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# Form **990**

Department of the Treasury
Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2010

Open to Public Inspection

A Fo	r the	2010 ca	ılendar year, or tax year begir	nning 07-01-2010 and ending 06-30-20	11			
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization HANOVER COLLEGE			D Emp	loyer i	identification number
☐ Add	dress ch	hange	Doing Business As			35-0	0868	096
∏ Na	me cha	inge	Doing Business As			E Telep	hone	number
┌ Ind	tıal retu	ırn	Number and street (or P O box	If mail is not delivered to street address)	Room/suite	(81.7	2)866	6-7000
<b>Г</b> Теі	mınate	ed	PO BOX 108	Ý		(01)		
┌ Am	ended	return	City or town, state or country, ai	nd ZIP + 4		<b>G</b> Gross	s receip	ots \$ 77,626,815
Г <sub>Арі</sub>	plication	n pending	HANOVER, IN 47243					
		. ,	<b>F</b> Name and address of p	orincipal officer	H(=)			
			SUE DEWINE PRESIDEN	•	n(a) Is this	a group returr	n for affil	ıates?
			PO BOX 108 HANOVER,IN 47243		H(b) Are a	ll affiliates ir	ncluded	7
			HANOVER, IN 47243		If "N	o," attach	n a lis	t (see instructions)
I Ta	x-exem	npt status	▼ 501(c)(3)	◀ (insert no )	H(c) Gro	up exemp	tion n	umber 🟲
	ebsite	e: 🕨 WW	/W HANOVER EDU		-			
					1		1	
			Corporation Trust Associa	ation   Other ►	<b>L</b> Year of fo	ormation 18	885	M State of legal domicile IN
Pa	rt I		mary					
				sion or most significant activities JTION OF HIGHER EDUCATION THAT	PROVIDES I	IFFLONG	IFAI	RNING
Ψ.	1		TUNITIES IN MORE THAN 3					
⋛								
Governance								
<u> </u>	2	———— Check th	nis box 🛏 if the organization	discontinued its operations or disposed	of more than 2	25% of its	neta	assets
			•	erning body (Part VI, line 1a)			з	32
Activities &	1			rs of the governing body (Part VI, line 1			4	31
Ě	1			ın calendar year 2010 (Part V, line 2a)			5	306
5			mber of volunteers (estimate				6	31
Q.	7a	Total un	related business revenue from	n Part VIII, column (C), line 12			7a	-351,081
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b	-357,698
					Pric	or Year		Current Year
	8	Contri	butions and grants (Part VIII	, line 1 h)		2,595,	264	6,129,366
Revenue	9	Progra	ım service revenue (Part VIII		29,891,478		34,539,444	
<u>9</u>	10	Invest	tment income (Part VIII, colu	5,520,	369	7,900,468		
二	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		364,	121	23,108
	12		=	11 (must equal Part VIII, column (A), lı	ne	38,371,	232	48,592,386
	13			art IX, column (A), lines 1-3)		14,637,		16,373,916
	14			rt IX, column (A), line 4)		14,037,	0	0
	15			oyee benefits (Part IX, column (A), lines	5-			
\$		10)	es, other compensation, emplo	syce belients (i are 1x, column (xy, imes		17,489,	465	18,442,428
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0	0
ੜ	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) • 1,884,050				
_	17	Other	expenses (Part IX, column (A	), lines 11a-11d, 11f-24f)		13,498,	687	14,336,598
	18	Total	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)		45,625,	907	49,152,942
	19	Reven	ue less expenses Subtract lu	ne 18 from line 12		-7,254,	675	-560,556
\$ <del>\$</del>					_	g of Curre	ent	End of Year
9.00 10.00 1	20	Takali	accata (Bart V line 16)			<b>Year</b>	040	212722100
Net Assets or Fund Balances	20 21		assets (Part X, line 16)			196,410,		213,732,199
5 K	21		, , ,			21,154, 175,256,		20,367,595
	1111		ature Block	ctime 21 nom mie 20		175,250,	070	193,304,004
Unde know	r penal	Ities of po and belie	erjury, I declare that I have exar	nined this return, including accompanying te. Declaration of preparer (other than offic				
		Th.			I			
c:	_	**** Signa	** ature of officer			012-05-15 Pate		
Sigr Her		'		IDC	D			
	_		HAEL BRUCE VP FOR BUSINESS AFFA or print name and title	TK2				
		Print/Type	·	Preparer's signature	Date	Check if se	elf-	PTIN
Dv: ៕		preparer's	name JOYCE DULWORTH	JOYCE DULWORTH	Date	employed		LIM
Paid Prepa	arer		me 🕨 BKD LLP					Firm's EIN
Use (		Firm's add	dress 1 201 N Illinois Street					Phone no 🕨 (317) 383-
J J J T	J.11y		Indianapolis, IN 46204					4000

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

	()					rage
Part		ent of Program Serv Schedule O contains a res				F
1	Briefly describe	the organization's missio	n			
HANO OWN	OVER COLLEGE MAJOR HANO\	OFFERS 31 MAJOR ARE, VER ALSO OFFERS SPEC	AS OF STUDY A IALIZED CENT	AS WELL AS THE OPP ERS OF EXCELLENCE	O PROVIDING A TRUE LIB PORTUNITY FOR STUDENT E INCLUDING THE CENTER E INQUIRY, AND THE RIV	S TO SELF-DESIGN THEI R FOR BUSINESS
2		ition undertake any signifi 90 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describ	e these new services on S	chedule O			
3		ition cease conducting, or				┌ Yes ┌ No
	If "Yes," describ	e these changes on Scheo	dule O			
4	Section 501(c)(		tions and section	on 4947(a)(1) trusts a	largest program services by are required to report the am service reported	
4a	(Code	) (Expenses \$	39,626,409	including grants of \$	16,373,916 ) (Revenue \$	27,888,407 )
		, , ,		OTHER COSTS WHICH ARE	INCURRED TO PROVIDE EDUCATI	
4b	(Code	) (Expenses \$	5,485,776	ıncludıng grants of \$	0 ) (Revenue \$	6,639,198 )
	AUXILIARY ACTIVI SERVICES TO THE		R RESIDENTIAL HAL	LS, DINING HALL, CAMPUS	CENTER AND VARIOUS ENTERPRIS	SES WHICH PROVIDE GOODS AND
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Sc	hedule O )			
	(Expenses \$	inc	luding grants o	f \$	) (Revenue \$	)
4e	Total program	service expenses►\$	45,112,18	5		

