13 14 Sec 15 16 Sec 17	(less section 511 taxes) from businesses acquired after June 30, 1975 2 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (Incomputation of Investigation D. Computation of Investigation D. Computation of Investigation in Part VI.)	10122273. The organization's firmer 8, column (f), dischedule A, Part Income 1022 (line 10c, column 10	9546465. st, second, third, 1 centage ivided by line 13, centage Percentage II, line 15 Percentage In (f), divided by line	10113797. Tourth, or fifth tax y column (f))	7,914. 13294640. ear as a section 50	3,855. 8491081. 01(c)(3) organization	11,769. 51568256. on, 98.96 % 98.68 % 1.02 %
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11 12 13 14 15 16 Sec 17 18	(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (Incomputation of Investigation D. Computation of Investigation D. Computation of Investigation in percentage from 2021 (Investment income percentage from 2021).	10122273. The organization's firmed as, column (f), dischedule A, Part Internat Income 1022 (line 10c, column 102021 Schedule A, Iorganization did n	9546465. st, second, third, for the state of	10113797 • Tourth, or fifth tax y	7,914. 13294640. rear as a section 50	3,855. 8491081. 01(c)(3) organization 15 16	11,769. 51568256. on, 98.96 % 98.68 % 1.02 % 1.22 % 7 is not
11 12 13 14 15 16 Sec 17 18 19a	(less section 511 taxes) from businesses acquired after June 30, 1975 2 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here control of Public Support percentage for 2022 (Incomputation of Investment income percentage from 2011 (Investment income percentage from 2011)	10122273. The organization's firmer as, column (f), dischedule A, Part Income 1022 (line 10c, column 10c) Schedule A, organization did not stop here. The organization did not stop here.	9546465. st, second, third, for the state of	10113797. Fourth, or fifth tax y Folumn (f)) The 13, column (f)) Fon line 14, and line Fies as a publicly so line 14 or line 19a	7,914. 13294640. rear as a section 50 15 is more than 33 upported organizat , and line 16 is mo	3 , 855 . 8491081 . 01(c)(3) organization 15 16 17 18 3 1/3%, and line 13 ion re than 33 1/3%, a	11,769. 51568256. on, 98.96 % 98.68 % 1.02 % 1.22 % 7 is not

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Pa	t IV Supporting Organizations (continued)			-g
	1.1 C C (GOMENTAGO)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
J	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

1	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.						
Sect	ion 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					
Sect	ion 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					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting orga	nization (see			
	instructions).	-					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Employer identification number

	HOLLAND CHRISTIAN HOME ASSOCIATION	22-1529791						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	١						
	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							
Note: Only a section 501	on is covered by the General Rule or a Special Rule . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See instructions.						
General Rule								
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a contribution							
Special Rules								
sections 509(a)(contributor, dur	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, dur literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contribution is checked, enter purpose. Don't	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\$							
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scheduline 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 900; illing requirements of Schedule B (Form 990).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

HOLLAND CHRISTIAN HOME ASSOCIATION

22-1529791

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HOLLAND CHRISTIAN HOME ASSOCIATION

22-1529791

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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11.15		 	Schedule R (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** HOLLAND CHRISTIAN HOME ASSOCIATION 22-1529791 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Inspection

Name of the organization

HOLLAND CHRISTIAN HOME ASSOCIATION

Employer identification number 22-1529791

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure.		2c
d	Number of conservation easements included in (c) acquired af		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		□ v □ v.
_	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	tion easements during the year
	э э э э э э э э э э э э э э э э э э э		,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial statement	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

