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DLN: 93493136053042

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)

OMB No 1545-0047

Open to Public

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

A Fo	r the	2010 ca	ılendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	11		•
		applicable	C Name of organization HOPE COLLEGE	-		D Employe	identification number
┌ Ad	dress cl	hange				38-138:	1271
┌ Na	me cha	ange	Doing Business As			E Telephon	e number
┌ Inr	tıal retu	nm	Number and street (or P.O. box	If mail is not delivered to street address)	Room/suite	(616)39	35-7810
	rmınate		141 E 12TH STREET	,			upts \$ 199,695,686
_	nended plication	return n pending	City or town, state or country, ar HOLLAND, MI 49423	d ZIP + 4		G 01033 1000	ipts
			F Name and address of p	orincipal officer	H(a) Is this a	aroup return for af	filiates? Yes No
			THOMAS BYLSMA 141 E 12TH STREET				
			HOLLAND, MI 49423		If "No		st (see instructions)
I Ta	ıx-exen	npt status	▼ 501(c)(3)	◀ (Insert no)	H(c) Grou	p exemption	number 🟲
J W	ebsit	e:► WW	/W HOPE EDU		1		
K For	m of or	rganızatıon	Corporation Trust Associa	ation Other ►	L Year of for	mation 1866	M State of legal domicile Mi
Pa	rt I	Sum	mary		•		
Governance		THE MIS	SSION OF HOPE COLLEGE I	sion or most significant activities S TO EDUCATE STUDENTS FOR LIVES D CO-CURRICULAR PROGRAMS OF R FORIC CHRISTIAN FAITH			
Ē							
<u> </u>	2	Check th		discontinued its operations or disposed	of more than 2	5% of its net	assets
			•	erning body (Part VI, line 1a)		з	33
Activities &	1			rs of the governing body (Part VI, line 1t		4	3(
5	5	Total nu	mber of individuals employed	ın calendar year 2010 (Part V, line 2a)		5	3,273
្ន	6	Total nu	mber of volunteers (estimate i	fnecessary)		6	(
	7a	Total uni	related business revenue from	Part VIII, column (C), line 12		7a	2,184,932
	Ь	Net unre	lated business taxable incom	e from Form 990-T, line 34		7b	-31,171
					Prio	r Year	Current Year
	8	Contri	butions and grants (Part VIII	, line 1 h)		39,682,491	17,968,215
Revenue	9	Progra	ım service revenue (Part VIII		86,393,431	109,565,178	
ē.	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)	1	2,772,822	3,445,792
ά	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12		revenue—add lines 8 through :		.28,848,744	130,979,185	
	13	Grants	and similar amounts paid (Pa	art IX, column (A), lines 1-3)		27,110,625	27,644,720
	14	Benefi	ts paid to or for members (Par	tIX, column (A), line 4)		0	O
8	15	Saları 5–10)		oyee benefits (Part IX, column (A), lines		48,432,915	50,958,287
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)		0	0
ਨੀ	b	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶4,053,583			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		45,036,366	43,996,001
	18	Total e	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)	1	20,579,906	122,599,008
	19	Reven	ue less expenses Subtract lır	ne 18 from line 12		8,268,838	8,380,177
Net Assets or Fund Balances						of Current ear	End of Year
Set Ban	20	Total	assets (Part X, line 16)			ear 370,634,160	392,694,322
AB.	21		liabilities (Part X, line 16)			.05,676,421	
3 E	22			ct line 21 from line 20		64,957,739	
	13 11		ature Block	ctime 21 nom mie 20		.01,737,737	254,012,400
Unde know know	r pena ledge ledge.	alties of po and belie	erjury, I declare that I have exan f, it is true, correct, and comple	nined this return, including accompanying s te. Declaration of preparer (other than offic	er) is based on a		
Sigr		1.			Da	ii.c	
Her	e _		MAS BYLSMA VICE PRESIDENT, CFO or print name and title				
		Print/Type preparer's		Preparer's signature VICKI L VANDENBERG		Check if self-	PTIN
Paid			CPA me PLANTE & MORAN PLLC	CPA CPA		employed 🕨	
Prep				E 200			Firm's EIN
Use	Only	rımı's add	dress 750 TRADE CENTRE WAY ST	E 300			Phone no ► (269) 567- 4500

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

Par	t III	Statement of I Check if Schedule			lishments Jestion in this Part I	II	
1	Briefl	y describe the orga	nızatıon's mıssıon	1			
THRO	DUGH		O-CURRICULAR	PROGRAMS		LEADERSHIP AND SERVICE XCELLENCE IN THE LIBERA	
2	the pr	or Form 990 or 99	0-EZ?		ervices during the ye	ear which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these r	new services on S	chedule O			
3	servi	es?			-	conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these o	changes on Sched	ule O			
4	Section	on 501(c)(3) and 50	01(c)(4) organızat	tions and secti	_	ee largest program services be s are required to report the ar m service reported	, .
4a	(Code	2) (Expenses \$	106,974,199	including grants of \$	26,214,687) (Revenue \$	102,134,925)
						TO OVER 3,000 FULL TIME EQUIVALITIONS & STUDENT SERVICES TO SUF	
4b	(Code	2) (Expenses \$	5,835,530	ıncludıng grants of \$	1,430,033) (Revenue \$	5,245,321)
70	THE C		VED IN RESEARCH TO	MAINTAIN ONE O		& BIOLOGY DEPTS IN THE COUNTRY	
4c	(Code	2) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Othe	er program services	(Describe in Sch	nedule O)			
	(Exp	enses \$	ıncl	ludıng grants o	f \$) (Revenue \$)
4e	Tota	l program service e	xpenses ► \$	112,809,72	9		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 1	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		No
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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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		No
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	Yes	
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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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		No
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? If "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		No
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? Note. 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 $\textcircled{\textbf{5}}$	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		Νo
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		Νo
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	Yes	
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 IV	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		No
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	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		Νo
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 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

		_
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

Form	990 (2010)			Page 5
Pa	rt 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 276			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	return			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b				140
_	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N o
Va	organization solicit any contributions that were not tax deductible?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u></u>		
7	were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
u	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u> </u>		110
				1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
a	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)			
40-		42-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
U	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ı	1
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	note. See the instructions for additional information the organization must report on schedule O			
	F-1			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
1.4-	Did the organization receive any nayments for indeer tanning convices during the tay year?	14-		NI o
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No_
	1. 163, has it med a roth 720 to report these payments 11 No, provide an explanation in Schedule O	T+D		

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.