Part IV	Che	cklist	of Re	auired	Sche	dules
4·11734	CIIC.	LKIISL	UI NC	uuncu	Julie	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Tyes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 92			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		N
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
-	In rest to line su of su, and the organization meronin cooc in the interest of	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	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		N
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
4	file Form 8282?	7с		N
<b>.</b>	The rest, indicate the number of Forms 6262 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N N
f	contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
Ь	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			
c	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	1/16	i	

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	_		N. a
3	other officer, director, trustee, or key employee?	2		No
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12-	Door the augmention have a symptom conflict of interest nation 2 If "No " go to line 12	12a	Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124	165	
U	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed►IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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

Own website Another's website 🔽 Upon request

(812) 866-7089

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization HEATHER CHISM
  PO BOX 108
  HANOVER, IN 47243

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

	<b>(A)</b> Name and Title	Name and Title Average Position (check all Reportable Reportable that apply) compensation compensation					Reportable compensatioi	ו ר	(F) Estimated amount of ot compensati						
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from the organization and related organizations		
See Addı	itional Data Table														
												+			
1b 9	Sub-Total				•			<b>-</b>							
c 7	Total from continuation sheets	to Part VII, Sec	tion A				Þ								
<b>d</b> 1	Total (add lines 1b and 1c) .			•				•		1,113,934		0		129,370	
	otal number of individuals (incli 100,000 in reportable compens	•				ted	above	) who	receive	d more tha	n				
<b>3</b> D	old the organization list any <b>forr</b>	<b>ner</b> officer, direc	tor or t	ruste	e, k	ev e	mploy	ee, o	r highest	compens	ated employee		Yes	No	
0	n line 1a? If "Yes," complete Sch	edule J for such	ındıvıdı	ıal .	•	•	•	•				3		No	
0	or any individual listed on line 1 rganization and related organiza ndividual											4	Yes		
	old any person listed on line 1a ervices rendered to the organiz		-				-		_	anızatıon d	r individual for	5		No	
Sect	tion B. Independent Con	tractors													
<b>1</b> C	Complete this table for your five 100,000 of compensation from	hıghest comper		ndep	ende	ent c	ontra	ctors	that rec	eived more	e than				
	·	(A) ne and business ad								Descr	(B) Iption of services		(C Compe		
400 GALI	OCIATES LERIA PARKWAY SUITE 1800 , GA 30339								C	CONSULTANT	-			100,005	
1604 CO	D MUNDT ITTAGE AVE US, IN 47202									CONTRACTO	R			542,516	
610 WES	EN ASSOCIATES ST MAIN STREET LOFT 207 I, NC 27701								(	CONSULTANT	-			115,648	
	tal number of independent conti	ractors (includin	a but n	ot lur	niter	l to s	those	listor	d abovo)	who recon	vod more than				

\$100,000 in compensation from the organization ▶3

Form 9  Part		<u> </u>					Pa	ge <b>9</b>
Part	V.I.I.	Statement of Revent	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
46 .m	1-	Endoughod commissions	1a					513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns						
₽₹		Membership dues		25.756				
मुद्ध म	С	Fundraising events	. 1c	25,756				
ਉੱਛੋ	d	Related organizations	. 1d					
ons sin	e	Government grants (contributions)	1e					
重量	f	All other contributions, gifts, grants similar amounts not included above	, and <b>1f</b>	6,103,610		İ	İ	j
皇吉	q			469,374				
<u> </u>	_				6,129,366			
	n	Total. Add lines 1a-1f	· · · · · · · · ·	I	0,129,300			
ше	2-			Business Code				
Program Service Revenue	2a	STUDENT FEES AND TUITION		611600	27,635,439	27,635,439		
ው ጨ	ь			611600		2,926,489		
Z S	С	RESIDENCES		611600	3,263,381			
38	d	COLLEGE STORE SUMMER CONFERENCES		611600	39,228			
ra E	f	All other program service re	venue	611600	203,236	203,236 471,671		
Š					471,671	,		
	_				34,539,444			
	3	Investment income (includin			2,925,481		-392 286	3,317,76
	4	and other similar amounts) Income from investment of tax-ex			2,323,401		332,200	3,317,70
	5	Royalties			0			
		Noyanties	(ı) Real	(II) Personal				
	6a	Gross Rents	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) [ Net rental income or (loss)						
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	33,957,247	, ,				
	ь	than inventory Less cost or	28,962,260	20,000				
		other basis and sales expenses						
	С	Gain or (loss)	4,994,987	-20,000				
	d	Net gain or (loss)	<u> </u>		4,974,987	-20,000		4,994,98
Other Revenue	8a	Gross income from fundraisii (not including \$25,756 of contributions reported on See Part IV, line 18	line 1c)					
눖		,	a	34,072				
Ě	ь	Less direct expenses .	b	52,169				
0	С	Net income or (loss) from fur	ndraising events 🟲		-18,097			-18,09
			ctivities See Part IV, line 19 . a					
		Less direct expenses .			0			
		Net income or (loss) from ga Gross sales of inventory, les			0			
		returns and allowances .	а					
		Less cost of goods sold .			•			
	C	Net income or (loss) from sa	ies of inventory F	Rusiness Carl	0			
	11-	Miscellaneous Revenue		Business Code 713940	41,205		41,205	
	-10	HORNER CENTER MEMBERSHIPS		. 135 10	.1,203			
	ь							
	c	:	<del></del>					
	d	All other revenue	•					
	e	Total. Add lines 11a-11d			41,205			
			▶ .		41,203			
	12	Total revenue. See Instructi	ons		48,592,386			8,294,65
						34,519,444	rm <b>990</b> (20	<u> </u>

