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Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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

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

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

OMB No 1545-0047

Open to Public Inspection

| A F                     | or the                 | 2010 calendar year, or tax year beginning SEP 1 2010 and  | و endi <u>ng</u>   | TUN 30 2011                 |                               |  |  |  |
|-------------------------|------------------------|---|--------------------|-----------------------------|-------------------------------|--|--|--|
| В                       | Check if<br>applicable | C Name of organization  |                    | D Employer identific        | cation number                 |  |  |  |
| Г                       | Address                | Holland Christian Education Foundation  |                    |                             |                               |  |  |  |
| $\vdash$                | Name<br>change         | Doing Business As   | -                  | 38-288                      | 5151                          |  |  |  |
| Ē                       | initial<br>return      |   | E Telephone number |                             |                               |  |  |  |
| F                       | Termin-                | 956 Ottawa Avenue   | · ·                | 320-2805                    |                               |  |  |  |
| F                       | ated<br>Amend          |   |                    | G Gross receipts \$         | 707,146.                      |  |  |  |
| $\vdash$                | _lreturn<br>∏Applica   |   |                    | H(a) is this a group re     |                               |  |  |  |
| _                       | tion<br>pending        | F Name and address of principal officer Stan Konynenbelt  |                    | for affiliates?             | Yes X No                      |  |  |  |
|                         |                        | same as C above   |                    | H(b) Are all affiliates inc |                               |  |  |  |
| _                       | Fay aya                | mpt status $\boxed{\mathbf{x}}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1)   | or 52              |                             | list. (see instructions)      |  |  |  |
|                         |                        |   | 01 [ 02            | H(c) Group exemption        | •                             |  |  |  |
|                         |                        | e: www.hollandchristian.org organization: x Corporation Trust Association Other   | I Vasi             | <del></del>                 | State of legal domicile: MI   |  |  |  |
|                         |                        | Summary   | J L T Gai          | 1 01 101111ation, 1989   10 | Otate of legal dofficials. MI |  |  |  |
| <u> </u>                | T                      | Briefly describe the organization's mission or most significant activities. Provide   | . finana           | isl support to              |                               |  |  |  |
| çe                      |                        | •   | e rinanc           | lai support to              |                               |  |  |  |
| Activities & Governance | _                      | Tolland Christian Schools  Check this box   if the organization discontinued its operations or dispose  | sad of mar         | re than 25% of its not as   | eate                          |  |  |  |
| /eri                    |                        |   | sea or mor         |                             |                               |  |  |  |
| ő                       | 1 -                    | Number of voting members of the governing body (Part VI, line 1a)   |                    | 3                           | 10                            |  |  |  |
| •ŏ                      | 1                      | Number of independent voting members of the governing body (Part VI, line 1b)   |                    | 4                           | 10                            |  |  |  |
| ies                     | 1                      | otal number of individuals employed in calendar year 2010 (Part V, line 2a)   |                    | 5                           | 0                             |  |  |  |
| Ξ                       |                        | otal number of volunteers (estimate if necessary)   |                    | 6                           | 9                             |  |  |  |
| Act                     | _                      | Total unrelated business revenue from Part VIII, column (C), line 12  |                    | <u>7a</u>                   | _0,                           |  |  |  |
| _                       | b i                    | Net unrelated business taxable income from Form 990-T, line 34  | <del></del> 1      |                             | 0.                            |  |  |  |
|                         |                        |   |                    | Prior Year                  | Current Year                  |  |  |  |
| <u>a</u>                | 8                      | Contributions and grants (Part VIII, line 1h)   |                    | 399,068.                    | 264,362.                      |  |  |  |
| Revenue                 | 9 1                    | Program service revenue (Part VIII, line 2g)  |                    | 0.                          | 0.                            |  |  |  |
| ě                       | 10 1                   | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  |                    | 1,655,886.                  | 294,467.                      |  |  |  |
| <u>—</u>                | 11 (                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                    | 33.                         | 0.                            |  |  |  |
|                         | 12                     | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                    | 2,054,987,                  | 558,829.                      |  |  |  |
|                         | 13 (                   | Grants and similar amounts paid (Part IX, column (A), lines 13)   |                    | 374,208.                    | 364,644,                      |  |  |  |
|                         | 14 !                   | Benefits paid to or for members (Part IX, column (A); line 4)   |                    | 0.                          | 0.                            |  |  |  |
| Ś                       | 15                     | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | ပ္ကို [            | 30,000.                     | 30,000.                       |  |  |  |
| Expenses                | 16a                    |   | ζ[ [               | 0.                          | 0.                            |  |  |  |
| ē                       | Ь.                     | Fotal fundraising expenses (Part IX, column (D), line 25) 500   | 395. T             |                             |                               |  |  |  |
| Щ                       | 17                     | Other expenses (Part IX, column (A), lines 11a-11d, 111-41)   |                    | 90,617,                     | 76.485.                       |  |  |  |
|                         |                        | Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line-25)  | j 🗀                | 494 825                     | 471,129,                      |  |  |  |
|                         | 1                      | Revenue less expenses Subtract line 18 from line 12   |                    | 1,560,162.                  | 87,700.                       |  |  |  |
| Jo or                   | 3                      | to various to the contract of | В                  | eginning of Current Year    | End of Year                   |  |  |  |
| ets                     | 20                     | Total assets (Part X, line 16)  |                    | 7,570,763.                  | 8,721,191,                    |  |  |  |
| ASS                     | 21                     | Total liabilities (Part X, line 26)   |                    | 164,557.                    | 154 805.                      |  |  |  |
| Net Assets or           | 22                     | Net assets or fund balances. Subtract line 21 from line 20  |                    | 7,406,206,                  | 8 566 386                     |  |  |  |
|                         | art II                 | Signature Block   |                    | 7,400,200,                  | 0,300,300,                    |  |  |  |
|                         | _                      | Ities of perjury, I declare that I have examined this return, including accompanying schedule   | es and state       | ments, and to the hest of m | v knowledge and helief it is  |  |  |  |
|                         |                        | t, and complete. Declaration of preparer (other that office) is based on all information of w   |                    |                             | , momogo ana bonen, n io      |  |  |  |
| uu                      | s, correc              | t, and complete. Decidiation of pseparer (other trial office) is based on an information of w   | mon propar         | cr rias arry knowledge.     |                               |  |  |  |
| ۵.                      |                        | Signature of officer  |                    | Date                        |                               |  |  |  |
| Siç                     |                        | $\mathcal{O}$   |                    |                             |                               |  |  |  |
| He                      | re                     | Stan Konynenbelt, Board President Type or print name and title  | _                  | <del></del>                 |                               |  |  |  |
| _                       |                        |   |                    | Date Check                  | PTIN                          |  |  |  |
| _                       |                        | Print/Type preparer's name Preparer's signature   |                    |                             |                               |  |  |  |
| Pai                     |                        | Todd Ensign   |                    | 2-33-12 self-employe        | 50                            |  |  |  |
|                         | parer                  | Firm's name Capin Crouse LLP  |                    | Firm's EIN                  |                               |  |  |  |
| Us                      | e Only                 | Firm's address > 972 Emerson Parkway, Ste A   |                    |                             |                               |  |  |  |
|                         |                        | Greenwood, IN 46143   |                    | Phone no. 31                | 17-885-2620                   |  |  |  |
| Ma                      | y the II               | RS discuss this return with the preparer shown above? (see instructions)  |                    |                             | Yes No                        |  |  |  |
| 032                     | 001 02-2               | 2-11 LHA For Paperwork Reduction Act Notice, see the separate instructi   | ions.              |                             | Form <b>990</b> (2010)        |  |  |  |