Chack if C	Schodulo O	contains a resp	onco to any	, augstion ir	thic Dart VI						
CHECKII	ochedule O	contains a resp	onse to any	question ii	i tilis Fait VI				•		. *

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 vear			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		No
3	Other officer, director, trustee, or key employee?	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was			No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	<u>4</u> 5		No No
6	Does the organization have members or stockholders?	6		Νo
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	
b	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	Tonde Codol,		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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 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	
b	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			
17	List the States with which a copy of this Form 990 is required to be filed►MI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available Check all that apply			

Own website Another's website Vpon request

- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FTHOMAS BYLSMA VICE-PRESIDENT CFO HOPE COLLEGE 141 E 12TH ST

HOLLAND, MI 49423 (616) 395-7810

<u>Part VIII</u> 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	nization nor any r	ompen	sate	d any current office	er, director, or trust	ee				
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director			organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
See Additional Data Table										

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

	(A)	(B) (C)				(D) (E)				(F)				
	Name and Title	A verage hours		ition that a			ıll			ortable ensation	Reportable compensation	, <i>,</i>	Estima amount o	
		per		T	T	/) T	In =	т		m the	from related		compens	
		week (describe	0 =	=		_	Highest compensat			ation (W-	organizations		from	
		hours	Individual trustee or director	Institutional Truste		Key employee	S S	_	2/109	9-MISC)	(W- 2/1099- MISC)	. °	rganızat relat	
		for	<u> </u>	[2	Office	B B	8° 2	ੂ			,		organıza	itions
		related organizations	হু #	<u>=</u>	图	믕	를	Former						
		ın	E	ह		60	1 3							
		Schedule O)	"ถั	E										
See A	Additional Data Table	+ ''		-			╄	╁				-		
	aditional Bata Table						<u> </u>							
				\vdash				\vdash						
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				<u> </u>				<u> </u>						
								Ļ						
<u>1b</u>	Sub-Total					•		<u> </u>						
<u>c</u>	Total from continuation sheets							-		1 702 763		0		100 106
d		<u> </u>								1,703,762		<u> </u>		198,196
2	Total number of individuals (inc \$100,000 in reportable comper						above) who	receive	d more tha	n			
													Yes	No
3	Did the organization list any for	mer officer, direc	ctorort	ruste	e, k	ey e	mploy	ee, o	r highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sc	hedule I for such	ındıvıdı	ual			•	•				3		Νo
4	For any individual listed on line	1a, is the sum o	f report	able	com	pens	sation	and o	other cor	mpensatior	from the			
	organization and related organiz	zations greater th	nan \$15	50,00	0021	If "Y	'es," co	mple	te Sched	ule J for sud	ch			
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a								_	anızatıon d	r ındıvıdual for			
	services rendered to the organi	zation / <i>If "Yes,"</i>	complet	e Scn	eaui	елт	or suci	n pers	son .		•	5		No
Se	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from	e highest comper		ındep	ende	ent o	contra	ctors	that rec	eived more	than			
		(A)									(B)		(C	
BLUE	Na CROSS-BLUE SHIELD MICHIGAN	me and business ad	dress							Descr	iption of services	\perp	Comper	sation

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS-BLUE SHIELD MICHIGAN 86 MONROE CENTER NW GRAND RAPIDS, MI 49503	HEALTH INSURANCE ADMINISTRATION	440,210
ELZINGA & VOLKERS 86 E 6TH STREET HOLLAND, MI 49423	CONSTRUCTION	299,688
CREATIVE DINING SERVICE ONE ROYAL PARK DRIVE SUITE 3 ZEELAND, MI 49464	FOOD SERVICE MANAGEMENT	247,500
BERT REIMINK PLUMBING PO BOX 1106 HOLLAND, MI 49422	PLUMBING	238,366
EAST MUSKEGON ROOFING 1665 HOLTON ROAD MUSKEGON, MI 49445	ROOFING	235,298
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►9	who received more than	

		2010)				Pag	e 9
Part \	/++	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
							513, or 514
its its	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
ું. કુ. ડુ	c	Fundraising events 1c					
<u>≅</u> ,ਰੁ	d	Related organizations 1d					
ng ME	e	Government grants (contributions) 1e	6,819,707				
er F	f	All other contributions, gifts, grants, and 1f	11,148,508				
<u> </u>		similar amounts not included above Noncash contributions included in lines 1a-1f \$	918,621				
멸	_			17.000.215			
	h	Total. Add lines 1a-1f		17,968,215			
Program Service Revenue			Business Code				
еле	_	TUITION & FEES	611600		79,683,695		
ብ ሚ	Ь	AUXILIARY ENTERPRISES	611600	20,112,174			
rwc	c d	OTHER PROGRAM INCOME BOOKSTORE INCOME	900099 611600	4,630,049 2,679,089			
33		HAWORTH CONFERENCE CTR	721000	1,465,674		1,465,674	
ran.	f	All other program service revenue			275,239		
ွိ		Total. Add lines 2a−2f		994,497 109,565,178			
-		Investment income (including dividends, interest		109,303,170			
		and other similar amounts)		1,747,744			1,747,74
	4	Income from investment of tax-exempt bond proceeds	ľ				
	5	Royalties					
		(ı) Real	(II) Personal				
		Gross Rents					
		Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 70,414,549 from sales of assets other than inventory					
	_	Less cost or 68,716,501 other basis and sales expenses					
		Gain or (loss) 1,698,048					
ŀ		Net gain or (loss)		1,698,048			1,698,04
ne	oa	Gross income from fundraising events (not including					
₹		\$					
å.		of contributions reported on line 1c) See Part IV, line 18					
Other Revenue		a					
₹∣		Less direct expenses b					
_		Net income or (loss) from fundraising events •					
		Gross income from gaming activities See Part IV, line 19 . a					
		Less direct expenses					
		Gross sales of inventory, less					
		returns and allowances .					
		a					
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory • Miscellaneous Revenue	Business Code				
	11a		Dusilless Code				
	тта						
	C						
	_	All other revenue					
		Total. Add lines 11a-11d					
	-	- Stan Add Mico II d II d I i i i i i i i i i i i i i i					
	12	Total revenue. See Instructions	ļ	120 070 105		2 104 022	2 445 70
				130,979,185	107,380,246		3,445,79