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,373,916	16,373,916		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	999,825	453,387	358,811	187,627
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	14,278,744	12,657,805	726,467	894,472
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	263,815	229,941	18,895	14,979
9	Other employee benefits	1,901,940	1,643,598	115,675	142,667
10	Payroll taxes	998,104	859,252	69,294	69,558
а	Fees for services (non-employees) Management	0	0	0	0
Ь	Legal	15,363	565	14,792	6
С	Accounting	97,396	0	97,396	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	509,518	0	509,518	0
g	Other	1,352,514	1,126,163	69,932	156,419
12	Advertising and promotion	93,294	34,799	3,455	55,040
13	Office expenses	1,425,454	1,064,999	181,727	178,728
14	Information technology	95,279	63,616	17,252	14,411
15	Royalties	0	0	0	0
16	Occupancy	2,801,179	2,689,835		27,606
17	Travel	1,452,284	1,276,442	86,154	89,688
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	111,943	92,523	15,991	3,429
20	Interest	526,509	526,509	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,009,000	2,811,371	193,008	4,621
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	482,835	446,480	31,478	4,877
а	line 25, column (A) amount, list line 24f expenses on Schedule O) STUDENT MEAL PLANS	1,642,119	1,642,119	0	0
ь	BOOKS	96,956	96,729	209	18
С	OFF CAMPUS STUDY FEES	349,765	349,765	0	0
d	EQUIPMENT EXPENSE	332,840	319,879	0	12,961
e	RECRUITING	54,112	54,112		<u> </u>
f	All other expenses	-111,762	298,380	-437,085	26,943
25	Total functional expenses. Add lines 1 through 24f	49,152,942	45,112,185	2,156,707	1,884,050
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		rm <b>990</b> (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 11,864 5,168 1 2 2.201.627 2 1.819.434 1,965,356 3,173,127 3 255,366 108,678 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 275,604 7 263,604 8 8 418,965 9 419,294 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment cost or other basis Complete 107,658,355 10a Part VI of Schedule D 53.815.012 ь Less accumulated depreciation . . . . . 10b 55,748,872 **10c** 53.843.343 66.684.419 11 11 83.170.129 48,533,551 47,395,072 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 20,697,518 15 23,152,157 15 16 196,410,949 16 213,732,199 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,268,113 17 2,675,114 17 Accounts payable and accrued expenses . 18 18 449.803 503.759 19 19 17,384,103 16,065,653 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 1,052,052 25 1,123,069 Other liabilities Complete Part X of Schedule D . . . . . 26 21,154,071 26 20,367,595 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 74.223.421 74,030,805 Unrestricted net assets . . . . . Temporarily restricted net assets . . . . . 33,066,144 28 17,863,972 28 Fund 86,267,655 83,169,485 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 175,256,878 33 193,364,604 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 196,410,949 213,732,199

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,5	592,38
2	Total expenses (must equal Part IX, column (A), line 25)	2		49,1	152,94
3	Revenue less expenses Subtract line 2 from line 1	3		- 5	560,55
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		175,2	256,87
5	Other changes in net assets or fund balances (explain in Schedule O)	5		18,6	568,28
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		193,3	364,60
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

#### DLN: 93493065005072

OMB No 1545-0047

Inspection

#### SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

**Employer identification number** 

HANOVER COLLEGE 35-0868096 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN		(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		<b>(vii)</b> A mount of support	
			Yes	No	Yes	No	Yes	No		
Total										

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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 IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part 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

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16 Public support percentage from 2009 Schedule A, Part III, line 15		16						
S	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17						
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18						

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493065005072

OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

**Political Campaign and Lobbying Activities** 

Interna	al Revenue Service		Actual to Form 550 of Form 550	Ez. F See Separat	e matructions.	Inspection	
If the	e organization ar	nswered "Ye	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	art V, line 46 (Political Cam		
ther							
			mplete Parts I-A and B Do not comple				
			01(c)(3)) organizations Complete Pa	rts I-A and C below	/ Do not complete Part I-B		
	ection 527 organization ar		s Part FA only s," to Form 990, Part IV, Line 4, or	Form 990-F7 Pa	ert VI line 47 (Lohbying A	ctivities) then	
	_		: have filed Form 5768 (election under		, , ,	•	
	, ,, ,		: have NOT filed Form 5768 (election i	, ,,	•	•	
If the	e organization ar	nswered "Ye	s," to Form 990, Part IV, Line 5 (Pi	oxy Tax) or Forn	n 990-EZ, Part V, line 35a (	Proxy Tax), then	
			zations Complete Part III				
	me of the organiza NOVER COLLEGE	tion			Employer identi	ification number	
1174	NOVER COLLEGE				35-0868096		
Par	t I-A Comple	te if the or	ganization is exempt under	section 501(c	) or is a section 527	organization.	
1	Provide a descri	ption of the ord	ganızatıon's dırect and ındırect politi	cal campaign activ	vities in Part IV		
2	Political expendi	•	,		<b>b</b> -	ŧ	
3	Volunteer hours					r	
	v oranicoci nours						
Par	t I-B Comple	te if the or	ganization is exempt under	section 501(c	:)(3).		
1	Enter the amoun	t of any excise	e tax incurred by the organization un	der section 4955	<b>▶</b> 9	\$	
2	Enter the amoun	t of any excise	e tax incurred by organization manag	ers under section	4955	\$	
3	If the organization	on incurred a s	ection 4955 tax, did it file Form 472	20 for this year?		┌ Yes ┌ No	
4a	Was a correction	n made?				┌ Yes ┌ No	
ь	If "Yes," describ	e in Part IV					
			ganization is exempt under	section 501(c	) except section 501	(c)(3).	
1			ended by the filing organization for se				
2			rganization's funds contributed to of	•			
_	exempt funtion a	_	rgamzation s lands contributed to ov	.ner organizations	► s	\$	
3	Total exempt fur	nction expendi	tures Add lines 1 and 2 Enter here	and on Form 1120	D-POL, line 17b	_	
4	·	·	Form 1120-POL for this year?		,	→	
				TNI\ -6-11	F 2.7	, ,	
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	2	( <b>b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of politica contributions received and promptly and directly delivered to a	

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		36,00	
j	Total lines 1c through 1i			36,00	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912		•		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo		

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
Ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
OTHER LOBBYING ACTIVITIES		THE ORGANIZATION HIRED LOBBYISTS TO SEEK FEDERAL AND STATE GRANTS TO IMPROVE INFRASTRUCTURE AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS OF HANOVER COLLEGE