|    | 990 (2010) Holland Chri                     | istian Education Foundation                                      | 38-288515                              | 1 Page 2                                |
|----|---|--|--|---|
| Pa | t III Statement of Program Ser              | •  |  |   |
|    |   | ponse to any question in this Part III                           | <del></del>                            |   |
| 1  | Briefly describe the organization's mission |  |  |   |
|    |   | st, and administer funds for the                                 |  | ·                                       |
|    | exclusive benefit of the Hollan             | d Christian Education Society,                                   |  |   |
|    |   | <del></del>  |  |   |
| 2  | Did the organization undertake any signific | cant program services during the year which were not listed o    |  | -                                       |
| _  | the prior Form 990 or 990-EZ?               | our program correct during the your which were not not a         |  | Yes X No                                |
|    | If "Yes," describe these new services on S  | Schedule O   |  |   |
| 3  |   | r make significant changes in how it conducts, any program se    | ervices?                               | Yes X No                                |
| •  | If "Yes," describe these changes on Sche    |  |  |   |
| 4  | _   | nts for each of the organization's three largest program service | es by expenses                         |   |
| •  |   | ons and section 4947(a)(1) trusts are required to report the arr |  |   |
|    |   | and revenue, if any, for each program service reported.          | Joann or grammo and                    |   |
| 4a |   | 364,644, including grants of \$ 364,6                            | 44 . ) (Revenue \$                     | )                                       |
|    |   | al financial support to the education of                         |  |   |
|    |   | en through 12th grade in the Holland                             | ······································ |   |
|    | Christian Schools.                          | en enrough 1200 grade, in the horiana                            |  |   |
|    | chiliberan beneels,                         | VIII   |  |   |
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|    |   |  | <del></del>                            |   |
| 4b | (Codo ) (Evpansos \$                        | including grants of \$   | \ /Payanua \$                          | 1                                       |
| 40 | (Code) (Expenses # _                        | Including grants of \$   | ) (Nevenue \$                          | ·································/      |
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| _  |   |  |  | <del></del>                             |
| 4c | (Code ) (Expenses \$ _                      | including grants of \$   | ) (Revenue \$                          | )                                       |
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|    |   |  |  |   |
| 4d | Other program services (Describe in Sch     | nedule O.)   |  |   |
|    | (Expenses \$ incli                          | uding grants of \$ ) (Revenue \$                                 |  |   |
| 40 | Total program service expenses              | 364 644  |  |   |

Form 990 (2010) Holland Christian Education Foundation
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)?   |             |              |  |
|     | If "Yes," complete Schedule A   | _1_         | _x           |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2           | х            |  |
| 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           |              | . х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |             |              |  |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4           |              | Х  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |             |              |  |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5           | N/A          |  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to   | _           |              |  |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6           |              | Х  |
| 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           |              | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  | 0           |              |  |
| _   | Schedule D, Part III  | 8           |              | Х_   |
| 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           |              | X_   |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  | 9           |              | _  |
| 10  | If "Yes," complete Schedule D, Part V   | 10          | x            |  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X   | -10         | Α            |  |
| • • | as applicable   |             |              |  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |             |              |  |
| _   | Part VI   | 11a         |              | х  |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   |             |              |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b         | x            |  |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  |             |              |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c         |              | X_   |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |             |              |  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d         |              | х  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | <u>x</u>     |  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |             |              |  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f         |              | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |             |              |  |
|     | Schedule D, Parts XI, XII, and XIII   | 12a         |              | X  |
| 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         |              | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13          | ļ            | X  |
| 14a |   | 14a         | <del> </del> | Х  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   | 441         | 1            |  |
|     | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV   | 14b         |              | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization   | 45          |              | .,   |
| 10  | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                         | 15          |              | Х  |
| 16  | located outside the United States? If "Yes," complete Schedule F, Parts III and IV  | 16          |              |  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 10          |              | Х  |
| 17  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17          |              | x  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | <b>-</b> '' |              |  |
| 13  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18          |              | х  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |             |              | <del>                                     </del> |
|     | complete Schedule G, Part III   | 19          |              | х  |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a         |              | X  |
| b   |   |             |              | <u> </u>   |
| -   | operate one or more hospitals must attach audited financial statements (see instructions)   | 20b         | <u> </u>     |  |
|     |   |             | 990          | (2010)   |

38-2885151

Form 990 (2010) Holland Christian Education Foundation

Part IV Checklist of Required Schedules (continued)

|     |  |      | Yes          | No    |
|-----|--|------|--------------|-------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the   |      |              |       |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21   | Х            |       |
| 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   |              | X     |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |      |              |       |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |      |              |       |
|     | Schedule J   | 23   |              | Х     |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |      |              |       |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |      |              |       |
|     | Schedule K. If "No", go to line 25   | 24a  |              | Х     |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |              |       |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | 04-  |              |       |
|     | any tax-exempt bonds?  | 24c  |              |       |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |              |       |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a   | 05-  |              | .,    |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   | 25a  |              | X     |
| D   | 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  |              | х     |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified   | 230  |              |       |
| 20  | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26   |              | x     |
| 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   |              | х     |
| 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  |              | x     |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b  |              | Х     |
| 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  |              | х     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   |              | х     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |      |              |       |
|     | contributions? If "Yes," complete Schedule M   | 30   |              | х     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |      |              |       |
|     | If "Yes," complete Schedule N, Part I  | 31   |              | х     |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |      |              |       |
|     | Schedule N, Part II  | 32   |              | X     |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |              |       |
|     | sections 301 7701 2 and 301 7701 3? If "Yes," complete Schedule R, Part I  | _33_ |              | X     |
| 34  | Was the organization related to any tax-exempt or taxable entity?  |      |              | ļ     |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34   | X            |       |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?  | 35   |              | X     |
| а   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of  |      |              |       |
| 26  | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Yes x No  |      |              |       |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 26   |              | ,     |
| 27  | If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 36_  |              | X     |
| 37  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |              | x     |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  | - 31 | <b>  -</b> - | _     |
| 50  | Note. All Form 990 filers are required to complete Schedule O  | 38   | x x          |       |
|     | TOTAL TOTAL COST MOTO DIO TOQUILO CO COMPLETO COMO COSTO COS |      | 990 (        | 2010) |
|     |  |      | 1            | /     |