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to o			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		enpensee	general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	27,644,720	27,644,720		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,231,651	1,153,089	40,912	37,650
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,430,868	35,544,877	2,062,766	1,823,225
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,394,240	3,025,475	196,535	172,230
9	Other employee benefits	4,142,088	3,516,071	365,928	260,089
10	Payroll taxes	2,759,440	2,498,042		127,699
а	Fees for services (non-employees) Management	2,733,110	2,130,012	155,033	127,033
ь	Legal	82,390	43,361	39,029	
c	Accounting	97,450	13,301	97,450	
d	Lobbying	37,130		37,130	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	658,422		658,422	
g	Other	1,747,156	1,509,563	·	115,132
12	Advertising and promotion	993,184	573,199		419,985
13	Office expenses	4,076,938	3,678,772		281,994
14	Information technology	990,278	955,472	<u> </u>	10,533
15	Royalties	330,270	755,472	24,213	10,333
16	Occupancy	3,997,199	3,851,191	76,035	69,973
17	Travel	3,192,383	2,880,170		272,337
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,192,303	2,860,170	39,070	212,331
19	Conferences, conventions, and meetings	576,235	332,671	239,557	4,007
20	Interest	2,116,820	1,890,320	· ·	34,293
21	Payments to affiliates	_,	_,	===,==:	2.,222
22	Depreciation, depletion, and amortization	6,722,003	6,002,749	610,358	108,896
23	Insurance	985,450	831,917	· ·	4,613
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	300,100	332,527	210,523	,,,,,
а	FOOD SERVICE & LAUNDRY	6,809,208	6,693,779	34,832	80,597
b	TUITION WAIVERS	2,634,228	2,350,932	149,383	133,913
c	INVENTORY PURCHASES	1,883,949	1,764,968	61,960	57,021
d	OTHER MAINTENANCE & REP	1,643,966	1,601,899	21,907	20,160
е	BOOKS AND PERIODICALS	973,860	970,125	1,852	1,883
f	All other expenses	3,814,882	3,496,367	301,162	17,353
25	Total functional expenses. Add lines 1 through 24f	122,599,008	112,809,729	5,735,696	4,053,583
26	Joint costs. Check here ▶ ☐ If following	·			•
ı	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			<u> </u>	000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1			
	2	Savings and temporary cash investments			20,734,385	2	25,427,120
	3	Pledges and grants receivable, net			38,487,754	3	39,624,803
	4	Accounts receivable, net			10,495,745	4	16,697,457
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
\$		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			734,372	8	759,372
	9	Prepaid expenses and deferred charges			916,871	9	859,231
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	234,383,508			
	b	Less accumulated depreciation	10b	83,425,224	154,052,122	10c	150,958,284
	11	Investments—publicly traded securities			69,749,060	11	63,338,866
	12	Investments—other securities See Part IV, line 11		74,429,447	12	94,020,040	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,034,404	15	1,009,149
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			370,634,160	16	392,694,322
	17	Accounts payable and accrued expenses .			2,608,972	17	1,871,065
	18	Grants payable				18	
	19	Deferred revenue		1,001,718	19	975,508	
	20	Tax-exempt bond liabilities	66,875,000	20	62,440,000		
es es	21	Escrow or custodial account liability Complete Part IV of Schedu				21	_
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			35, 190, 731	25	33,395,341
	26	Total liabilities. Add lines 17 through 25			105,676,421	26	98,681,914
~		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete	ines 27			
Ð		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			115,884,813	27	124,400,006
Ö	28	Temporarily restricted net assets		37,614,775	28	55,089,434	
Fund	29	Permanently restricted net assets			111,458,151	29	114,522,968
昰		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ a	nd cor	nplete			
oř		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			264,957,739	33	294,012,408
ı <u> </u>	34	Total liabilities and net assets/fund balances			370,634,160	34	392,694,322

I-CI	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)			120.0	20.10
2	Total expenses (must equal Part IX, column (A), line 25)				979,185
3	Revenue less expenses Subtract line 2 from line 1			-	380,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			264,9	57,739
5	Other changes in net assets or fund balances (explain in Schedule O)			20,6	574,492
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			294,0	12,408
Par	Time Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•		
1	Accounting method used to prepare the Form 990			Yes	No
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 issu on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ed			
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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	3b	Yes	

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As Filed Data -

DLN: 93493136053042

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

HOPE COLLEGE

Public Charity Status and Public Support

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

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

Inspection

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 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	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

S	ection A. Public Support		and to quanty t				
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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 activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						V
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
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	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 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 IV) 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 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 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 38-1381271
Name: HOPE COLLEGE

