

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

A	For th	e 2008 calendar year, or tax year beginning and ending								
В	Check if applicable Please P									
	Addre	ss use IRS label or l	1							
	Name chang	PART OF THE PART POINT AND	45-	0357492						
	Initial	type Number and street (or P.O. boy if mail is not delivered to street address) Poom/su	ite E Telepho	ne number						
	Term	in- Specific 2900 BROADWAY N	701	-235-6629						
Γ	Amer	nded trons 1 City or town, state or country, and 7IP + 4	F Group E							
F	Applic	FARGO, ND 58102	Number	•						
				od: X Cash Accrual						
	-	A	ier (specify)							
1	Websit			if the organization is not						
				nedule B (Form 990, 990-EZ, or 990-PF)						
	Check									
		d, but if the organization chooses to file a return, be sure to file a complete return.	not more man	\$20,000 TTT TTT TTT TTT TTT TTT TTT TTT TT						
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990	·EZ ▶	\$ 27,861.						
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the III								
_	1	Contributions, gifts, grants, and similar amounts received	1	12,872.						
	2	Program service revenue including government fees and contracts	2							
	3	Membership dues and assessments	3							
	4	Investment income	4	14,989.						
	5a	Gross amount from sale of assets other than inventory 5a								
	h	Less: cost or other basis and sales expenses 5b								
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	50	.						
ē	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check her								
en	a	Gross revenue (not including \$ of contributions								
ě.	"	reported on line 1) 6a								
55	Ь	Less: direct expenses other than fundraising expenses 6b								
\rightarrow	ءَ ا	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	60							
Z	7a	Gross sales of inventory, less returns and allowances 7a								
enueve SCANNED) b	Less; cost of goods sold 7b								
U	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 1						
	8	Other revenue (describe) 8							
DE(9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9							
<u>'</u>	10	Grants and similar amounts paid (attach schedule) STMT 3	10							
7	11	Benefits paid to or for members	11							
	12		12							
शुक्छ	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors RECEIVED	13							
මි	14	Occupancy and utilities and mointenance	14	1 043						
Exp	15		15							
	16	Printing, publications, postage, and shipping Other expenses (describe ► NOV 1 5 2010) 16							
	17	Total expenses Add lines 10 through 16	17							
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18							
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))								
Ass		(must agree with end-of-year figure reported on prior year's return)	19	408,846.						
et/	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMEN								
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 2	000 100						
P	art II		d of Form 990-							
		(See the instructions for Part II.) (A) Beginni	ng of year	(B) End of year						
22	Cas	sh, savings, and investments 1	5,882.	17,503.						
23	Lar	nd and buildings		23						
24	Oth	ner assets (describe SEE STATEMENT 1) 39	2,964.	284,920.						
25	Tot			302,423.						
26	5 Tot	al liabilities (describe ▶)	0.	26 0.						
27		t assets or fund balances (line 27 of column (B) must agree with line 21) 40	8,846.	302,423.						
832	2171 17-08	LHA For Privacy Act and Panerwork Reduction Act Notice see the Instructions for Form 990		Form 990-EZ (2008)						