| Par | t 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             | 21                    |           | 163      | 140 |
|     |         | the number of Forms W-2G included in line 1a Enter -0- if not applicable   | 1b             |                       |           |          |     |
|     |         | e organization comply with backup withholding rules for reportable payments to vendors and re  |                | ble gaming            |           |          |     |
| ·   |         | oling) winnings to prize winners?  | -              | gg                    | 1c        |          |     |
| 2a  |         | the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                |                       |           |          |     |
|     |         | or the calendar year ending with or within the year covered by this return   | 2a             | 0                     |           |          |     |
|     |         | east one is reported on line 2a, did the organization file all required federal employment tax retui   | ns?            |                       | 2b        |          |     |
|     |         | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction  |                |                       |           |          |     |
| За  | Did th  | ne organization have unrelated business gross income of \$1,000 or more during the year?   | ·              |                       | 3a        |          | х   |
| b   | If "Ye: | s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |                |                       | 3b        |          |     |
| 4a  | At any  | y time during the calendar year, did the organization have an interest in, or a signature or other   | author         | ıty over, a           |           |          |     |
|     |         | cial account in a foreign country (such as a bank account, securities account, or other financial  |                |                       | 4a        |          | х   |
| b   | If "Ye  | s," enter the name of the foreign country.   |                |                       |           |          |     |
|     | See ır  | nstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial  | Accour         | nts                   |           |          |     |
| 5a  | Was t   | the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                |                       | 5a        |          | х   |
| b   | Did ar  | ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa  | ction?         |                       | 5b        |          | х   |
| C   | If "Ye  | s," to line 5a or 5b, did the organization file Form 8886-T?   |                |                       | 5c        |          |     |
| 6a  | Does    | the organization have annual gross receipts that are normally greater than \$100,000, and did the  | ne orga        | anızatıon solıcıt     |           |          |     |
|     | any c   | ontributions that were not tax deductible?   |                |                       | 6a        |          | X   |
| b   | If "Ye  | s," did the organization include with every solicitation an express statement that such contribut  | ions o         | r gifts               |           |          |     |
|     | were    | not tax deductible?  |                |                       | 6b        |          |     |
| 7   | _       | nizations that may receive deductible contributions under section 170(c).  |                |                       |           |          |     |
| а   |         | e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se   | rvices p       | rovided to the payor? | .7a       |          | х   |
|     |         | s," did the organization notify the donor of the value of the goods or services provided?  |                |                       | 7b        |          |     |
| С   |         | ne organization sell, exchange, or otherwise dispose of tangible personal property for which it w  | as req         | uired                 |           |          |     |
|     |         | Form 8282?   | l <b>_</b> . I |                       | 7c        |          | X   |
| d   |         | s," indicate the number of Forms 8282 filed during the year  | 7d             |                       | _         |          |     |
| e   |         | ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit o   |                | st?                   | _7e_      |          | X   |
| f   |         | ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti  |                | 100 oo roo wada       | 7f        | 37/3     | X   |
| g   |         | organization received a contribution of qualified intellectual property, did the organization file Forganization received a contribution of care bacts overlanes, or other unbidge, did the organization       |                |                       | _7g<br>7h | N/A      |     |
| h   |         | organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza-<br>soring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D |                |                       | 711       | N/A      |     |
| 8   | -       | ization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at   |                |                       | 8         |          | ų,  |
| 9   |         | soring organizations maintaining donor advised funds.  | any mi         | ic during the year.   | -         |          | X   |
|     | •       | ne organization make any taxable distributions under section 4966?   |                | N/A                   | 9a        |          |     |
| b   |         | ne organization make a distribution to a donor, donor advisor, or related person?  |                | n/a<br>n/a            | 9b        |          |     |
| 10  |         | on 501(c)(7) organizations. Enter  |                | ACA                   |           |          |     |
| a   |         | non fees and capital contributions included on Part VIII, line 12  | 10a            |                       |           |          |     |
| b   |         | s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b            |                       | 1         |          |     |
| 11  |         | on 501(c)(12) organizations. Enter   |                |                       | 1         |          |     |
| а   |         | s income from members or shareholders  | 11a            |                       |           |          |     |
| b   | Gross   | s income from other sources (Do not net amounts due or paid to other sources against   |                |                       | ]         |          |     |
|     |         | ints due or received from them)  | 11b            |                       |           |          |     |
| 12a | Secti   | ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041           | ?                     | 12a       |          |     |
| b   | If "Ye  | s," enter the amount of tax-exempt interest received or accrued during the year N/A  | 12b            |                       |           |          |     |
| 13  | Secti   | ion 501(c)(29) qualified nonprofit health insurance issuers.   |                |                       |           | <u> </u> |     |
| а   |         | organization licensed to issue qualified health plans in more than one state?  |                | N/A                   | 13a       |          |     |
|     | Note    | . See the instructions for additional information the organization must report on Schedule O   |                |                       |           |          |     |
| b   | Enter   | the amount of reserves the organization is required to maintain by the states in which the   |                |                       |           |          |     |
|     | orgar   | nization is licensed to issue qualified health plans   | 13b            |                       |           | ,        |     |
| C   | Enter   | the amount of reserves on hand   | 13c            |                       | <u> </u>  | ļ        |     |
| 14a |         | ne organization receive any payments for indoor tanning services during the tax year?  |                |                       | 14a       | ļ        | х   |
| h   | If "Vo  | se " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedul  | 0.0            |                       | 146       | I        | I   |

Form 990 (2010) Holland Christian Education Foundation 38-2885151 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х 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 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 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done 13 Х Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b Х 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 16a taxable entity during the year? 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI 17 Section 6104 requires an organization to make its Forms 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 x Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Corporate Office - (616) 820-2805

956 Ottawa Avenue Holland MI 49423

| _    | 7   |
|------|-----|
| Page | : / |

Form 990 (2010)

Holland Christian Education Foundation

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| x Check this box if neither the organization n |   |                                |                       |          |              |                              | 1        |  |  |  |
|--|---|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|--|--|
| (A)  | (B)   | (C)                            |                       |          | (D)          | (E)                          | (F)      |  |  |  |
| Name and Title                                 | Average   |                                |                       | Pos      |              |                              |          | Reportable                                     | Reportable                                       | Estimated  |
|  | hours per   | (c                             | (check all the        |          | that         | nat apply)                   |          | compensation                                   | compensation                                     | amount of  |
|  | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| 1 Stan Konynenbelt                             |   |                                |                       |          |              |                              |          |  |  |  |
| President                                      | 1.00  | х                              |                       | X_       |              |                              |          | 0.   | _0.  | 0.   |
| 2 Craig Spoelhof                               |   |                                |                       | 1        | ļ            |                              |          |  |  |  |
| Secretary                                      | 1.00  | х                              |                       | X        |              |                              |          | 0.   | _0,  | 0,   |
| 3 Mel Busscher                                 |   |                                |                       |          |              |                              |          |  |  |  |
| Vice President                                 | 1.00  | х                              |                       | x        |              |                              |          | 0.   | 0.   | 0,   |
| 4 Brian VandenBrink                            |   |                                |                       |          |              |                              |          |  |  |  |
| Treasurer                                      | 1.00  | х                              |                       | X_       | _            |                              |          | 0.   | 0,   | 0.   |
| 5 Dave Nienhuis                                |   |                                |                       |          |              |                              |          |  |  |  |
| Board Member                                   | 1.00  | х                              | L                     |          |              |                              |          | 0.   | 0.   | 0.   |
| 6 Jeff Potts                                   |   |                                |                       |          |              |                              |          |  |  |  |
| Board Member                                   | 1.00  | х                              |                       | <u> </u> | <u> </u>     |                              |          | 0.   | 0.   | 0.   |
| 7 Bill Sikkel                                  |   |                                |                       |          |              |                              |          |  |  |  |
| Board Member                                   | 1.00  | х                              |                       | <u> </u> | ļ            |                              |          | 0,   | 0,   | 0.   |
| 8 Lori Raterink                                |   |                                |                       |          | ļ            |                              |          |  |  |  |
| Board Member                                   | 1.00  | х                              |                       |          | <u> </u>     |                              |          | 0.   |  | 0,   |
| 9 Jim Wiersma                                  |   |                                |                       |          |              |                              |          |  |  |  |
| Board Member                                   | 1.00  | x                              |                       | <u> </u> | ļ            | <u> </u>                     | <u> </u> | 0.   | 0,   | 0.   |
| 10 Mary Beth Serdahely (Jan - June             |   |                                |                       |          |              |                              |          |  |  |  |
| 2011) Board Member                             | 1,00  | Х                              |                       |          |              | <del> </del>                 |          | 0.   | 0.   | 0.   |
|  |   |                                |                       |          |              |                              |          |  |  |  |
|  |   |                                |                       |          |              |                              |          | <u> </u>                                       | 1  |  |
|  |   |                                |                       |          |              |                              | _        |  |  |  |
|  |   |                                |                       |          |              |                              |          |  |  |  |
|  |   |                                |                       |          |              |                              |          |  |  |  |
|  |   |                                |                       |          |              |                              |          |  |  |  |