1

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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** HANOVER COLLEGE 35-0868096

	organization answered "Yes" to Form 990	(a) Donor adv	ised funds	(	<b>b)</b> Funds and	other accou	nts
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o			nor advi:	sed	☐ Yes	Гм
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit					☐ Yes	┌ No
Γ	Conservation Easements. Complete in	f the organization a	inswered "Yes"	to Form	1 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualif	on or pleasure)	Preservation of a Preservation of a	certified	l historic stru		a
	easement on the last day of the tax year				Held at th	e End of the	Year
	Total number of conservation easements			2a	Tiola at th	C Liid OI Tiic	· cui
	Total acreage restricted by conservation easements			2b			
	Number of conservation easements on a certified hist	oric structure include	d ın (a)	2c			
	Number of conservation easements included in (c) ac	quired after 8/17/06		2d			
	Number of conservation easements modified, transfer the taxable year ▶	red, released, extingu	ıshed, or termınat	ed by th	e organızatıor	n during	
	Number of states where property subject to conservat	tion easement is locat	ed <b>►</b>				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring	ng, inspection, har	ndling of	violations, an	d <b>┌ Yes</b>	┌ N
	Staff and volunteer hours devoted to monitoring, inspe	ecting and enforcing c	onservation easei	ments du	ırıng the year	<b>-</b>	
					the vear ► \$		
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing cons	ervation easemen	ts auring	,		
	A mount of expenses incurred in monitoring, inspectin Does each conservation easement reported on line 2 ( $170(h)(4)(B)(i)$ and $170(h)(4)(B)(i)$ ?				, ,	─────────────────────────────────────	┌ N
	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	(d) above satisfy the r nservation easements ne footnote to the orga ents	equirements of se s in its revenue an inization's financia	ction d expen al staten	se statement, nents that des	<b>Yes</b> , and scribes	┌ N
	Does each conservation easement reported on line 2 (170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the	(d) above satisfy the r nservation easements ne footnote to the orga ents <b>15 of Art, Historic</b>	equirements of se s in its revenue an inization's financia	ction d expen al staten	se statement, nents that des	<b>Yes</b> , and scribes	┌ N
rt	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem.  Organizations Maintaining Collection	(d) above satisfy the r nservation easements ne footnote to the orga ents 1s of Art, Historic Yes" to Form 990, F 116, not to report in it	equirements of se s in its revenue an inization's financia cal Treasures, Part IV, line 8. cs revenue statem ducation or resea	ction  d expens al statem  or Other	se statement, nents that des ner Similar balance shee	Yes and scribes Assets.	
rt	Does each conservation easement reported on line 2 (170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem  Organizations Maintaining Collection Complete if the organization answered "Value organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for the organization described in the organization elected.	(d) above satisfy the reservation easements to the organism of Art, Historic Yes" to Form 990, File 16, not to report in its for public exhibition, easier all statements that 116, to report in its reservations.	equirements of season in its revenue and inization's financial cal Treasures, Part IV, line 8.  Its revenue statemeducation or reseas describes these evenue statement	d expensed statem  or Other and rich in furthers and bala	se statement, nents that des ner Similar balance shee therance of p	Yes and ceribes Assets.  t works of ublic service rks of art,	<b>□ N</b> 0
rt	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem.  IIII Organizations Maintaining Collection Complete if the organization answered "Sometime of the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final organization elected, as permitted under SFAS shistorical treasures, or other similar assets held for provide.	(d) above satisfy the reservation easements to the organism of Art, Historic Yes" to Form 990, File 16, not to report in its for public exhibition, easier all statements that 116, to report in its reservations.	equirements of season in its revenue and inization's financial cal Treasures, Part IV, line 8.  Its revenue statemeducation or reseas describes these evenue statement	d expensed statem  or Other and rich in furthers and bala	se statement, nents that des ner Similar balance shee therance of p	Yes and ceribes Assets.  t works of ublic service rks of art,	
rt	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem  III Organizations Maintaining Collection Complete if the organization answered "Vifthe organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final lifthe organization elected, as permitted under SFAS is historical treasures, or other similar assets held for provide the following amounts relating to these items	(d) above satisfy the reservation easements to the organism of Art, Historic Yes" to Form 990, File 16, not to report in its for public exhibition, easier all statements that 116, to report in its reservations.	equirements of season in its revenue and inization's financial cal Treasures, Part IV, line 8.  Its revenue statemeducation or reseas describes these evenue statement	d expensed statem  or Other and rich in furthers and bala	se statement, nents that des ner Similar balance sheet wo rance of publi	Yes and ceribes  Assets.  t works of ublic service rks of art, ic service,	.,
rt	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem.  III Organizations Maintaining Collection Complete if the organization answered "  If the organization elected, as permitted under SFAS: art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final if the organization elected, as permitted under SFAS: historical treasures, or other similar assets held for provide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1	nservation easements for footnote to the organisms of Art, Historic Yes" to Form 990, Find the report in its republic exhibition, eancial statements that 116, to report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition in the report in its republic exhibition in the report in its republic exhibition in the report in its republic exhibition in the report in its republic exhibition in the report in its report in its republic exhibition in the report in its report in its republic exhibition in the report in its report	equirements of second and inization's financial cal Treasures, Part IV, line 8.  Its revenue statemeducation or reseated describes these evenue statement ation, or research	or Oth  ment and rch in fur items  and bala in furthe	se statement, nents that desiner Similar balance sheet therance of publicance of publi	Yes and cribes  Assets.  t works of ublic service rks of art, c service,	.,
rt	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem.  III Organizations Maintaining Collection Complete if the organization answered "Note that the organization answered "Note that the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final fithe organization elected, as permitted under SFAS shistorical treasures, or other similar assets held for provide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures are not the series of art, historical treasures included in Form 990, Part X	nservation easements for footnote to the organisms of Art, Historic Yes" to Form 990, Find the report in its republic exhibition, eancial statements that 116, to report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition, educations of the report in its republic exhibition in the report in its republic exhibition in the report in its republic exhibition in the report in its republic exhibition in the report in its republic exhibition in the report in its report in its republic exhibition in the report in its report in its republic exhibition in the report in its report	equirements of second and inization's financial cal Treasures, Part IV, line 8.  Its revenue statemeducation or reseated describes these evenue statement ation, or research	or Oth  ment and rch in fur items  and bala in furthe	balance sheet wo rance of publi	Yes and cribes  Assets.  t works of ublic service rks of art, c service,	99,87