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per 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
MARY BAUMAN TRUSTEE	1 00	х						0	0	0
MICHELLE BOMBE TRUSTEE/PROFESSOR	40 00	Х						67,346	0	19,075
JOEL BOUWENS CHAIRPERSON	1 00	Х		х				0	0	0
TIMOTHY BROWN TRUSTEE	1 00	Х						0	0	0
JAMES BULTMAN PRESIDENT	40 00	X		х				279,108	0	69,243
ANTHONY CASTILLO TRUSTEE	1 00	Х						0	0	0
SANDRA CHURCH TRUSTEE	1 00	×						0	0	0
TOM CLAUS TRUSTEE	1 00	Х						0	0	0
KENNITH ELZINGA TRUSTEE	1 00	X						0	0	0
TED ETHERIDGE TRUSTEE	1 00	Х						0	0	0
RON HARTGERINK TRUSTEE	1 00	X						0	0	0
TAYLOR HOLBROOK TRUSTEE	1 00	Х						0	0	0
BRIAN KOOP VICE CHAIR	1 00	Х		х				0	0	0
DAVID LOWRY SECRETARY	1 00	Х		х				0	0	0
PAUL MUSHERURE TRUSTEE	1 00	Х						0	0	0
STEPHEN NORDEN TRUSTEE	1 00	Х						0	0	0
RICHARD POSTMA TRUSTEE	1 00	Х						0	0	0
A PAUL SCHAAP TRUSTEE	1 00	Х						0	0	0
PETER SEMEYN TRUSTEE	1 00	X						0	0	0
DAVID VAN ANDEL TRUSTEE	1 00	Х						0	0	0
SUZANNE CHERI DEVOS VANDER WEIDE TRUSTEE	1 00	Х						0	0	0
EMILIE WIERDA TRUSTEE	1 00	Х						0	0	0
LESLIE WONG TRUSTEE	1 00	Х						0	0	0
GEORGE ZUIDEMA TRUSTEE	1 00	Х						0	0	0
WILLIAM BOERSMA TRUSTEE	1 00	Х						0	0	0

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) (C) Average Position (check all that apply) per that apply			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other					
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
JAMES JURRIES TRUSTEE	1 00	Х						0	0	0	
CAROL SYTSMA TRUSTEE	1 00	Х						0	0	0	
DANIEL GORDON TRUSTEE	1 00	Х						0	0	0	
DEAN OVERMAN TRUSTEE	1 00	Х						0	0	0	
DOUGLAS RUCH TRUSTEE	1 00	Х						0	0	0	
JOANNE STEWART TRUSTEE	40 00	Х						77,382	0	8,468	
JILL VER STEEG TRUSTEE	1 00	Х						0	0	0	
JEFFREY CLARK TRUSTEE	1 00	Х						0	0	0	
BETH SNYDER TRUSTEE	1 00	Х						0	0	0	
WILLIAM VANDERBILT VP FOR ADMISSIONS	40 00			х				134,000	0	25,412	
THOMAS BYLSMA CFO	40 00			х				154,120	0	45,459	
SCOTT WOLTERINK VP FOR ADVANCEMENT	40 00			х				138,000	0	25,849	
RICHARD FROST VP FOR STUDENT DEVELOPMENT	40 00			х				120,613	0	65,848	
RICHARD RAY PROVOST	40 00			х				125,000	0	50,588	
GREG MAYBURY DIR OF OP AND TECH	40 00					Х		127,931	0	49,989	
JOHN LUNN FACULTY	40 00					Х		114,098	0	23,088	
TODD STEEN FACULTY	40 00					Х		113,436	0	22,714	
GERALD RADEMAKER DIRECTOR PHYS PLT	40 00					Х		0	0	0	
CARL HEIDEMAN DIR OF PROCESS & INNOVATIO	40 00					Х		113,603	0	23,261	
MOSES LEE DEAN OF NATURAL SCIENCES	40 00					Х		139,125	0	69,202	
JAMES BOELKINS PROVOST	40 00						х	86,461	0	13,957	