| Form 990 (2010) Holland Chris   |                        |                                |                       |            |              |                              |          |                                 | 38-28851                | 51_  |                       | Pa                      | age 8    |
|---|------------------------|--------------------------------|-----------------------|------------|--------------|------------------------------|----------|---------------------------------|-------------------------|------|-----------------------|-------------------------|----------|
| Part VII Section A. Officers, Directors, Tru  |                        | mplo                           | oyee                  |            |              | ligh                         | est      |                                 |                         |      |                       |                         |          |
| (A)   | (B)<br>Average         |                                |                       | (C<br>Posi |              | ,                            |          | (D)                             | (E)                     |      | E of                  | (F)                     |          |
| Name and title  | hours per              | (cl                            |                       | all        |              |                              | ly)      | Reportable compensation         | Reportable compensation |      | Estimate<br>amount of |                         |          |
|   | week                   | H                              |                       |            |              | Τ                            | <u> </u> | from                            | from related            | othe |                       |                         |          |
|   | (describe              | lirecto                        |                       |            |              | L                            |          | the                             | organizations           |      | compensation          |                         |          |
|   | hours for related      | 66 01 (                        | stee                  |            |              | nsate                        |          | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)         | · 1  |                       | from the<br>organizatio |          |
|   | organizations          | l trust                        | nal fro               |            | oyee         | edwo.                        |          | (***2/1099*****130)             |                         | - 1  | _                     | i relat                 |          |
|   | ın Schedule            | Individual trustee or director | Institutional trustee | Officer    | Key employee | Highest compensated employee | Former   |                                 |                         |      | organization          |                         |          |
|   | O)                     | Ĕ                              | Ĕ                     | ₹          | ş            | 포트                           | 요        |                                 |                         | _    |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
|   |                        |                                |                       |            |              | <del> </del>                 |          |                                 |                         |      |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         | 1    |                       |                         |          |
|   |                        |                                | _                     |            |              |                              |          |                                 |                         | -    |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         | _    | _                     |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
|   | -                      |                                |                       |            |              |                              |          |                                 |                         |      |                       | _                       |          |
| <del></del>   |                        | $\vdash$                       |                       |            |              |                              |          |                                 |                         | +    |                       |                         |          |
|   | 1                      | -                              |                       |            |              | <u> </u>                     |          |                                 |                         | _    |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
| 1b Sub-total  | <u> </u>               |                                |                       | <u> </u>   | ٠            | <b>&gt;</b>                  |          | 0,                              |                         | 0.   |                       |                         | 0,       |
| c Total from continuation sheets to Part V  | II, Section A          |                                |                       |            |              |                              |          | 0.                              |                         | 0.   |                       |                         | 0,       |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but r             | not limited to th      | 2006                           | lieta                 | ed al      | hov          | e) w                         | ho r     | eceived more than \$100         | 000 in reportable       | 0.   |                       |                         | 0.       |
| compensation from the organization  |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       | <del></del>             | . (      |
| 3 Did the organization list any former officer  | director or tru        | ıstee                          | e. ke                 | v en       | olan         | vee.                         | or I     | nighest compensated e           | mplovee on              | Г    |                       | Yes                     | No       |
| line 1a? If "Yes," complete Schedule J for s  |                        |                                | .,                    | ,          |              | , ,                          | •        | g                               | ,                       |      | 3                     |                         | х        |
| 4 For any individual listed on line 1a, is the si   |                        |                                |                       |            |              |                              |          |                                 | the organization        |      |                       |                         |          |
| and related organizations greater than \$15   |                        |                                |                       |            |              |                              |          |                                 |                         | -    | 4                     |                         | <u>X</u> |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | -                      |                                |                       |            | _            | -                            | relat    | ted organization or indiv       | idual for services      |      | 5                     |                         | v        |
| Section B. Independent Contractors  | ipiete S <u>çriedu</u> | i <del>e</del> J               | 101 5                 | ucn        | per          | 5011                         |          |                                 |                         |      | 3                     |                         | <u> </u> |
| Complete this table for your five highest co  | mpensated in           | dep                            | ende                  | ent c      | ont          | ract                         | ors      | that received more than         | \$100,000 of comp       | ensa | ation f               | rom                     |          |
| the organization NONE   |                        |                                |                       |            |              |                              | _        |                                 |                         |      |                       |                         |          |
| (A)<br>Name and business  | address                |                                |                       |            |              |                              |          | (B) Description of              | services                | C    | (C<br>ompe            |                         | n        |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
|   | <del></del> -          |                                |                       |            |              |                              |          |                                 |                         |      |                       | <u>-</u> .              |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
|   |                        |                                |                       |            |              |                              |          |                                 |                         |      |                       |                         |          |
| 2 Total number of independent contractors   | including but i        | not l                          | ımıte                 | ed to      | the          | ose l                        | ste      | d above) who received i         | more than               |      |                       |                         |          |
| \$100,000 in compensation from the organ  |                        |                                |                       |            |              | 0                            |          |                                 |                         |      | Form                  |                         |          |

| Contributions, gifts, grants and other similar amounts |      |  |                   |                | Total revenue | Related or<br>exempt function<br>revenue | Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|------|--|-------------------|----------------|---------------|--|----------------------------------|---|
| Contributions, gifts, gran                             | 1 a  | Federated campaigns                                  | 1a                |                |               |  |                                  |   |
| Contributions, gifts, g<br>and other similar amo       |      | Membership dues                                      | 1b                |                |               |  | ,                                |   |
| Contributions, gift<br>and other similar               | С    | Fundraising events                                   | 1c                |                |               |  |                                  |   |
| Contributions, and other simil                         | d    | 51.1   | 1d                |                |               |  |                                  |   |
| Contribution<br>and other s                            | е    | Government grants (contribut                         | ions) 1e          |                |               |  |                                  |   |
| Contribu<br>and othe                                   | f    | All other contributions, gifts, gran                 | ts, and           |                |               |  |                                  |   |
| Contra   |      | similar amounts not included above                   | ve <b>1f</b>      | 264,362.       |               |  |                                  |   |
| <u>ة ن</u>   | g    | Noncash contributions included in lines              | 1a-1f \$          | 508.           |               |  |                                  |   |
|  | h    | Total. Add lines 1a-1f                               |                   |                | 264,362.      |  |                                  |   |
|  |      |  |                   | Business Code  |               |  |                                  |   |
| 9  | 2 a  |  |                   |                |               |  |                                  |   |
| ie Z   | b    |  | <u>.</u>          | -              |               |  |                                  |   |
| n S  | C    |  |                   |                | -             | <del></del>                              |                                  |   |
| ev<br>Sev  | d    |  |                   |                |               |  |                                  |   |
| Program Service<br>Revenue                             | е    |  |                   |                |               |  |                                  |   |
| <u>-</u>   |      | All other program service reve                       | enue              |                |               |  |                                  |   |
| $\rightarrow$  |      | Total. Add lines 2a-2f                               |                   |                |               |  |                                  |   |
|  | 3    | Investment income (including                         | dividends, intere |                |               | i  |                                  | 100 010   |
|  |      | other similar amounts)                               |                   |                | 180,040.      | · · · · · · · · · · · · · · · · · · ·    |                                  | 180,040,  |
| - 1  | 4    | Income from investment of tax                        | x-exempt bond p   | proceeds       |               |  |                                  |   |
|  | 5    | Royalties  | () 5 1            | ( ) Danie anal |               |  |                                  |   |
|  | _    | O B1-  | (i) Real          | (II) Personal  |               |  |                                  |   |
|  | 6 a  | Gross Rents  |                   | +              |               |  |                                  |   |
|  | b    | '  |                   |                |               |  |                                  |   |
|  | C    | Rental income or (loss)  Net rental income or (loss) |                   |                |               |  |                                  |   |
|  |      | Gross amount from sales of                           | (i) Securities    | (II) Other     |               |  |                                  |   |
|  | / a  | assets other than inventory                          | 262,744           | 1 1            |               |  |                                  |   |
|  | h    | Less cost or other basis                             | 202,744.          | -              |               |  |                                  |   |
|  | U    | and sales expenses                                   | 148,317           |                |               |  |                                  |   |
|  | _    | Gain or (loss)                                       | 114,427           | <u>'</u>       |               |  |                                  |   |
|  |      | Net gain or (loss)                                   | 111,107           | <u> </u>       | 114,427.      |  |                                  | 114,427.  |
|  |      | Gross income from fundraisin                         | a events (not     |                |               |  |                                  |   |
| <u> </u>   | -    | including \$   |                   | 1              |               |  |                                  |   |
| eve  |      | contributions reported on line                       |                   |                |               |  |                                  |   |
| Other Revenue  |      | Part IV, line 18                                     | a                 |                |               |  |                                  |   |
| ફ  | b    | Less direct expenses                                 | b                 | ,              |               |  |                                  |   |
| 0  | С    | Net income or (loss) from fund                       | draising events   |                |               |  |                                  |   |
|  | 9 a  | Gross income from gaming ac                          | ctivities See     |                |               |  |                                  |   |
|  |      | Part IV, line 19                                     | а                 |                |               |  |                                  |   |
|  | b    | Less direct expenses                                 | b                 |                |               |  |                                  |   |
|  | C    | Net income or (loss) from gan                        | ning activities   |                |               |  |                                  |   |
| 1  | 10 a | Gross sales of inventory, less                       | returns           | ļ              |               |  |                                  |   |
|  |      | and allowances                                       | а                 | ·              |               |  |                                  |   |
|  | b    | Less: cost of goods sold                             | b                 | · [            |               |  |                                  |   |
| L  | С    | Net income or (loss) from sale                       | es of inventory   | <u> </u>       |               |  |                                  |   |
| L  |      | Miscellaneous Revenu                                 | ıe                | Business Code  |               |  |                                  |   |
|  | 11 a |  |                   |                |               |  |                                  |   |
|  | b    | ·  |                   |                |               |  |                                  |   |
|  | c    |  |                   |                |               |  |                                  |   |
|  | C    |  |                   |                |               |  |                                  |   |
|  | е    | Total. Add lines 11a-11d                             |                   |                |               | _  |                                  |   |
| 032009   | 12   | Total revenue See instructions.                      |                   |                | 558,829.      | 0.                                       | 0.                               | 294,467,<br>Form <b>990</b> (2010)                            |