Par	t III Organizations Maintaining Co	llections of Art,	Hist	orica	l Treas	ures, or (	Othe	r Similar As	sets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	_	_	_			ıon	
а	Public exhibition		d	<b>▽</b> Lo	oan or ex	change prog	rams			
b	Scholarly research		e	Г о	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explain	n how	they fu	urther the	e organizatio	n's e	xempt purpose ı	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as p	art of	the or	ganızatıo	n's collectio	n?	J	Yes	✓ No
Pai	rt IV Escrow and Custodial Arrange Part IV, line 9, or reported an am					on answere	ed "Y	es" to Form 9	90,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other as	sets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowir	ng tabl	e	ı				
								Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					J	Yes	┌ No
b	<u> </u>									
Pa	Irt V Endowment Funds. Complete	f the organization	answ	<u>rered</u>	"Yes" to	Form 990	, Pai		ı	
		(a)Current Year	( <b>b</b> )	Prior Yea	ar (c	:)Two Years Ba	ck	(d)Three Years Back	(e)Four Y	ears Back
1a	Beginning of year balance	101,462,958		101,94	19,336	125,811,	272			
b	Contributions	688,793			59,628		175			
c	Investment earnings or losses	14,381,670			79,167	-13,757	580			
d	Grants or scholarships	1,230,549			59,473	2,886,				
e	Other expenditures for facilities and programs	6,577,149		7,26	55,700	7,447,	232			
f	Administrative expenses									
g	End of year balance	108,725,723		101,46	52,958	101,949,	336			
2	Provide the estimated percentage of the year		5							
а	Board designated or quasi-endowment 🕨	19 000 %								
b	Permanent endowment 🕨 81 000 %									
c	Term endowment 🕨									
3а	Are there endowment funds not in the posses	sion of the organiza	tion th	at are	held and	ladmınıstere	d for	the		
	organization by  (i) unrelated organizations							3a(	Yes i) Yes	No
	(ii) related organizations		•			• • •	•	3a(i	<u>-</u>	No
b	If "Yes" to 3a(II), are the related organization				 . R? .		٠.	3b		<u> </u>
4	Describe in Part XIV the intended uses of the	e organization's endo	owmer	nt fund:	s					<u> </u>
Pai	rt VI Investments—Land, Buildings	, and Equipmen	ı <b>t.</b> Se	e For	m 990,	Part X, line	10.	T	_	
	Description of investment				st or other nvestment)			(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
1a	Land					1,41	7,540			1,417,540
b	Buildings		. [		335,000	83,52	5,183	36,353,983	3 4	7,506,200
c	Leasehold improvements		. [							
d	Equipment		. [			10,41	7,040	8,667,811	L	1,749,229
e	Other		.			11,96	3,592	8,793,218	3	3,170,374

53,843,343

Part VII Investments—Other Securities. See (a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)	(2)20011 12120	Cost or end-of	-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
(A) PRIVATE EQUITY	10,377,365		F
(B) ALTERNATIVE INVESTMENTS	37,017,707		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	47,395,072		
Part VIII Investments—Program Related. See			
			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			(h) Daale wales
(1) INSURANCE	otion		<b>(b)</b> Book value 162,599
(2) PERPETUAL TRUSTS			21,687,697
(3) BOND ISSUE COST			171,662
(4) INTEREST RECEIVABLE			54,905
(5) REMAINDER TRUST			1,075,294
. ,			· ·
Total. (Column (b) should equal Form 990, Part X, col.(B) line is	15.)		23,152,157
Part X Other Liabilities. See Form 990, Part >	(, line 25.		
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes	0		
ANNUITIES PAYABLE	1,123,069		
	I		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	48,592,386
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	49,152,942
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-560,556
4	Net unrealized gains (losses) on investments	4	18,668,282
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	18,668,282
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,107,726
Part	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	50,429,403
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	18,720,451
3	Subtract line <b>2e</b> from line <b>1</b>	3	31,708,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 509,518		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,883,434
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	48,592,386
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	32,321,677
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	52,169
3	Subtract line <b>2e</b> from line <b>1</b>	3	32,269,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 509,518		
b	Other (Describe in Part XIV) 4b 16,373,916		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,883,434
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	49,152,942

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF COLLECTIONS AND FURTHERANCE OF EXEMPT PURPOSE	,	ARTWORK IS DISPLAYED ACROSS CAMPUS IN THE ART GALLERY BOOKS ARE USED FOR STUDENTS, FACULTY, AND STAFF TO ASSIST IN PROVIDING EDUCATION
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS		HANOVER'S ENDOWMENT FUNDS PROMOTE THE OVERALL MISSION OF EDUCATING STUDENTS SPECIFIC EXAMPLES INCLUDE SCHOLARSHIPS, STUDY ABROAD, LECTURESHIPS, LIBRARY AND VARIOUS FIELDS OF STUDY HOWEVER, A LARGE PORTION OF HANOVER'S ENDOWMENT IS FOR GENERAL PURPOSES THIS PROVIDES THE COLLEGE WITH THE FLEXIBILITY TO DIVERT FUNDS WHERE THEY ARE NEEDED THE MOST
FIN 48 DISCLOSURE		MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER RECONCILIATION ITEMS	PARTS XII & XIII	LINE 2D SPECIAL EVENT EXPENSES \$ 52,169 LINE 4B SCHOLARSHIPS \$ 16,373,916

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization HANOVER COLLEGE

Employer identification number
35-0868096

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
	Does the organization maintain the following?	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νο
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
_		1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	N a
ט	If you answered "Yes" to either line 6a or line 6b, explain on Part II	90		Νο
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	or Nev Troc 75-50, 1975-2 C.D. 507, covering factor hondiscrimination? If No, explain on Fait II	7	Yes	l

#### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY	LINE 3	HANOVER COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, SEX, AGE, NATIONAL AND ETHNIC ORIGIN, OR ON THE BASIS OF PHYSICAL HANDICAPS IN ITS ADMISSION AND EDUCATIONAL POLICIES, STUDENT FINANCIAL PROGRAMS AND OTHER PROGRAMS THIS IS PUBLISHED IN NEWSPAPERS AND ONLINE ADVERTISEMENTS
FINANCIAL AID OR ASSISTANCE RECEIVED FROM A GOVERNMENTAL AGENCY	LINE 6A	THE ORGANIZATION RECEIVES PELL GRANTS AND WORK STUDY FUNDS FROM THE FEDERAL GOVERNMENT IN ADDITION, THE ORGANIZATION ALSO RECEIVES GRANTS FROM THE STATE OF INDIANA WHICH INCLUDE HIGHER EDUCATION, 21ST CENTURY, ROBERT BYRD, FREEDOM OF CHOICE, AND HOOSIER SCHOLARSHIPS AND/OR GRANTS

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493065005072

OMB No 1545-0047

2010

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

**Statement of Activities Outside the United States** 

► Attach to Form 990. ► See separate instructions.

Name of the organization HANOVER COLLEGE

Employer identification number

					35-0868096	
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. (	Complete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization m	naıntaın record grants or assıs	stance, and the select	tion criteria used to awa	
2	<b>For grant makers.</b> Describe in Pa United States	rt V the organiz	atıon's procedui	res for monitoring the us	e of grant funds outside tl	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	East Asia and the Pacific	0	0	Program Services	EDUCATIONAL	26,571
	Sub-total  Total from continuation sheets	0	0			26,571
	to Part I					

c Totals (add lines 3a and 3b)

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	<b>a)</b> Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of reciple the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

0

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#### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	N
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	ত	N
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	N
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	<b>▼</b>	Yes	Г	Ν
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	Ν
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	N

Schedule F (Form 990) 2010

information. Identifier	ReturnReference	Explanation
racitimer	Retarmerence	Explanation

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DLN: 93493065005072

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization HANOVER COLLEGE

**Employer identification number** 

35-0868096

Pa	rt I Fundraising Ac	tivities. Complete	e if the c	rganızat	tion	answered "Yes"	to Form 990, Part IV	, line 17.
1	Indicate whether the organ	nızatıon raısed funds	through a	ny of the	follo	wing activities Ch	eck all that apply	
а	Mail solicitations			е	Γ	Solicitation of noi	n-government grants	
b	Internet and e-mail so	licitations		f	$\Gamma$	Solicitation of gov	vernment grants	
c	Phone solicitations			g	$\Gamma$	Special fundraisir	ng events	
d	In-person solicitations	5						
2a	Did the organization have or key employees listed in							Г Yes Г No
Ь	If "Yes," list the ten highes to be compensated at leas							
(	( <b>i)</b> Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	-	) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	ıl			*				
_								

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

Pai	rt II	<b>Fundraising Events.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1  GUEST ARTIST (event type)	(b) Event #2  (event type)	(c) O ther Events  0 (total number)	(d) Total Events (Add col (a) through col (c))			
£	1	Gross receipts	59,828	3		59,828			
Revenue	2	Less Charitable contributions	25,756	5		25,756			
~	3	Gross income (line 1 minus line 2)	34,072	2		34,072			
	4	Cash prizes							
en	5	Non-cash prizes							
Expenses	6	Rent/facility costs							
益	7	Food and beverages							
Direct	8	Entertainment							
ā	9	Other direct expenses .	52,169			52,169			
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	52,169			
	11	Net income summary Combine li	nes 3 and 10 in column (	d)		-18,097			
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	irt IV, line 19, or repo	orted more than			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	∀es %     No	┌ Yes % ┌ No	┌ Yes %				
		Direct expense summary Add lines							
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>				
9 a b	Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?								
10a b		re any of the organization's gaming   Yes," Explain			the tax year?	· · Fyes Fno			

11	Does the organization operate ga	aming activities with nonmembers?		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable (	jaming?		Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			1
b	An outside facility		13b	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a		ntract with a third party from whom th		
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>F</b> \$ and the	
c	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation l	<b>\$</b>		
	Description of services provided	<b>&gt;</b>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		
p.				· Fyes Fno
D		required under state law distributed activities during the tax year > \$	to other exempt organizations or spent	
Par			r responses to question on Schedule	e G (see
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493065005072 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

Name of the organization						Employer Identificati	on number
HANOVER COLLEGE						35-0868096	
Part I General Information	on on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance?					√ Yes
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	ne 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5 3 Enter total number of other organizations							
3 Enter total number of other orga			<u> </u>	0		<u> </u>	

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes" to Form 990	, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	-		

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS/FINANCIAL AID	1006	16,373,916			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURES FOR	PART I, LINE 2	HANOVER COLLEGE ONLY AWARDS INSTITUTIONAL AND PRIVATELY FUNDED FINANCIAL AID AWARDS AS
MONITORING THE USE		ASSISTANCE FOR STUDENTS BASED ON A CASE-BY-CASE BASIS, BASED ON MERIT, NEED AND
OF GRANT FUNDS IN		EXTRACURRICULAR ACTIVITIES IN DOING SO THE COLLEGE'S FINANCIAL AID DEPARTMENT ADHERES STRICTLY
THE UNITED STATES		TO ALL FEDERAL AND STATE REGULATIONS AND IS SUBJECT TO THE COMPLIANCE AND INTERNAL CONTROL
		REQUIREMENTS OF OMB-A133, IN WHICH THEY FOLLOW ALL APPLICABLE GUIDELINES

DLN: 93493065005072

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	the organizati	on
<b>HANOVER</b>	COLLEGE	

**Employer identification number** 

35-0868096

Рa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
	, , , , , , , , , , , , , , , , , , , ,			<u> </u>	163	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	✓ Compensation committee	<u>با</u>	, Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	(, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	it from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,	paid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
_		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) SUE DEWINE	(1) (11)	256,958 0	0	0		14,373 0		
(2) DENNIS HUNT	(I) (II)	147,160 0	0	0		12,599 0	160,411 0	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								
					l e e e e e e e e e e e e e e e e e e e			