DLN: 93493136053042

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Name HOPE C	of the organization	Employer identification number						
HOPE C	JLEGE		38-1	38-1381271				
Part	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.			. Complet	e if the		
		(a) Donor advised funds	(b) Funds and o	ther accou	nts		
L To	tal number at end of year							
2 A 9	ggregate contributions to (during year)							
3 A 9	ggregate grants from (during year)							
₽ Ag	ggregate value at end of year							
	d the organization inform all donors and donor advi nds are the organization's property, subject to the		or advı:	sed	┌ Yes	┌ No		
us	d the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben inferring impermissible private benefit				┌ Yes	┌ No		
Part 1	I Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form	າ 990, Part IV	<u>, lıne 7.</u>			
	urpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitating Preservation of open space complete lines 2a-2d if the organization held a qualic sement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified	d historic struct	-	a		
				Held at the	End of the	Year		
a To	otal number of conservation easements		2a					
b Т	otal acreage restricted by conservation easements		2b					
c N	umber of conservation easements on a certified his	toric structure included in (a)	2c					
d N	umber of conservation easements included in (c) a	cquired after 8/17/06	2d					
3 N	umber of conservation easements modified, transfe	ء rred. released. extinguished. or terminate:	d bv th	e organization o	durina			
	e taxable year 🛌	· · · · · ·	•	_	<u>-</u>			
	umber of states where property subject to conserva	<u></u>						
	oes the organization have a written policy regarding forcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No		
	aff and volunteer hours devoted to monitoring, insp				-			
7 A	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year 🟲 \$ _				
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No		
ba th	Part XIV, describe how the organization reports collance sheet, and include, if applicable, the text of t e organization's accounting for conservation easen	the footnote to the organization's financial nents	statem	nents that desc	rıbes			
art I	Organizations Maintaining Collection		or Oth	ner Similar <i>I</i>	Assets.			
. те	Complete if the organization answered '	· · · · · · · · · · · · · · · · · · ·	nt and	halance choct:	works of			
ar	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in fui			2,		
hı	the organization elected, as permitted under SFAS storical treasures, or other similar assets held for povide the following amounts relating to these items	public exhibition, education, or research ir			•			
(i	Revenues included in Form 990, Part VIII, line 1			► \$				
(i	i) Assets included in Form 990, Part X							
2 If	the organization received or held works of art, histo llowing amounts required to be reported under SFA		r financ	cial gain, provid	e the			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	His	torical Tre	easui	res, or O	the	r Similar	Ass	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	ne following th	hat are	a significa	ant u	ise of its co	llectio	n	
а	Public exhibition		d	┌ Loan o	rexch	ange progi	rams	;			
b	Scholarly research		e	┌ Other							
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and explai	n hov	w they further	r the o	rganızatıor	ı's ex	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	□ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Comple	te ıf	the organiz	zation			'es" to For	m 99	0,	· · · · · · · · · · · · · · · · · · ·
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for contribut	ions o	rotherass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollow	ıng table		Г		1			
							_		Amo	unt	
C C	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e f	Distributions during the year					-	1e 1f				
	Ending balance	rm 000 Bort V line	212			L				Yes	
2a	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIV		21,						,	res	j NO
	rt V Endowment Funds. Complete		ans	wered "Yes	to F	orm 990	Pai	rt IV line	10		
	Endownient i unasi complete	(a)Current Year)Prior Year		wo Years Bac		(d)Three Yea	a re	e) Four Y	ears Back
1a	Beginning of year balance	147,340,680		136,409,372	ļ , ,	169,328,0	_	Back	-+	,	
ь	Contributions	2,892,355		7,210,456		6,115,8	_		-		
c	Investment earnings or losses	22,269,678		9,924,183		-32,575,7	-		_		
d	Grants or scholarships						\dashv				
e	Other expenditures for facilities and programs	6,236,784		6,203,331		6,458,8	312				
f	Administrative expenses										
g	End of year balance	166,265,929		147,340,680		136,409,3	372				
2	Provide the estimated percentage of the yea	end balance held a	s								
а	Board designated or quasi-endowment 🕨	17 900 %									
b	Permanent endowment ► 68 050 %										
c	Term endowment ► 14 050 %										
3a	Are there endowment funds not in the posses	sion of the organiza	tion	that are held	and a	dministere	d for	the			
	organization by (i) unrelated organizations							[3a(i)	Yes	No No
	(ii) related organizations		٠						3a(ii)		No
b	If "Yes" to 3a(II), are the related organization						٠.		3b		<u> </u>
4	Describe in Part XIV the intended uses of the	e organızatıon's end	owme	ent funds							
Par	t VI Investments—Land, Buildings	, and Equipmer	nt. S	ee Form 99	90, Pa	rt X, lıne	10.	T			
	Description of investment			(a) Cost or of basis (investm		(b) Cost or of basis (othe		(c) Accumul depreciati		(d) Bo	ok value
1a	Land					19,354	,732			1	9,354,732
b I	Buildings					189,030	,842	65,76	4,809	12	3,266,033
c l	Leasehold improvements										
d I	Equipment					23,998	,229	17,660	0,415		6,337,814
	Other		•	<u> </u>		1,999			\longrightarrow		1,999,705
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colum	n (B)), line 10(c).)			•				0,958,284
								Schedu	ıle D (Form 9	90) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other			_
(A) LIMITED PARTNERSHIPS AND HEDGE FUNDS	83,972,198		F
(B) MORTGAGES, LAND CONTRACTS & OTHER	10,047,842		F
· ·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	94,020,040		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
(-,	(=, = = = = = = = = = = = = = = = = = =	Cost or end-o	f-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, lin	e 15.		
(a) Descrip	tion		(b) Book value
Total (Column (b) should equal Form 990, Part V, col (P) line 1	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) / iniounic		
ANNUITIES PAYABLE & TRUSTS	0.022.166		
	9,023,166		
ACCUMULATED POST-RETIREMENT BENEFITS REFUNDABLE FEDERAL PERKINS LOAN ADVANCES	9,625,972		
STUDENTS' AND OTHER DEPOSITS	6,256,381		
	1,249,521		
ACCRUED LIABILITIES INTERST DATE SWAD	4,978,695		
INTERST RATE SWAP	2,261,606		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	33,395,341		
	, ,		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	130,979,185
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	122,599,008
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,380,177
4	Net unrealized gains (losses) on investments	4	20,093,005
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	581,487
9	Total adjustments (net) Add lines 4 - 8	9	20,674,492
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	29,054,669
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	123,350,535
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) 2d 581,487		
е	Add lines 2a through 2d	2e	20,674,492
3	Subtract line 2e from line 1	3	102,676,043
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 658,422		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	28,303,142
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	130,979,185
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	94,295,866
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	94,295,866
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 658,422		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	28,303,142
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	122,599,008
Pai	t XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN SPLIT VALUE INTEREST AGREEMENTS 581,487
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGES IN VALUE OF SPLIT INTEREST AGREEMENT 581,487
PART XII, LINE 4B - OTHER ADJUSTMENTS		INSTITUTIONAL SCHOLARSHIPS & FELLOWSHIPS 27,644,720
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INSTITUTIONAL SCHOLARSHIPS & FELLOWSHIPS 27,644,720
		THE COLLEGE IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COLLEGE, AND HAS CONCLUDED THAT AS OF JUNE 30, 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE COLLEGE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS

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2010

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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

Schools

Inspection

Name of the organization **Employer identification number** HOPE COLLEGE 38-1381271 Part I YES NO 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 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? Yes 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 Yes Does the organization maintain the following? a 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 a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 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

Yes

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
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	RACIALLY NONDISCRIMINATORY POLICY STATEMENT IS INCLUDED ON VARIOUS PUBLICITY & POLICY STATEMENTS, INCLUDING OUR WEBSITE & TELEVISION ADS, AS WELL AS OUR CATALOG & STUDENT HANDBOOK, WHICH IS AVAILABLE UPON REQUEST
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	HOPE COLLEGE RECEIVES GRANTS AND FINANCIAL AID FROM VARIOUS FEDERAL AND STATE AGENCIES THAT ARE USED IN THE FURTHERANCE OF THE COLLEGE'S EXEMPT PURPOSE OF PROVIDING QUALITY EDUCATION