## Form 990 (2010) Holland Christian Education Foundation Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns ations must complete column (A) but are not required to complete column

|           | ` All other organizations must comp  | olete column (A) but are |                              |                                     |                                       |
|-----------|--|--------------------------|------------------------------|-------------------------------------|---------------------------------------|
|           | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses    | (B) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1         | Grants and other assistance to governments and   |                          |                              |                                     |                                       |
|           | organizations in the U.S. See Part IV, line 21   | 364,644.                 | 364,644.                     |                                     | <u> </u>                              |
| 2         | Grants and other assistance to individuals in  |                          |                              |                                     |                                       |
|           | the U.S. See Part IV, line 22  |                          |                              |                                     |                                       |
| 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  |                          | J                            |                                     |                                       |
| 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   | 30,000.                  |                              |                                     | 30,000.                               |
| 8         | Pension plan contributions (include section 401(k)   |                          |                              |                                     |                                       |
|           | and section 403(b) employer contributions)   |                          |                              |                                     |                                       |
| 9         | Other employee benefits  |                          |                              |                                     |                                       |
| 10        | Payroll taxes  |                          |                              |                                     |                                       |
| 11        | Fees for services (non-employees)  |                          |                              |                                     |                                       |
| а         | Management   |                          |                              |                                     |                                       |
| b         | Legal  |                          |                              |                                     |                                       |
| С         | Accounting   | 2,860,                   |                              | 2,860,                              |                                       |
| d         | Lobbying   |                          |                              |                                     |                                       |
| e         | Professional fundraising services. See Part IV, line 17  |                          |                              |                                     |                                       |
| f         | Investment management fees   | 20,744.                  |                              | 20,744.                             |                                       |
| g         | Other  |                          | ,                            |                                     |                                       |
| 12        | Advertising and promotion  |                          |                              |                                     |                                       |
| 13        | Office expenses  | 1,099.                   |                              | 1,099.                              |                                       |
| 14        | Information technology   |                          |                              |                                     |                                       |
| 15        | Royalties  |                          |                              |                                     |                                       |
| 16        | Occupancy  |                          |                              |                                     |                                       |
| 17        | Travel   |                          |                              |                                     |                                       |
| 18        | Payments of travel or entertainment expenses   |                          |                              |                                     |                                       |
|           | for any federal, state, or local public officials  |                          |                              |                                     |                                       |
| 19        | Conferences, conventions, and meetings   | 409.                     |                              | 409.                                |                                       |
| 20        | Interest   |                          | _                            |                                     |                                       |
| 21        | Payments to affiliates   |                          |                              |                                     |                                       |
| 22        | Depreciation, depletion, and amortization  |                          |                              |                                     |                                       |
| 23        | Insurance  | 3,301.                   |                              | 3,301,                              |                                       |
| 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 0.) |                          |                              |                                     |                                       |
| 2         | Annuities Paid   | 26,877.                  | · <del>-</del>               | 26.877.                             |                                       |
|           |  | 14,418.                  |                              | 20,011                              | 14,418,                               |
| C         | Member Dues & Subs.  | 5,977.                   |                              |                                     | 5,977                                 |
| d         |  | 800.                     |                              | 800                                 |                                       |
| e         |  |                          | _·                           |                                     |                                       |
| f         | All other expenses   |                          |                              | ~ =                                 |                                       |
| 25        | Total functional expenses. Add lines 1 through 24f   | 471,129.                 | 364,644,                     | 56,090.                             | 50,395                                |
| <u>25</u> | Joint costs. Check here I if following SOP   |                          | 504,044,                     | , 50,050                            | 30,323                                |
| 20        | 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                               |                          |                              |                                     |                                       |
|           |  |                          |                              |                                     |                                       |

Part X | Balance Sheet (A) Beginning of year (B) End of year 1 1 Cash - non-interest-bearing Savings and temporary cash investments 5,555 2 61,532. 2 Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 6,038,375 Investments - publicly traded securities 11 7.044.440. 12 Investments - other securities See Part IV, line 11 1,448,619 12 1,530,691. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 78,214 15 15 84,528. 16 Total assets. Add lines 1 through 15 (must equal line 34) 7 570 763 16 8,721,191, 17 Accounts payable and accrued expenses 144,557 17 134,805. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities. Complete Part X of Schedule D 20,000 25 20,000. 26 Total liabilities. Add lines 17 through 25 164.557 26 154,805, Organizations that follow SFAS 117, check here 

x and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets <353.134 Temporarily restricted net assets 127,448 680 266. 28 7,631,892 7,886,120, Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 8 566 386. 33 Total net assets or fund balances 7,406,206, 34 Total liabilities and net assets/fund balances 7,570,763 8,721,191,

Form 990 (2010)

| Form | 990 (2010) Holland Christian Education Foundation  | <u> 38-2885151</u> | _    | Pa          | ge <b>12</b> |
|------|--|--------------------|------|-------------|--------------|
| Pa   | rt XI Reconciliation of Net Assets   |                    |      |             |              |
|      | Check if Schedule O contains a response to any question in this Part XI  |                    |      |             | x            |
|      |  |                    |      |             |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1                  |      | 558         | <u>829</u> . |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2                  |      | 471         | 129,         |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3                  |      | 87          | 700.         |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4                  | 7    | 406         | 206.         |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)   | 5                  | 1    | 072         | 480,         |
| 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                  | 8    | <u>,566</u> | <u> 386.</u> |
| Pa   | rt XII Financial Statements and Reporting  |                    |      |             |              |
|      | Check if Schedule O contains a response to any question in this Part XII   |                    |      |             | لعا          |
|      |  |                    |      | Yes         | No           |
| 1    | Accounting method used to prepare the Form 990 Cash _x_ Accrual Other  |                    |      |             |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | 0                  |      |             |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |                    | 2a   | X           | <u> </u>     |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |                    | 2b   |             | х_           |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt,           |      |             |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |                    | 2c   | Х           |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O            |      |             |              |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue  | d on a             |      |             |              |
|      | separate basis, consolidated basis, or both  |                    |      |             |              |
|      | Separate basis Consolidated basis x Both consolidated and separate basis   |                    |      |             |              |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audıt         |      |             |              |
|      | Act and OMB Circular A-133?  |                    | 3a   |             | x            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit         |      |             |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                          |                    | 3b   |             | <u> </u>     |
|      |  |                    | Form | 990 (       | (2010)       |

#### SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury

4947(a)(1) nonexempt charitable trust.