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
BENEFITS	PART I, LINE	Hanover College provides a residence for Dr DeWine, the College's President The residence is furnished for the convenience of Hanover College Dr DeWine is
PROVIDED TO	1 A	required to live in the residence as a condition of her employment, and the residence is contiguous to Hanover's campus. Dr. Dewine is also provided with a fleet
PRESIDENT		car to use for business purposes

Schedule J (Form 990) 2010

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493065005072

Open to Public Inspection

Internal Revenue Service
Name of the organization
HANOVER COLLEGE

Department of the Treasury

Employer identification number

35-0868096

P	art I Bond Issues								·					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	<b>)</b> Description	of Purpose	( <b>g)</b> De	feased	Beh	On alfof suer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	INDIANA EDUCATIONAL FACILITIES AUTHORITY SERIES A	52-1698917	455048Y50	03-15-2004	8,740,000		ND BONDS/I	BOND		×		x		x
В	INDIANA EDUCATIONAL FACILITIES AUTHORITY SERIES B	52-1698917	455048U71	03-15-2004	8,630,000		ND BONDS/I	BOND		×		x		х
c _	INDIANA EDUCATIONAL FACILITIES AUTHORITY	52-1698917		05-01-2007	6,000,000	RESIC	DENCE/DINI VAT	NG HALLS		х		Х		х
_														
_														
Pa	rt III Proceeds													
	•				А			В		С			D	
1	A mount of bonds retired				8,7	40,000		8,630,000		6,2	25,373	3		
2	A mount of bonds legally defea	ased												
3	Total proceeds of issue													
4	Gross proceeds in reserve fur													
_5	Capitalized interest from proc													
6	Proceeds in refunding escrow													
7	Issuance costs from proceed				1	28,409		106,906			57,150			
8	Credit enhancement from proc													
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pro	ceeds												
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completio	n			2001		20	01		2008				
					Yes	No	Yes	No	Yes	_	No	Ye	s	No
14	Were the bonds issued as par				X		Х				Χ			
15	Were the bonds issued as par	t of an advance refu	ndıng ıssue?			Χ		х			Х			
16	Has the final allocation of pro-	ceeds been made?			X		Х		Χ					
17	Does the organization mainta allocation of proceeds?		nd records to supp	port the final	х		х		Х					
Pa	rt IIII Private Business l	Jse												

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Yes

No

Χ

Χ

Yes

Yes

D

С

No

Χ

Yes

			4		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		×		х		
ь	Are there any research agreements that may result in private business use of bond- financed property?		Х		×		х		
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		х		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х		х			
Pai	rt IV Arbitrage								

-	<u>uw</u> Aibitiage								
		Α	_	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х		х		
2	Is the bond issue a variable rate issue?		Х	Х			Х		
3a			x		x		x		
<b>b</b>	Name of provider				<u>l</u>		1		1
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х		x		
6	Did the bond issue qualify for an exception to rebate?	х		х		×			

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation
	1 '	THE ISSUE PRICE OF THE 2007 SERIES BONDS IN COLUMN C DOES NOT EQUAL THE AMOUNT REPOTED ON FORM 8038 OF \$6,000,000 DUE TO INTEREST EARNED ON THE ISSUE OF \$225,373 THE TOTAL REPORTED IN COLUMN C, PART II, LINE I THEREFORE 6,225,373
	1	

DLN: 93493065005072

# OMB No 1545-0047

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#### **SCHEDULE M** (Form 990)

Department of the Treasury

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

**NonCash Contributions** 

► Attach to Form 990. Internal Revenue Service Name of the organization **Employer identification number** 

HANOVER COLLEGE 35-0868096 Part I Types of Property (d) (a) (b) (c) Noncash contribution amounts Number of Contributions or items Check if Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line lamounts Art-Works of art . . . Χ 4,800 APPRAISAL Art-Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods . . . . . . . . Cars and other vehicles . 7 Boats and planes . . . Intellectual property . . Securities—Publicly traded 445,074 FAIR MARKET VALUE Securities—Closely held stock . . . . . 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . **16** Real estate—Commercial 17 Real estate—Other . . 18 Collectibles . . . . Food inventory . . . . 19 Drugs and medical supplies 20 21 Taxidermy . . . . Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . ANIMAL Other►(SKELETONS) 19,500 APPRAISAL 25 Х Other ▶( \_\_\_ 27 O ther **►**( \_\_\_\_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Yes **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
		THE ORGANIZATION USES CITY SECURITIES AND
NONCASH CONTRIBUTIONS		CHARLES SCHWAB TO SELL STOCK GIFTS

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493065005072

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization HANOVER COLLEGE

Employer identification number

35-0868096

ldentifier	Return Reference	Explanation
PROCESS TO REVIEW FORM 990	FORM 990, PART VI, LINE 11B	THE 990 IS FIRST REVIEWED BY THE CONTROLLER AND THEN BY THE VP FOR BUSINESS AFFAIRS THE 990 WILL THEN GO TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR FINAL REVIEW AND THEN TO THE FULL BOARD OF TRUSTEES FOR FINAL APPROVAL

ldentifier	Return Reference	Explanation
MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY THE BOARD OF TRUSTEES, REVIEWED BY THE PRESIDENT, AND THE COPIES ARE KEPT ON FILE IN THE PRESIDENT'S OFFICE IF A CONFLICT IS FOUND, THE INTERESTED PERSON SHALL NOT BE PRESENT OR PARTICIPATE IN THE VOTE ON WHETHER TO ENTER INTO SUCH TRANSACTION WITH THE INTERESTED PERSON, BUT MAY BE COUNTED FOR PURPOSES OF DETERMINING THE EXISTENCE OF A QUORUM IF THE INTERESTED PERSON IS COUNTED FOR QUORUM PURPOSES, THE ACTION MUST BE APPROVED BY A SUFFICIENT NUMBER OF VOTES BASED UPON THAT QUORUM FOR EXAMPLE, IF A MAJORITY VOTE OF THE QUORUM IS REQUIRED TO APPROVE AN ACTION, AND EIGHT (8) TRUSTEES CONSTITUTE A QUORUM, THE ACTION MUST BE APPROVED BY FIVE (5) OF THE SEVEN (7) DISINTERESTED TRUSTEES VOTING ON THE TRANSACTION OR ARRANGEMENT

ldentifier	Return Reference	Explanation
PROCESS TO DETERMINE PRESIDENT AND OFFICER COMPENSATION	FORM 990, PART VI, LINES 15A & 15B	THE PRESIDENT'S COMPENSATION IS REVIEWED BY THE BOARD OF TRUSTEES EVERY TWO YEARS AND DOCUMENTED IN THE BOARD MINUTES HER LAST REVIEW TOOK PLACE IN 2010 THE PRESIDENT COMPLETES THE COMPENSATION REVIEWS FOR EACH OF THE OFFICERS AND KEEPS THE REVIEWS ON FILE IN HER OFFICE THE OFFICER'S COMPENSATION WAS LAST REVIEWED IN JUNE 2011

ldentifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FS	FORM 990, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST A COPY OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO KEPT IN THE LIBRARY FOR PUBLIC INSPECTION