Forn	n 990-EZ (2008) HOPE LUTHERAN FOUNDATION			45-	03574	92 Page 2
Pa	art III Statement of Program Service Accomplishmen	its (See the instructions for	Part III.)			penses
Wha	et is the organization's primary exempt purpose? SEE STATEMENT	6				for 501(c)(3) ganizations and
Desc	cribe what was achieved in carrying out the organization's exempt purposes. In a rided, the number of persons benefited, or other relevant information for each pro	clear and concise manner, de	escribe the services	-) trusts; optional
28	SEE STATEMENT 5	- .				
					!	
	(Grants \$ 10, 250.) If this amount includes foreign gi	rants, check here			28a	10,250.
29		,				
					i l	
	(Grants \$) If this amount includes foreign g	rants, chack hara			292	
	Totalits 4 I fill this amount includes loleighty	iants, check here			238	
30						
					1 1	
				$\overline{}$		
	(Grants \$) If this amount includes foreign g	rants, cneck nere			30a	
	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign g	rants, check here		<u>اسا</u>	31a	40.050
	Total program service expenses (add lines 28a through 31a)	•			32	<u> 10,250.</u>
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ren if not compensated			T
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and
	(a) Namo and assisso	position	-0)		eferred	other allowances
SC	NTA	p o o	,	_	pensation	,
		BOARD MEMBER				
	001 36TH AVE N., FARGO, ND 58102	1.00	0.		0.	0.
		TREASURER	· ·			
	29 EAGLE ST N, FARGO, ND 58102	1.00	0.		0.	0.
		CHAIRPERSON	<u> </u>			·
		1.00	0.		0.	0.
			0.		0.	<u> </u>
		BOARD MEMBER	_		^	,
<u>65</u>		1.00	0.		0.	0.
		BOARD MEMBER		ĺ	•	
	128 5TH ST S, MOORHEAD, MN 56560	1.00	0.		0.	0.
		BOARD MEMBER		1	_	1 _
	08 15TH ST S, FARGO, ND 58104	1.00	0.		0.	0.
		VICE CHAIRPER	L			
<u>30</u>)28 31ST ST S, FARGO, ND 58103	1.00	0.		0.	0.
<u>DE</u>	<u> </u>	SECRETARY				
<u>17</u>	<u> 72 N WOODCREST DR N, FARGO, ND 58102</u>	1.00	0.		0.	0.
MA	ARY ROOS	BOARD MEMBER				
28	306 3RD ST N., FARGO, ND 58102	1.00	0.		0.	0.
						<u> </u>
				ļ		
				1		
			ļ			
		<u> </u>		 		
						!
_						<u>. </u>
_				 	•	
_						
_				<u> </u>		ļ
				1		
		<u> </u>	<u></u>	L		
832 12-1	172 17-08				Form	990-EZ (2008)

Pa	True of the information (Note the statement requirements in the instructions for Part VI)			
			Yes	←
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<u> </u>	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.).		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization	<u>.</u>]		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed. NONE			
42 a	The books are in care of ► BECKY BARRUS Telephone no. ► 701-2)
	Located at ► 2900 BROADWAY N, FARGO, ND ZIP+4 ►	<u>5810</u>	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Т
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	ــــــ	X
	If "Yes," enter the name of the foreign country:	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:	-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u>. </u>	
				T
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-		
	Form 990-EZ	44	├	<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45	Щ_	X
		Form §)90-EZ	(2008)

Form 990-E	TIOL DOLLEGE TOURISTIES			45-0357		Page 4
Part VI	J	n 501(c)(3) organizations mus	st answer questio	ns 46-49 and co	mplete the	
	tables for lines 50 and 51				12.6	1
46 Did th	e organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for publi	c ,	Yes	No
office'	7 If "Yes," complete Schedule C, Part I				46	X
47 Did th	e organization engage in lobbying activities? If "Yes," complete Sci	hedule C, Part II			47	X
48 Is the	organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Sched	ule E		48	X
49a Did th	e organization make any transfers to an exempt non-charitable related	l organization?			49a	Х
	s,* was the related organization(s) a section 527 organization?	-			49b	
	elete this table for the five highest compensated employees (other than	officers, directors, trustees and	kev employees) wh	o each received m	ore than \$10	00.000
-	mpensation from the organization. If there is none, enter "None."	,	, , ,			•
	, p					
		- 1	-	(D) Contribution	s	
		(b) Title and average hours	(c) Compensation	to employee	(E) Exp	
	(a) Name and address of each employee paid more than \$100,000	per week devoted to		benefit plans &	accoun	
	• •	position		deferred	other allow	wances
	NONE			compensation	ļ.——	
				-	-	
		_			}	
			ļ.	1		
				1		
Total numb	er of other employees paid over \$100,000			-		
	olete this table for the five highest compensated independent contractor	ors who each received more than	\$100 000 of comp	ensation from the	organization	If there
•	ne, enter "None."	no mio dan received mere than	ф 100,000 01 00 mp.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, garmanon	
13 1101	NONE					
	(a) Name and address of each independent contractor paid mor	a than \$100,000	(b) Type of se	20,000	c) Compensa	ation
	(a) Name and address of each independent contractor paid mor	ε man φ 100,000	(b) Type of 30	31 4100) Compense	111011
		 	†			
			-			
			1	İ		
			1	İ		
Total numb	per of other independent contractors each receiving over \$100,000	•				
	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on all	accompanying schedules and statemen	nts, and to the best of r	ny knowledge and be	lief, it is true,	
Sign	correct, and complete Declaration of preparer (other than officer) is based on all	i information of which preparer has any	knowledge	11/10/10		
Here	Signature of officer			Date		
	RYAN HOFFMAN, CHAIR					
	RYAN HOFFMAN, CHAIR Type or print name and title					
	De T	la.				
Paid	Preparer's signature			eparer's Identifying N	umber (See ins	str)
Preparer's Use Only	Thory / Stindy Oh	4 19/29/10 em	ployed		000105	
505 Only	Firm's name (or yours WIDMER ROEL PC	, ,	EIN	- 11/. 17 ⁻ 10	-0334951	U
	if self-employed). 4334 18TH AVE S, SUIT	E 101	Pho			
	address, and ZIP+4 FARGO, ND 58103-7414		no.		<u> 37-602</u>	22
M. H. ID	S discuss this return with the preparer shown above? See instructions	:		>	X Yes	No