Holland Christian Education Foundation

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

38-2885151

Name of the organization

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

**Public Charity Status and Public Support** 

Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I 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). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety See section 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 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 II c Type III · Functionally integrated a x Type I 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 f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of 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). (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization n col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes 38-1416520 364,644. HCES

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

Schedule A (Form 990 or 990-EZ) 2010

364,644

column (f)

Public support. Subtract line 5 from line 4

organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,

| Section B. Total Support                    |                      |                 |          |          |          |           |
|---|----------------------|-----------------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006             | <b>(b)</b> 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 Amounts from line 4                       |                      |                 |          |          |          |           |
| 8 Gross income from interest,               |                      |                 |          |          |          |           |
| dividends, payments received on             |                      |                 |          |          |          |           |
| securities loans, rents, royalties          |                      |                 |          |          |          |           |
| and income from similar sources             |                      |                 |          |          |          |           |
| 9 Net income from unrelated business        |                      |                 |          |          |          |           |
| activities, whether or not the              |                      |                 |          |          |          |           |
| business is regularly carried on            |                      |                 |          |          |          |           |
| 10 Other income Do not include gain         |                      |                 |          |          |          |           |
| or loss from the sale of capital            |                      |                 |          |          |          |           |
| assets (Explain in Part IV)                 |                      |                 |          |          |          |           |
| 11 Total support. Add lines 7 through 10    |                      |                 |          | <u> </u> |          |           |
| 12 Gross receipts from related activities   | , etc (see instructi | ons)            |          |          | 12       |           |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

| 14 Public support percentage for 2010 (line 6, column (f) divided by line 1   | , column (f))   | 14 %                    |
|---|---|-------------------------|
| 15 Public support percentage from 2009 Schedule A, Part II, line 14   |   | 15                      |
| 16a 33 1/3% support test - 2010. If the organization did not check the box  | on line 13, and line 14 is 33 1/3% or mo  | re, check this box and  |
| stop here. The organization qualifies as a publicly supported organization  | ion   | ▶□                      |
| b 33 1/3% support test - 2009. If the organization did not check a box o<br>and stop here. The organization qualifies as a publicly supported organization.   |   | or more, check this box |
| 17a 10% -facts-and-circumstances test - 2010. If the organization did not and if the organization meets the "facts-and-circumstances" test, chec meets the "facts-and-circumstances" test. The organization qualifies as    | k this box and <b>stop here.</b> Explain in Part  |                         |
| b 10% -facts-and-circumstances test - 2009. If the organization did no<br>more, and if the organization meets the "facts-and-circumstances" test<br>organization meets the "facts-and-circumstances" test. The organization | t check a box on line 13, 16a, 16b, or 17<br>, check this box and <b>stop here.</b> Explain i | n Part IV how the       |
| 18 Private foundation. If the organization did not check a box on line 13,  | 16a, 16b, 17a, or 17b, check this box an  | d see instructions      |

### Schedule A (Form 990 or 990-EZ) 2010 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)

| Sec        | ction A. Public Support  | , ,                  |                      |                        |                     |                      |                        |
|------------|--|----------------------|----------------------|------------------------|---------------------|----------------------|------------------------|
| Cale       | ndar year (or fiscal year beginning in)  | (a) 2006             | <b>(b)</b> 2007      | (c) 2008               | (d) 2009            | (e) 2010             | (f) Total              |
| 1          | Gifts, grants, contributions, and membership fees received (Do not   | -                    |                      |                        |                     |                      |                        |
|            | include any "unusual grants.")   | ļ                    |                      |                        |                     |                      |                        |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                      |                      |                        |                     |                      |                        |
| 3          | Gross receipts from activities that are not an unrelated trade or business under section 513   |                      |                      |                        |                     |                      |                        |
| 4          | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                      |                      |                        |                     |                      |                        |
| 5          | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |                      |                        |                     |                      |                        |
| 6          | Total. Add lines 1 through 5   | ļ                    |                      |                        |                     |                      |                        |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                      |                      |                        |                     |                      |                        |
| t          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                      |                      |                        |                     |                      |                        |
| (          | Add lines 7a and 7b  |                      |                      |                        |                     |                      |                        |
|            | Public support (Subtract line 7c from line 6) ction B. Total Support   |                      |                      | <u> </u>               |                     |                      |                        |
| Cale       | ndar year (or fiscal year beginning in) 🕨  | (a) 2006             | <b>(b)</b> 2007      | (c) 2008               | (d) 2009            | (e) 2010             | (f) Total              |
| -          | Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                     |                      |                      |                        |                     |                      |                        |
| t          | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  |                      |                      |                        |                     |                      |                        |
|            | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                      |                      |                        |                     |                      |                        |
| 12         | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |                      |                      |                        |                     |                      |                        |
|            | Total support (Add lines 9, 10c, 11, and 12)   |                      |                      | <u> </u>               | <u></u>             | 1                    |                        |
| 14         | First five years. If the Form 990 is fo  | r the organization's | s first, second, thi | rd, fourth, or fifth t | tax year as a secti | on 501(c)(3) organiz | zation,                |
| <u></u>    | check this box and stop here   | io Current De        | roontogs             | <u></u>                |                     | <u> </u>             |                        |
|            | ction C. Computation of Publ   |                      |                      | 1 (0)                  |                     | 1.5                  |                        |
|            | ,, , -   | • • •                | - ·                  | column (t))            |                     | 15                   | %                      |
| 16         | Public support percentage from 2009 ction D. Computation of Inve   |                      |                      |                        |                     | 16                   | %                      |
|            |  |                      |                      |                        |                     | 17                   | 0/                     |
|            | Investment income percentage for 20  |                      |                      | ne 13, column (t))     |                     | 17                   | <u>%</u>               |
| 18         | ·  |                      |                      | on line 14 and lin     | ie 15 ie more thee  | 33 1/3% and line :   | 17 is not              |
| 19         | a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box a   | -                    |                      |                        |                     |                      | . 7 is 110t <b>▶</b> □ |
| ı          | b 33 1/3% support tests - 2009. If the   | e organization did r | not check a box o    | n line 14 or line 19   | a, and line 16 is m | nore than 33 1/3%,   |                        |
|            | line 18 is not more than 33 1/3%, che  |                      | -                    |                        |                     |                      | <b>P</b>               |
| 20         | Private foundation. If the organization  | on did not check a   | box on line 14, 19   | 3a, or 19b, check t    | this box and see ir | nstructions          | ►L                     |

#### **SCHEDULE D**

(Form 990).