232051 09-01-22

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	t III Organizations Maintaining C	ollections of Ar					r Sim		ets _{(contin}	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following tha	t make s	ignifica	nt use of	its	
	collection items (check all that apply):	•	•	,	Ü		Ü			
а	Public exhibition	d		Loan or exc	hange progr	am				
b										
c	Preservation for future generations	J	, <u> </u>							
4	Provide a description of the organization's co	allections and explain	n how th	ev further th	ne organizatio	nn's exer	mnt nu	rnose in F	Part XIII	
5	During the year, did the organization solicit o								art Am.	
Ū	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		oto ii tiio	organizatio	in anowored	100 011		555, 1 411	14, 11110 0, 01	
12	Is the organization an agent, trustee, custodi		iany for o	contribution	s or other as	sats not	include	ad.		
ıu	on Form 990, Part X?		•						Yes	No
h	If "Yes," explain the arrangement in Part XIII								163	
b	ii res, explain the alrangement in Fart Allia	and complete the for	nowing to	abie.					Amount	
_	Paginning balance						-		,	
	Beginning balance									
	Additions during the year							d		
	Distributions during the year							e		
	Ending balance							f		
	Did the organization include an amount on Fo								Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Thr	ee years b	ack (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1c	a. column (a)) held as:				•	
а	Board designated or quasi-endowment	•	%	(*)	,,					
	Permanent endowment									
		<u></u> , °								
•	The percentages on lines 2a, 2b, and 2c short	r -								
32	Are there endowment funds not in the posses	•	ation that	t are held ar	nd administe	red for th	16			
ou	organization by:	oolon or the organiza	ation tha	t are riola ar	ia aarriiriioto	ica ioi ti	10		Γ	Yes No
	-								3a(i)	
	(i) Unrelated organizations									-
L	(ii) Related organizations	tions listed as requir		obodulo DO					3a(ii)	-
									3b	
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment n	unas.						
ı aı	Complete if the organization answered) Dort IV	/ lino 11a S	oo Form 000	Dort V	lino 10	1		
	·									
	Description of property	(a) Cost or o		` ,	or other		ccumu		(d) Book	value
		basis (investn	nent)		(other)	de	preciat	ION	2.5	- 225
	Land				5,335.	10	022	0		3,335.
	Buildings			30,86	5,975.	12,	∪33,	855.	18,832	1,1 <u>2</u> U.
	Leasehold improvements			4	0 611		1 1 2	0.5.0		
d	Equipment			1,55	2,644.	1,	142,	859.	409	785.
<u>e</u>	Other									
<u>Total</u>	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X, colum	nn (B), line 1	0c.)				19,267	,240.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HOLLAND CHR. Part VII Investments - Other Securities.	ISTIAN HOME A	SSOCIATION 2	22-1529791 _{Page}
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 e	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 e	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	9 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.

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIABILITY FOR FUTURE CARE	11,727,894.
(3)	REFUNDABLE ADVANCES - EMPLOEE	
(4)	RETENTION CREDIT	2,628,688.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	14,356,582.

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 ...

Schedule D (Form 990) 2022

Par	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	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	e 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financia	-	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	l l		
С	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II t XIII Supplemental Information.	ne 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Pa	rt V line 1: Part Y line 2: Par	+ YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		11 V, 1110 4, 1 art / , 11110 2, 1 ar	t Ai,
	to and 45, and 1 are Mi, into 2d and 45.7 100 complete time part to provi	de any additional information.		

Schedule D (Form 990) 2022

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name	of the or	ganization H	OLLAN	D C	HRISTIAN	но	ME Z	ASS	SOC:	IATIO	N				ident 297		on nı	ımber
Part												ion 501(c)(29) orga						
	C	omplete if the o	rganizatio							25a or 25	b, o	or Form 990-EZ, Pa	art V, I	ine 40	b.	1, 5		
1 (a) Name o	of disqualified p	erson	(b) F	Relationship betw person and or			litied	1	((c)	Description of tran	sactio	n			es	ected?
					P	J										+	es	No
																_	_	
0 F	ntor the	amount of toy in	a a usua di bu	, +ba a	ranization man		or dias		fied 5	veene du	win.	a the year under						
	ection 49		•		·	•		•	•			g the year under		\$				
					above, reimburs													
		<u> </u>					,											
Part	II L	oans to and	/or Froi	n Int	erested Pers	ons.												
								, Pa	rt V, lir	ne 38a or	Fo	rm 990, Part IV, lin	e 26; (or if th	e orga	nizatio	n	
		ported an amou ime of	unt on For (b) Relation		, Part X, line 5, 6		2. oan to or	П	(a) O	riginal	\top	(f) Dalamaa dua	10	\ ln	(h) Ap	proved	/;\ \	Vritten
			with organ		of loan	fron	n the zation?	1		l amount		(f) Balance due) In ault?	by bo	ard or	, (i) i	ement?
							From	1					Yes	No	Yes	No	Yes	No
ABE	VAN	WINGERD	VICE	PRE	PERSONAL	Х		2,	000	,000.	2	,000,000.		Х	Х		Х	
								_			1							
											+							-
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											†							
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											1							
												000 000						
Total Part	III G	rants or Ass	sistance	e Ben	efiting Inter	estec	d Per	SOF	 15.		<u> </u>	,000,000.						
1 0.10					vered "Yes" on F					27.								
		of interested p			(b) Relationship					mount of		(d) Type	of		(e) Purp	ose c	of
					interested pers	on an			ass	sistance		assistan	се			assist	ance	
					the organiza	ation												
								<u> </u>						_				
														\dashv				
														\dashv				