Form **990-EZ** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization

Inspection

Employer identification number

									45	-0357	<u>492</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) (see ins	tructions)				
The organi	zation is not a	private foundation l	because it is. (Please ch	eck only o	ne organiz	zation)						
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(i)).				
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii), (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)	(A) (in). (At	tach Sched	dule H)			
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(iii). Enter th	ne hospital	's nam	1 e ,
	city, and stat	e·										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental unit	describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)												
7	Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions) he organization is not a private foundation because it is. (Please check only one organization) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, orly, and state A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A norganization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part II.) A norganization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11 through 111 A norganization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations and complete l											
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X						rom contri	butions, m	nembership	fees, an	d gross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross	invest	ment
					·		•					
10			· ·	st for publ	c safety S	See sectio	n 509(a)(4	1). (see inst	tructions)			
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carry	out the p	ourposes c	of one	or
	-	•	•		•				-			
					•		,	•				
			¬ *		_		egrated		d 🗀	Type III - (Other	
e			.,	•		•	-	r more disc	ualified p	ersons oth	ner tha	เท
	, ,	•	•		•	•	•					
f		•	·		-				. ,. ,		,	
•					•							
a		•		nv aift or c	ontribution	from anv	of the foll	owina pers	ons?			· ·
3											Yes	No
			•	J				,, ,	, ,	11a(i)		
	•		•	,						1 —		
		•	**		e?					i	l .	
h	• •					oports				L. Shirt		
••		one many	about the organizations	o. g		- P						
/!\ k!	of our parts d	(-t) FIRE	(iii) Type of	(iv) Is the o	organization	(v) Did vo	u notify the	2 (vi)	the	/:\ A =		
		(II) EIN	organization					organizátic	n in col.			н
urya	11112411011			governing	document?	(i) of you	r support?	U.S.	?	Sup	port	
				Yes	No	Yes	No	Yes	No			
				1		1						
									-			
							[
				ľ			İ					
							-	ļ <u></u>				
				1	 	 	 	 				
				 	 		 	 				
Total		}]			
Total	Delivorary A s.A. ==	ad Donomusetti Dadii	otion Ant Nation are 4	ho locture	tions for !	L	L	Cob - de d	A /F====			. 2000
LOA FOR F	riivacy Act ai	iu raperwork nedu	ction Act Notice, see t	กษ เกรซนต	Juons for I	rorm 990.		ocneaul	e a (Form	n 990 or 99	7U-EZ)	j ∠UU8

01100010111	1 0/// 000 01 000 EE/ 2000
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)