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

**Employer identification number** Name of the organization 38-2885151 Holland Christian Education Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

|        |   | <u>ristian Educatio</u>  |                         |                        |             | 38-288515       |                     | Page <b>2</b>         |
|--------|---|--------------------------|-------------------------|------------------------|-------------|-----------------|---------------------|-----------------------|
| Par    | t III Organizations Maintaining C                 | ollections of Ar         | t, Historical Tr        | easures, or Oth        | er Simil    | ar Assets       | S (contini          | ued)                  |
| 3      | Using the organization's acquisition, accessi     | on, and other record     | s, check any of the     | following that are a   | significant | use of its co   | ollection i         | items                 |
|        | (chèck all that apply)                            |                          |                         |                        |             |                 |                     |                       |
| а      | Public exhibition                                 | d                        | Loan or exc             | change programs        |             |                 |                     |                       |
| b      | Scholarly research                                | е                        | Other                   |                        |             |                 |                     |                       |
| С      | Preservation for future generations               |                          |                         |                        |             |                 |                     |                       |
| 4      | Provide a description of the organization's co    | ollections and explain   | n how they further t    | he organization's ex   | empt purp   | ose in Part ?   | XIV.                |                       |
| 5      | During the year, did the organization solicit o   | r receive donations of   | of art, historical trea | sures, or other simil  | ar assets   |                 |                     |                       |
|        | to be sold to raise funds rather than to be ma    | aintained as part of the | he organization's c     | ollection?             |             |                 | Yes                 | ☐ No                  |
| Par    | t IV Escrow and Custodial Arran                   | gements. Comple          | ete if the organization | on answered "Yes" to   | o Form 990  | ), Part IV, lin | ne 9, or            |                       |
|        | reported an amount on Form 990, Par               |                          |                         |                        |             |                 |                     |                       |
| 1a     | Is the organization an agent, trustee, custodi    | an or other intermed     | ary for contribution    | ns or other assets no  | t included  |                 |                     |                       |
|        | on Form 990, Part X?                              |                          | •                       |                        |             |                 | Yes                 | ☐ No                  |
| b      | If "Yes," explain the arrangement in Part XIV     | and complete the fol     | llowing table           |                        |             |                 |                     |                       |
|        | . ,   | •                        | 3                       |                        |             |                 | Amount              |                       |
| С      | Beginning balance                                 |                          |                         |                        | 1c          |                 |                     |                       |
| d      | Additions during the year                         |                          |                         |                        | 1d          |                 |                     |                       |
| e      | Distributions during the year                     |                          |                         |                        | 1e          |                 |                     |                       |
| f      | Ending balance                                    |                          |                         |                        | 1f          |                 |                     |                       |
| 2a     | Did the organization include an amount on Fe      | orm 990. Part X. line    | 21?                     |                        | L           |                 | Yes                 | No                    |
|        | If "Yes," explain the arrangement in Part XIV     |                          |                         |                        |             |                 |                     |                       |
| Par    |   | f the organization an    | swered "Yes" to Fo      | orm 990, Part IV, line | 10          |                 |                     |                       |
|        |   | (a) Current year         | (b) Prior year          | (c) Two years back     | 1           | vears back      | (e) Four v          | ears back             |
| 1a     | Beginning of year balance                         | 7,406,205.               | 6.925.495               | 7,849,579              | (4) //55    | 700.0 000.      | <u>(C)</u> . ca. j. | <del>Julio Duok</del> |
| b      | Contributions                                     | 280,429.                 | 431,477                 | 1                      |             |                 |                     |                       |
| c      | Net investment earnings, gains, and losses        | 1,350,881,               | 555,889                 | <706,492               |             |                 |                     |                       |
| d      | Grants or scholarships                            | 1,330,001.               | 332,002                 |                        |             |                 |                     |                       |
| e      | Other expenditures for facilities                 |                          |                         |                        |             |                 |                     |                       |
| Ŭ      | and programs                                      | 385,388,                 | 390,746                 | 349,970.               |             |                 |                     |                       |
| f      | Administrative expenses                           | 85,741.                  | 115.910                 |                        |             |                 |                     |                       |
| g      | End of year balance                               | 8,566,386.               | 7,406,205               | <del></del>            |             |                 |                     |                       |
| 2      | Provide the estimated percentage of the year      |                          | •                       | 0,923,493,             |             |                 |                     |                       |
| a      | Board designated or quasi-endowment               | r cha balance nela a     | %                       |                        |             |                 |                     |                       |
| b      | Permanent endowment 92.06                         | %                        | _′°                     |                        |             |                 |                     |                       |
| C      | <del></del>                                       | ^%<br>%                  |                         |                        |             |                 |                     |                       |
| _      | Are there endowment funds not in the posse        |                          | ation that are held a   | and administered for   | the organi  | zation          |                     |                       |
| ou     | by  | ocion or the organiza    |                         | and damminstored for   | uic organi  | Lation          | [v                  | es No                 |
|        | (i) unrelated organizations                       |                          |                         |                        |             |                 | 3a(i)               | X X                   |
|        | (ii) related organizations                        |                          |                         |                        |             |                 | 3a(ii)              |                       |
| b      | If "Yes" to 3a(ii), are the related organizations | s listed as required o   | n Schedule R?           |                        |             |                 | 3b                  | <u> </u>              |
| 4      | Describe in Part XIV the intended uses of the     | •                        |                         |                        |             |                 | 2D I                |                       |
|        | t VI Land, Buildings, and Equipm                  |                          |                         |                        |             | F * * * *       |                     |                       |
|        | Description of investment                         | (a) Cost or of           | <del></del>             | t or other (c)         | Accumulate  | ed /            | d) Book v           | value                 |
|        | 2000 paon of invocation                           | basis (investm           | ', '                    |                        | epreciation |                 | uj Dook V           | , aluc                |
| 12     | Land  |                          |                         |                        | ,           |                 |                     |                       |
| b      | Buildings   |                          |                         |                        |             |                 |                     |                       |
|        | Leasehold improvements                            |                          |                         |                        |             | _               |                     |                       |
| c<br>d | _   |                          |                         |                        |             | _               |                     |                       |
|        | Other   |                          |                         |                        |             | _               |                     |                       |
|        | I. Add lines 1a through 1e (Column (d) must e     | oual Form 000 Port       | Y column (P) line       | 10(c) )                |             |                 |                     |                       |
| 1018   | i. Add mies Ta tillough Te (Column (d) must e     | quai ruiii 990, ran .    | A, COIGITITI (D), TIME  | 10(0) /                |             |                 |                     | 0.                    |

| chedule D (Form 990) 2010 Holland Christ.  Part VII Investments - Other Securities.                    | ian Education Foundati        | on          | 38-                                      | 2885151                               | Page |
|--|-------------------------------|-------------|--|---------------------------------------|------|
| <del></del>  | See Form 990, Part X, line 12 | <u>'</u>    | (-) Mathad of value                      |                                       | _    |
| <ul><li>(a) Description of security or category</li><li>(including name of security)</li></ul>         | (b) Book value                | Со          | (c) Method of value st or end-of-year ma |                                       |      |
| Financial derivatives  |                               |             | ·  |                                       |      |
| Closely-held equity interests  |                               |             |  |                                       |      |
| Other  |                               |             |  |                                       |      |
| (A) Hedge funds  | 1,530,691.                    | End-of-Year | Market Value                             |                                       |      |
| (B)  |                               |             |  |                                       |      |
| (C)  |                               |             |  | - /-                                  |      |
| (D)  |                               |             |  |                                       |      |
| (E) (C)  |                               |             |  |                                       |      |
| (F)<br>(G)   |                               |             |  |                                       |      |
| (H)  | -                             |             |  |                                       |      |
| (1)  |                               |             | ····                                     |                                       |      |
| al. (Col (b) must equal Form 990, Part X, col (B) line 12.)  | 1,530,691,                    |             |  |                                       |      |
| art VIII Investments - Program Related.  |                               | 3           |  |                                       |      |
| (a) Description of investment type   | (b) Book value                | Со          | (c) Method of value st or end-of-year ma |                                       | -    |
| (1)  |                               |             |  |                                       |      |
| (2)  |                               |             |  |                                       | ·    |
| (3)  |                               |             | _  |                                       |      |
| (4)  |                               |             |  |                                       |      |
| (5)  |                               |             |  |                                       |      |
| (6)<br>(7)   |                               |             |  |                                       |      |
| (8)  |                               |             |  |                                       |      |
| (9)  |                               |             |  |                                       |      |
| (10)   |                               |             |  |                                       |      |
| al. (Col (b) must equal Form 990, Part X, col (B) line 13.)  |                               |             |  |                                       |      |
| art IX Other Assets. See Form 990, Part X, I   |                               |             |  |                                       |      |
|  | (a) Description               |             |  | (b) Book va                           | alue |
| (1)  |                               |             | •  |                                       |      |
| (2)  |                               | <del></del> |  | · · · · · · · · · · · · · · · · · · · |      |
| (4)  | •                             |             |  |                                       |      |
| (5)  | ·                             |             |  |                                       |      |
| (6)  |                               |             |  |                                       |      |
| (7)  |                               |             |  |                                       |      |
| (8)  |                               |             |  |                                       |      |
| (9)  |                               |             |  |                                       |      |
| (10)   |                               |             |  |                                       |      |
| htal. (Column (b) must equal Form 990, Part X, col (B)<br>Part X Other Liabilities. See Form 990, Part |                               | <del></del> | <u>&gt;</u>                              | <u> </u>                              |      |
| art X Other Liabilities. See Form 990, Part  (a) Description of liability                              | X, line 25                    | (b) Amount  | I  |                                       |      |
| (1) Federal income taxes   |                               | (b) Amount  | -  |                                       |      |
| (2) Revocable Gift Agreements  |                               | 20,000.     | -  |                                       |      |
| (3)  |                               | 20,000.     | 1  |                                       |      |
| (4)  |                               |             | 1  |                                       |      |
| (5)  |                               |             | ]  |                                       |      |
| (6)  |                               |             | ]  |                                       |      |
| (7)  |                               |             | 1  |                                       |      |
| (8)  |                               |             |  |                                       |      |
| (9)  |                               |             | 4  |                                       |      |
| (10)   |                               |             | 1  |                                       |      |