Schedule E (Form 990 or 990-EZ) 2010

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Schedule I (Form 990)

Department of the Treasury

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 OMB No 1545-0047

2010

DLN: 93493136053042

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number HOPE COLLEGE 38-1381271 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance appraisal, other)

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organ	nızatıon 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) SCHOLARSHIP - TUITION/BOOKS	2685	27,644,720		N/A	N/A

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

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 HOPE SCHOLARSHIP/GRANT FUNDS ARE DISBURSED TO THE RECIPIENT UPON
MONITORING GRANTS		PROOF OF ELIGILIBITY (I E FINANCIAL NEED OR ACADEMIC MERIT) AND UPON PROOF OF EXPENSE INCURRED
INTHELLS		

DLN: 93493136053042

OMB No 1545-0047

Open to Public Inspection

Schedule J

Department of the Treasury Internal Revenue Service

(Form 990)

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization HOPE COLLEGE

Employer identification number

38-1381271

Pa	rt I	Questions Regarding Compensation					
						Yes	No
.a				ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	┌ Fır	rst-class or charter travel	굣	Housing allowance or residence for personal use			
	┌ Tr	avel for companions	Γ	Payments for business use of personal residence			
	Г Ta	x idemnification and gross-up payments		Health or social club dues or initiation fees			
	☐ Di	scretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		of the boxes in line 1a are checked, did the org rsement orprovision of all the expenses descr		ion follow a written policy regarding payment or pove? If "No," complete Part III to explain	1b		No
2		e organization require substantiation prior to rest, directors, trustees, and the CEO/Executive			2		No
3		te which, if any, of the following the organizatio zation's CEO/Executive Director Check all th					
	▼ Co	ompensation committee		Written employment contract			
	☐ In	dependent compensation consultant		Compensation survey or study			
	F Fo	rm 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
ļ		the year, did any person listed in Form 990, P lated organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receiv	e a severance payment or change-of-control p	aymen	nt from the organization or a related organization?	4a		Νo
b	Partici	pate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		Νo
C	Partici	pate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes	" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 5	01(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5		rsons listed in form 990, Part VII, Section A, I nsation contingent on the revenues of	ıne 1a,	, did the organization pay or accrue any			
а	The org	ganızatıon?			5a		No
b	Any re	lated organization?			5b		No
	If"Yes	," to line 5a or 5b, describe in Part III					
•		rsons listed in form 990, Part VII, Section A, l nsation contingent on the net earnings of	ıne 1a,	, did the organization pay or accrue any			
а	The org	ganızatıon?			6a		No
b	Any re	lated organization?			6b		Νo
	If"Yes	," to line 6a or 6b, describe in Part III					
,		rsons listed in Form 990, Part VII, Section A, nts not described in lines 5 and 67 If "Yes," d			7		No
3		ny amounts reported in Form 990, Part VII, p					
	subject in Part	t to the initial contract exception described in	Regs	section 53 4958-4(a)(3)? If "Yes," describe	_		
					8		No
)		." to line 8, did the organization also follow the n 53 4958-6(c)?	rebutt	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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MI	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(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) JAMES BULTMAN	(I) (II)	279,108 0		0 0	20,, 20		8 348,351 0 0	<u> </u>
(2) WILLIAM VANDERBILT	(I) (II)	134,000	0	0 0	14,070	1	2 159,412 0 0	່.
(3) THOMAS BYLSMA	(ı) (ıı)	154,120 0	0	0 0	16,170		9 199,579 0 0	ວ່
(4) SCOTT WOLTERINK	(ı) (ıı)	138,000	0	0 0	14,490	· ·	9 163,849 0 0))
(5) RICHARD FROST	(ı) (ıı)	120,613	0	0 0	//		1 186,461 0 0	<u></u>
(6) RICHARD RAY	(I) (II)	125,000	0	0 0	13,125	1	3 175,588 0 0	ט ט
(7) GREG MAYBURY	(I) (II)	127,931 0	0 (0 0	0 0	1 12,203	9 177,920 0 0	ာ်
(8) MOSES LEE	(ı) (ıı)	139,125	0 (0 0	14,608		4 208,327 0 0	J
(9)	7		1					
(10)	 '		1		†			
(11)						ĺ		
(12)			1					
(13)			1		†			
(14)	+	+		+	+			
(15)			[†	†			
(16)	+-		1		+			

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

Identifier	Return Reference	Explanation
	1A	THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS AS PART OF HIS EMPLOYMENT WITH THE COLLEGE INCLUDED IN NONTAXABLE BENEFITS IS THE FAIR MARKET VALUE OF THE HOUSE VALUED AT \$24,750 A DONOR PROVIDES AN ANNUAL GIFT FOR THE PRESIDENT AND VICE PRESIDENTS TO BELONG TO A LOCAL COUNTRY CLUB AS A WAY TO PROMOTE THE COLLEGE THIS INCLUDES 2 MEMBERSHIPS VALUED AT \$7,820 EACH AND ARE INCLUDED IN NONTAXABLE BENEFITS
		THERE IS NOT A "POLICY" THAT THE PRESIDENT LIVE ON CAMPUS IT IS PART OF HIS EMPLOYMENT THERE IS ALSO NOT A "POLICY" FOR THE COUNTRY CLUB MEMBERSHIP IT IS SIMPLY A DONOR DESIGNATED GIFT

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 O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493136053042