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.	T	1 () 2:	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
				<u> </u>	
Part V Supplemental Information.				•	
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	S:		
/ 3 \ N3ME OF PERGON ARE 1/3	N. LITNGEDDEN				
(A) NAME OF PERSON: ABE VA	N WINGERDEN				
(B) RELATIONSHIP WITH ORGA	NTZATTON: VICE DEFET	DENT			
(b) REDATIONSHIT WITH ORGA	WIZATION: VICE TREST	DENI			

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

HOLLAND CHRISTIAN HOME ASSOCIATION

Employer identification number 22-1529791

HOLLING CHILDILIN HOLL HODGOTHILON
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIVE WORRY-FREE, ASSURED OF SKILLED NURSING CARE SHOULD THEY NEED IT.
SIMILAR TO LIFE CARE, THE ASSOCIATION ALSO OFFERS A LIMITED NUMBER OF
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 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:
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

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

Schedule O (Form 990) 2022

REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** HOLLAND CHRISTIAN HOME ASSOCIATION 22-1529791 FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND THE EXECUTIVE TEAM ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. THE EXECUTIVE DIRECTOR/ADMINISTRATOR AND SENIOR MANAGEMENT STAFF REVIEWS ALL STATEMENTS AND ANY POTENTIAL CONFLICT IS BROUGHT TO THE ATTENTION OF THE BOARD OF TRUSTEES. IF A CONFLICT EXISTS FOR A BOARD MEMBER, THE MEMBER IS ASKED TO ABSTAIN FROM ANY VOTE ASSOCIATED WITH THE CONFLICT. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY MENTIONED IN THE CONFLICT OF INTEREST POLICY WHEN ADDRESSING WHO IS AN INTERESTED PERSON. FORM 990, PART VI, SECTION B, LINE 15: A REVIEW IS CONDUCTED BY THE PRESIDENT AND VICE PRESIDENT OF THE BOARD OF DIRECTORS AND COMPENSATION IS DETERMINED ACCORDINGLY. THE PROCESS IS DOCUMENTED IN BOARD MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN FUTURE SERVICE OBLIGATION -2,034,885.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOLLAND CHRIS	TIAN HOME ASSOCIAT	ION			22-1529	791	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct of	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	e or more related tax-exe	mpt	
(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	(f) Direct controlling entity	Section 5 contr	rolled
		,,,		501(c)(3))		Yes	No
THE HOLLAND CHRISTIAN HOME FOUNDATION - 20-0286031, 151 GRAHAM AVEUNUE, NORTH HALEDON, NJ 07508	FUNDRAISING	NEW JERSEY	501(C)(3)	LINE 12A, I	HOLLAND CHRISTIAN HOME ASSOCIATION	x	

			"\" F 000	D 1 11 / 11 O 4		
n	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
Part III	- included of Samuel and a same a sa					
	organizations treated as a partnership during the tax year.					
	organizations troated as a partitioning daring the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	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	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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	ent	ction b)(13) rolled tity?
		,						Yes	No

Page 3

Yes No

1a

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

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

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

b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				_1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related org	ganization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organization	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ition(s)			1n		X
Sharing of paid employees with related organization(s)				10	X	
p Reimbursement paid to related organization(s) for expenses				1 p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered re	lationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
·	type (a-s)		J			
		1 100 000				
1) THE HOLLAND CHRISTIAN HOME FOUNDATION	С	1,100,000.	COST			
2)						
2)						
3)						
A)						
4)						
E)						
5)						
6)						
32163 09-14-22	ı		Schedule	R (For	n 990	2022
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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000