Sec	ction A. Public Support			 .			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and		1:24.::32	,,,			
٠	membership fees received. (Do not		1				
	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 - 3						
5	The portion of total contributions						
	by each person (other than a	i					
	governmental unit or publicly	1					
	supported organization) included		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	1		1		}	
6	Public Support. Subtract line 5 from line 4						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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			1			
10	Other income Do not include gain						
	or loss from the sale of capital			-	ļ		
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					▶□
	ction C. Computation of Publ					r - 1	
14	Public support percentage for 2008 (line 6, column (f) c	divided by line 11,	column (f))		14	%
	Public support percentage from 2007					15	%
16	a 33 1/3% support test - 2008. If the o				14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies						▶□
ŀ	o 33 1/3% support test - 2007. If the o				d line 15 is 33 1/39	6 or more, check t	nis box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶∟
17	a 10% -facts-and-circumstances tes		~				
	and if the organization meets the "fac					art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	publicly supporte	ed organization		▶
ı	o 10% -facts-and-circumstances tes	•	_				
	more, and if the organization meets the	he "facts-and-circ	umstances" test, o	check this box and	stop here. Explai	n in Part IV how the	е
	organization meets the "facts-and-cire	cumstances" test	The organization	qualifies as a pub	licly supported org	anization	▶ᆜ
<u>18</u>	Private foundation. If the organization	on did not check a	a box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ıs 🕨
					Sch	edule A (Form 990	or 990-EZ) 2008

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (c) 2006 Calendar year (or fiscal year beginning in) **(b)** 2005 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 31,723 29,218. 12,872 73,813. include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 31,723. 29,218 12,872. 73,813. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 73,813 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(f) Total (d) 2007 (e) 2008 31,723 29,218. 12,872. 73,813. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 470 13,441 14,989 28,900. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 28,900. 470. 13,441. 14,989. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 71.86 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 98.54 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 28.14 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 17 1.46 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER ASSETS		STATEMENT	1
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
INVESTMENT - MAINSTAY FUND INVESTMENT - ELCA ENDOWMENT FUND CASH VALUE OF LIFE INSURANCE		30,533. 334,710. 27,721.	19,13 235,74 30,04	44.
TOTAL TO FORM 990-EZ, LINE 24		392,964.	284,9	20.
FORM 990-EZ OTHER CHANGES IN N	ET ASSETS OR FUN	D BALANCES	STATEMENT	2
DESCRIPTION			AMOUNT	
CHANGE IN ASSET - MAINSTAY FUND CHANGE IN ASSET - ELCA FUND CHANGE IN ASSET - LIFE INSURANCE			-11,93 -113,20 2,33	02.
TOTAL TO FORM 990-EZ, LINE 20			-122,79	91.

FORM 990-EZ CASH GRANTS AND ALLOC	ATIONS STA	TEMENT 3
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
HOPE LUTHERAN CHURCH	SEE PROGRAM SERVICE ACCOMPLISHMENTS	10,250.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		10,250.

FORM 990-E2	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	
DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[] YES [X]	NO
•	ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YES [X]	NO

990-EZ PG 2

STATEMENT

5

THE HOPE LUTHERAN FOUNDATION PROVIDES FUNDING SUPPORT FOR THE BENEFIT OF HOPE LUTHERAN CHURCH AND ITS CONGREGATIONAL PURPOSES, INCLUDING GENERAL OVERHEAD, OPERATING EXPENSES, DEBT RETIREMENT AND THE VARIOUS MINISTRIES OF HOPE LUTHERAN (I.E. HOPECARE, WORSHIP ARTS, PRESCHOOL, FUEL), COMMUNITY (OAK GROVE LUTHERAN SCHOOL, UNIVERSITY LUTHERAN CENTER) AND GLOBAL (GLOBAL HEALTH, OAK GROVE WORLD WIDE MISSION MINISTRY). THE FOUNDATION ALSO HOSTS SEMINARS ON WILLS AND ESTATE PLANNING.

11

990-EZ PG 2

STATEMENT

6

THE PURPOSE OF THE HOPE LUTHERAN FOUNDATION IS TO RECEIVE AND MAINTAIN FUNDS OF REAL AND/OR PERSONAL PROPERTY AND TO USE THE INCOME FOR CHARITABLE, RELIGIOUS, LITERARY OR EDUCATION PURPOSES, INCLUDING SUCH PURPOSES AS MAY BE UNDERTAKEN, APPROVED OR SUPPORTED BY HOPE LUTHERAN CHURCH OF FARGO, ND. OUR MISSION: THE HOPE LUTHERAN FOUNDATION WORKS TO ENCOURAGE ALL PEOPLE TO KNOW THE LOVE OF CHRIST BY HELPING SUPPORT CHRISTIAN EFFORTS IN OUR COMMUNITY, COUNTRY AND AROUND THE WORLD.