Open to Public Inspection

Internal Revenue Service

Name of the organization

HOPE COLLEGE

Department of the Treasury

Employer identification number

38-1381271

												38-1381271					
Pa	art I Bond Issues	_															
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f) [Description	of Purpose	(g) De	feased	Beh) On nalf of suer		Pool		
										Yes	No	Yes	No	Yes	No		
A	MICHIGAN HIGHER EDUCATION FACILITIES AUTHORITY	52-1285150	594519D23	07-28-2004	25,000	,000 F	IELDH	TRUCTION HOUSE ANI R CENTER	OF DEVOS D MARTHA		×		x		x		
В	MICHIGAN FINANCE AUTHORITY	80-0596186	NONEAVAIL	12-17-2010	10,200	$\alpha \alpha \alpha =$		NANCE MHEFA SERIES BONDS			Х		х		х		
_																	
Pa	rt III Proceeds	•		•		· ·											
						4		E	3		С			D			
1						6,575,	,000										
		ased															
3	A mount of bonds retired A mount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrow Issuance costs from proceeds					26,112,952 10,200,000											
4	Gross proceeds in reserve funds																
5	<u> </u>		781,245														
6	Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrow					9,578,	,455		10,200,000								
7	Proceeds in refunding escrow Issuance costs from proceeds					218,	,550										
8	<u> </u>					135,	,996										
9	Working capital expenditures	from proceeds															
10	Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrow Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds				15,398,	,706											
11	O ther spent proceeds																
12	O ther unspent proceeds																
13	Year of substantial completion	on			20	06											
-					Yes	No	,	Yes	No	Yes		No	Yes	<u>: </u>	No		
14	2 Other unspent proceeds 3 Year of substantial completion				Х			Х									
15	Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue?					Х			Х								
16	Has the final allocation of pro	oceeds been made?			Х				Х								
17	Does the organization mainta allocation of proceeds?	·	and records to sup	port the final	Х			Х									
Pa	rt IIII Private Business	Use									•			•			
						A			3		C		1	D			
					Yes	No	`	Yes	No	Yes		No	Yes		No		

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

Х

Χ

Pai	rt IIII Private Business Use (Continued)								
	Trivate Submisso Coc (Communical)		A		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				
b	Are there any research agreements that may result in private business use of bond- financed property?		×		×				
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?								
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? Part IV Arbitrage В Α С D Yes No Yes No Yes No Yes No Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Χ Χ Is the bond issue a variable rate issue? 2 Χ Χ За Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? Χ Χ Name of provider Term of hedge Was the hedge superintegrated? Was a hedge terminated? Were gross proceeds invested in a GIC? Χ 4a Χ Name of provider b Term of GIC C Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Χ Χ

Part V Supplemental Information

Did the bond issue qualify for an exception to rebate?

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART 1, COLUMN A AND B - F		PART I A (F) THE PURPOSE OF THE BONDS ISSUED ON JULY 28, 2004 IS (A) TO CURRENTLY REFUND (I) A PORTION OF THE MICHIGAN HIGHER EDUCATION FACILITIES AUTHORITY ("MHEFA") LIMITED OBLIGATION REVENUE AND REVENUE REFUNDING BONDS, SERIES 1994 (HOPE COLLEGE PROJECT), DATED JUNE 16, 1994, AND (II) THE MHEFA LIMITED OBLIGATION REVENUE BONDS (HOPE COLLEGE PROJECT), SERIES 1996B, DATED JUNE 4, 1996, (B) TO PAY THE COSTS OF CONSTRUCTING, EQUIPPING AND FURNISHING THE DEVOS FIELD HOUSE AND THE MARTHA MILLER CENTER FOR GLOBAL COMMUNICATIONS, AND RENOVATING GRAVES HALL, LUBBERS HALL AND THE DOW CENTER, (C) TO PAY CAPITALIZED INTEREST ON THE NEW MONEY PORTION OF THE BONDS, AND (D) TO PAY THE COSTS OF ISSUING AND SECURING THE BONDS PART I B (F) THE PUROSES OF THE BONDS ISSUED ON DECEMBER 17, 2010 IS TO CURRENTLY REFUND THE MHEFA LIMITED OBLIGATION REVENUE REFUNDING BONDS (HOPE COLLEGE PROJECT), SERIES 1999, DATED MARCH 24, 1999
SCHEDULE K, PART II, LINE 3		TOTAL PROCEEDS INCLUDES INVESTMENT PROCEEDS OF \$1,112,952 FOR COLUMN A

Χ

Χ

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

As Filed Data -

DLN: 93493136053042

TROCESS

Transactions with Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public Inspection

liernal Revenue Service										Tillshec	.1011
Name of the organization HOPE COLLEGE							Eı	mployer id	lent if ica	tion numbe	er
							3	8-13812	71		
Part I Excess Benefit Tran	ısacti	ons (se	ection 5010	(c)(3) a	nd section 501	(c)(4)					
										ne 40b	
											(c)
1 (a) Name of disqu	ualıfıed	person			(b) Desc	rıptıon	of trans	action		Cor	rected?
										Yes	No
					e organization .			•	\$		
					Part IV. line 26	or For	n 990-F	7. Part V	. line 38a	a	
complete if the organiz			103 0111	31111 3 3 0		, 01 1 011	11 330 E		, 11110 501	1	
(-) Name of interested name and	1		(-)0			(e)	In		'ed	(g)Writt	en:
	1				(d)Balance due	defau	ılt?	1 '		agreeme	nt?
pulpose	- Gradina	-	Principal	annount				committ	:ee?		
	38-1381271	Yes	No								
							1		l	1	
URCHASE OF COMPUTER		×		2,430	810		No	1	No	Yes	
Part II Loans to and/or From Interested Persons. Complete if the organization and for from the organization? Complete if the organization and for from the organization and the organization by the organization of the organization and the											
otal				▶ \$	810						
Complete if the orga	<u>nızatıo</u>	n answ	ered "Yes'	" on For	m 990, Part IV	, line 2	27.				
(a) Name of interested pers	on	(b	•	•		son	(c) A m	ount of a	ant or ty	ne of accid	tance
(a) Name of interested pers	J.1		an	d the org	janization		(~)~!!	.cuiic oi gi	and or cy	PC 01 03313	, curic c