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCE	FORM 990, PART XII, LINE 5	NET UNREALIZED GAIN ON INVESTMENTS \$18,668,282

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DLN: 93493065005072

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

2010

2010

OMB No 1545-0047

Open to Public Inspection

Name of the organization HANOVER COLLEGE							Employer ident	ification number		
							35-0868096			
Part I Identification of Disregarded Entities (Complete	e if the organizat	ion ai	nswered "Yes	" on	Form 990, Pa	rt I	V, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	,	(c) Legal domicile (s or foreign count	state try)	(d) Total income		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct control entity	lıng	
(1) OLD MILL LLC PO BOX 108 HANOVER, IN 47243 35-1920556	CATERING		IN		10,36		1,00	HANOVER COLL		
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		ıf th	e organizatioi	n ans	wered "Yes"	on I	Form 990, Part	IV, line 34 becau	ise it hac	l one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Lega or f	(c) Il domicile (state oreign country)	Exem	(d) ipt Code section	Pul (ıf s	(e) blic charity status ection 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5	d one  (g) 512(b)(1: trolled nization
									Yes	No
				<u> </u>						
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Cat No 5	0135	Y			Schedule R	Form 990	) 2010

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	( <b>k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership
					1	l								

(5)

(6)

Par	t V	<b>Transactions With Related Organizations</b> (Complete if the organization answered	l "Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
	Note. C	omplete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	rıng the	tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Par	ts II-IV?			
а	Receip	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			<b>1</b> a		
b	Gıft, gr	ant, or capital contribution to other organization(s)			1b		
c	Gıft, gra	ant, or capital contribution from other organization(s)			<b>1</b> c		
d	Loans	or loan guarantees to or for other organization(s)			1d		
e	Loans	or loan guarantees by other organization(s)			1e		
							<u> </u>
f :	Sale of	assets to other organization(s)			1f		<u> </u>
g	Purcha	se of assets from other organization(s)			<b>1</b> g		
h	Exchar	ge of assets			1h		
i l	_ease o	f facilities, equipment, or other assets to other organization(s)			1i		
j l	Lease	of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		<u> </u>
k	Perforn	nance of services or membership or fundraising solicitations for other organization(s)			1k		<u> </u>
I F	Perform	ance of services or membership or fundraising solicitations by other organization(s)			11		<u> </u>
m :	Sharıng	of facilities, equipment, mailing lists, or other assets			1m		<u> </u>
n	Sharıng	g of paid employees			1n		<u> </u>
0	Reimbi	irsement paid to other organization for expenses			10		<u> </u>
p	Reımbu	irsement paid by other organization for expenses			1p		<u> </u>
							<u> </u>
q	O ther t	ransfer of cash or property to other organization(s)			1q		<u> </u>
r	O ther t	ransfer of cash or property from other organization(s)			1r		
2	If the a	nswer to any of the above is "Yes," see the instructions for information on who must complete this l	ine, including covered relat	ionships and transact	ıon thresholds		
		(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount
(1)							
(2)							
(3)							
(4)							
(4)							
				1	1		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 35-0868096

Name: HANOVER COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)													
(B) Average hours		tion	(che	')			Reportable compensation	Reportable compensation	<b>(F)</b> Estimated amount of other compensation				
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations				
50 0	Х		х				256,958	0	15,201				
1 0	×						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х		х				0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х		х				0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х		х				0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	х						0	0	0				
1 0	х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
1 0	Х						0	0	0				
	(B) Average hours per week  50 0  1 0  1 0  1 0  1 0  1 0  1 0  1	(B) A verage hours per week       Post or director         50 0       X         1 0       X	(B) Average hours per week  50 0	(B) A verage hours per week	C	C	C	C	Name				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and	Independ	ent C	ontr	act	ors					
(A) Name and Title	(B) A verage hours		tion ( hat a	che		I		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROSS HUBBARD BOARD MEMBER	1 0	×						0	0	0
VERONICA WITT MARTIN BOARD MEMBER	1 0	Х						0	0	0
MICHAEL S NEEDLER BOARD MEMBER	1 0	Х						0	0	0
JAMES L CHIP PEASE BOARD MEMBER	1 0	Х						0	0	0
RICHARD A SHEARER BOARD MEMBER	1 0	Х						0	0	0
STEPHEN K SMITH BOARD MEMBER	1 0	Х						0	0	0
MICHAEL B ZEDDIES BOARD MEMBER	1 0	Х						0	0	0
CHRIS WELKER BOARD MEMBER	1 0	Х						0	0	0
J MICHAEL BRUCE VP-BUSINESS AFFAIRS	50 0			х				124,573	0	16,511
G DAVID YEAGER VP-STUDENT AFFAIRS	50 0			х				95,700	0	17,676
LYNN N HALL ATHLETIC DIRECTOR	50 0			х				89,666	0	17,163
DENNIS HUNT VP OF DEVELOPMENT	50 0			Х				147,160	0	13,251
STEVEN H JOBE VP-ACADEMIC AFFAIRS	50 0			Х				105,229	0	18,549
JON D RIESTER DEAN OF ADMISSIONS	50 0			х				75,750	0	6,439
DARYL KARNS PROFESSOR OF BIOLOGY	50 0					Х		103,498	0	15,796
GERALD R JOHNSON EXEC DIR OF BUSINESS SCHOOL	50 0					х		115,400	0	8,784