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete ii the organizatio	il aliswered Tes Oil	roini 550, raiciv, iii	16 20a, 20b, 01 20c.		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	organiz	arıng of zatıon's nues?
	organization			Yes	No
(1) RT LONDON	MR RICHARD POSTMA IS A BOARD MEMBER OF HOPE COLLEGE AND OWNER	100,465	MR RICHARD POSTMA IS AN OWNER OF RT LONDON USED FOR RESIDENCE HALL FURNISHINGS WHICH WERE COMPETITIVELY BID		No
(2) PRINTERY AND MULTI PACKAGING SOLUTI	MR TED ETHERIDGE IS A BOARD MEMBER OF HOPE COLLEGE AND CO-OWNER	138,381	MR TED ETHERIDGE IS A CO- OWNER OF THE PRINTERY AND MULTI PACKAGING SOLUTIONS WHICH ARE BOTH VENDORS OF THE COLLEGE ALL PURCHASES WERE COMPETITIVELY BID		No
(3) CROWN MOTORS	MS EMILIE WIERDA IS A BOARD MEMBER OF HOPE COLLEGE AND OWNER	144,849	MS EMILIE WIERDA IS AN OWNER OF CROWN MOTORS USED FOR COMPANY AUTOMOBILES AND SERVICE SUPPLIES FOR VEHICLES ALL PURCHASES WERE COMPETITIVELY BID		No
(4) CREATIVE DINING SERVICES	MR THOMAS BYLSMA IS AN OFFICER OF HOPE COLLEGE AND A BOARD MEMBER	7,711,216	MR THOMAS BYLSMA IS A BOARD MEMBER OF CREATIVE DINING SERVICES ALL PURCHASES WERE COMPETITIVELY BID		No
(5) CREATIVE DINING SERVICES	MR RICHARD FROST IS AN OFFICER OF HOPE COLLEGE AND A BOARD MEMBER	7,711,216	MR RICHARD FROST IS A BOARD MEMBER OF CREATIVE DINING SERVICES ALL PURCHASES WERE COMPETITIVELY BID		No
	1				

Supplemental Information Part V

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

Identifier R	eturn Reference	Explanation
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DLN: 93493136053042

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization

Employer identification number

IOPE	COLLEGE				20 1201271			
Pa	rt I Types of Property				38-1381271			
	· · · · · ·	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art			19				
	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
3000	-							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	69	843,621	NYSE - FMV			
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	30,000	FMV			
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other►(<u>PIANO</u>)	X	1	45,000	FMV			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by							
	for which the organization complete	ed Form 8	8283, Part IV, Donee Ackr	nowledgement	29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	period?			30a		No
b	If "Yes," describe the arrangement	in Part 1	II					
31	Does the organization have a gift a					31		No
32a	Does the organization hire or use t	hırd part	ies or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a		No
	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues	ın column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493136053042

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization
HOPE COLLEGE
38-1381271

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		MEMBERS OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ARE PROVIDED WITH A REASONABLE OPPORTUNITY TO REVIEW AND COMMENT TO EXECUTIVE LEADERSHIP ON THE FORM 990 OF HOPE COLLEGE BEFORE ITS FILED WITH THE INTERNAL REVENUE SERVICE FURTHER, THE EXECUTIVE LEADERSHIP OF HOPE COLLEGE PROVIDES THE MINUTES OF THE AUDIT COMMITTEE FORM 990 REVIEW TO THE BOARD OF TRUSTEES SHOWING AN OVERVIEW OF THE HIGHLIGHTS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING FOLLOWING THE FILING OF THE FORM 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE BOARD OF TRUSTEES PREPARE AND SIGN CONFLICT STATEMENTS ANNUALLY THESE STATEMENTS ARE REVIEWED AT THE OCTOBER BOARD OF TRUSTEE MEETING TO ENSURE COMPLIANCE WITH THE CONFLICT POLICY MEMBERS OF THE COMMITTEE WITH A PERSONAL INVOLVEMENT IN A PARTICULAR DECISION WILL EXCUSE THEMSELVES FROM DISCUSSION LEADING TO A DECISION AND FROM THE DECISION ITSELF, AND THIS DISCLOSURE AND ABSENCE WILL BE NOTED IN THE MINUTES OF THE MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES (BOT) APPROVES A RECOMMENDED COMPENSATION INCREASE BROUGHT TO THE BOT FROM THE CFO THE COMPENSATION INCREASE IS HIGHLY CORRELATED TO THE TUITION INCREASE APPROVED FOR THE FOLLOWING ACADEMIC YEAR THE RATES RECOMMENDED ARE DETERMINED BY LOOKING AT THE FOLLOWING FACTORS COST OF LIVING (CPI), CUPA (COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION) SURVEYS, AND THE LAKESHORE HUMAN RESOURCES MANAGEMENT ASSOCIATION SURVEYS - WHICH IS A CHAPTER OF THE SOCIETY OF HUMAN RESOURCES MANAGEMENT (SHRM) SINCE WE ARE NOT A "UNION" SCHOOL WE DO NOT HAVE DELIBERATION BUT IF DISCUSSION DOES OCCUR DURING THE BOT APPROVAL PROCESS, IT WOULD BE DOCUMENTED IN THE BOT MINUTES FOR THAT SPECIFIC MEETING THE CEO'S (PRESIDENT'S) COMPENSATION IS BASED UPON A RECOMMENDATION FROM THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AND IS THEN APPROVED BY THE FULL BOARD OF TRUSTEES COMPARISON DATA IS USED ALONG WITH EVALUATION OF PERFORMANCE IN THEIR DECISION

	Identifier	Return Reference	Explanation
I		FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES FORM 990 AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR	FORM 990, PART	NET UNREALIZED GAINS ON INVESTMENTS 20,093,005 CHANGE IN SPLIT VALUE
FUND BALANCES	XI, LINE 5	INTEREST AGREEMENTS 581,487 TOTAL TO FORM 990, PART XI, LINE 5 20,674,492

ldentifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE OVERSIGHT PROCESS FOR THE AUDIT HAS NOT CHANGED SINCE LAST YEAR