(11)

|      | dule D (Form 990) 2010 Holland Christian Education Foundation   |                   |               | 38-2885151      | Page 4          |
|------|---|-------------------|---------------|-----------------|-----------------|
| Par  | t XI Reconciliation of Change in Net Assets from Form 990 to  | Audited Finan     | cial Stat     | ements          |                 |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)  |                   | 1             |                 | <u>558,829.</u> |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)   |                   | 2             |                 | 471,129.        |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1  |                   | 3             |                 | 87,700.         |
| 4    | Net unrealized gains (losses) on investments  |                   | 4             |                 | 1,056,414.      |
| 5    | Donated services and use of facilities  |                   | 5             |                 |                 |
| 6    | Investment expenses   |                   | 6             |                 |                 |
| 7    | Prior period adjustments  |                   | 7             |                 |                 |
| 8    | Other (Describe in Part XIV)  |                   | 8             |                 | 16,066.         |
| 9    | Total adjustments (net) Add lines 4 through 8   |                   | 9             |                 | 1,072,480.      |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and  |                   | 10            | Poturn          | 1,160,180.      |
| Par  | t XII   Reconciliation of Revenue per Audited Financial Statemen  | its with neve     | nue per i     |                 |                 |
| 1    | Total revenue, gains, and other support per audited financial statements  |                   |               | 1               | 1,631,310.      |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12  | 1 - 1             |               |                 |                 |
| а    | Net unrealized gains on investments   |                   | L,056,414     | 4               |                 |
| þ    | Donated services and use of facilities  | 2b                |               | -               |                 |
| С    | Recoveries of prior year grants   | 2c                |               | -               |                 |
| d    | Other (Describe in Part XIV)  | 2d                | 16,067        | T _ I           |                 |
| е    | Add lines 2a through 2d   |                   |               | 2e              | 1,072,481,      |
| 3    | Subtract line 2e from line 1  |                   |               | 3               | 558,829.        |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1.  | 1.1               |               |                 |                 |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                |               | -               |                 |
| b    | Other (Describe in Part XIV.)   | 4b                |               |                 |                 |
| С    | Add lines 4a and 4b   |                   |               | 4c              | 0,              |
| 5    | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XIII Reconciliation of Expenses per Audited Financial Statemen | nto With Evn      | 2000 00       | 5 Poturn        | 558 829.        |
|      | · · · · · · · · · · · · · · · · · · ·   | ilis with Expe    | silaca pe     |                 |                 |
| 1    | Total expenses and losses per audited financial statements  |                   |               | 1               | 471,129.        |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25  | 0-                |               |                 |                 |
| a    | Donated services and use of facilities  | 2a                |               | -               |                 |
| b    | Prior year adjustments  | 2b                |               | ┪ ┃             |                 |
| C    | Other losses  | 2c                |               | -               |                 |
| d    | Other (Describe in Part XIV)  | _2d               |               | <b>-</b>   _    | •               |
| е    | Add lines 2a through 2d   |                   |               | 2e              | 0.              |
| 3    | Subtract line 2e from line 1  |                   |               | 3               | 471,129.        |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1   | 1 4-1             |               |                 |                 |
| a    | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                |               | -               |                 |
|      | Other (Describe in Part XIV)  | 4b                |               | ┥╻.             | •               |
| _    | Add lines 4a and 4b   |                   |               | 4c   5          | 0.              |
| Pa   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  T XIV Supplemental Information                                  |                   |               | 1 3 ]           | 471,129.        |
|      | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III   | lines 1a and 4. P | art IV. lines | 1b and 2b. Part | V, line 4, Part |
|      | e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp  |                   |               |                 |                 |
| • •  | V, line 4: The organization's policy is to use investment inco  | •                 |               |                 |                 |
| 141  | 7, 1110 1, 110 014011110 1 501111 1 1 1 1 1 1 1 1 1 1 1 1   |                   |               |                 |                 |
| to j | provide grants to the School and to pay its management and gener  | al, and           |               |                 |                 |
|      |   |                   |               |                 |                 |
| func | draising expenses.  |                   | <u> </u>      |                 |                 |
|      |   |                   |               |                 |                 |
|      |   | 4                 |               | <u>-</u> .      | <u> </u>        |
| Par  | XI, Line 8 - Other Adjustments:   | <u> </u>          |               |                 |                 |
| Cha  | nge in cash surrender value of life insurance   |                   |               |                 |                 |
| Cha  | nge in value of annuities   |                   |               |                 |                 |
| -    |   |                   |               |                 |                 |

| Schedule D (Form 990) 2010 Holland Christian Education | Foundation | 38-2885151             | Page 5 |
|--|------------|------------------------|--------|
| Part XIV Supplemental Information (continued)          | <u>.</u>   |                        |        |
| Part XII, Line 2d - Other Adjustments:                 |            |                        |        |
| rait All, blue 2d - Other Adjustments:                 |            |                        |        |
| Change in cash surrender value of life insurance       | 6,315,     |                        |        |
| Change to pulse of annutation                          | 0.750      |                        |        |
| Change in value of annuities                           | 9,752.     |                        |        |
| Total to Schedule D, Part XII, Line 2d                 | 16,067.    |                        |        |
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**2** financial support for the **Employer identification number** education of students in Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant 38-2885151 or assistance X Yes 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 rades K-12, recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government or government or government or government or government or government or growth or Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 364 644 Holland Christian Education Foundation 38-1416520 501(c)3 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Holland Christian Education Society - 956 Ottawa Ave -Name of the organization Holland MI 49423 Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part Part II

| Enter total number of section 501(c)(3) and government organizations | Enter total number of other organizations |
|--|---|
| N  | 6   |

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

HA

| Schedule (Form 990) (2010) Holland Christian Education Foundation   | ation Foundat            | ion                      |                                       |   | 38-2885151 Page 2                      |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| r Assist  | ited States. Com         | plete if the organiza    | ation answered "Yes                   | to Form 990, Part IV, line 22.                        | ,                                      |
| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the informatio        | n required in Part I,    | line 2, and any other                 | additional information.                               |  |
| . n   | rsed to Holla            | Holland Christian        |                                       |   |  |
| ociety b  | r institution            | al financial             |                                       |   |  |
| aid,  |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
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|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
| 032102 01-13-11   |                          |                          |                                       |   | Schedule I (Form 990) (2010)           |

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

**Employer identification number** Name of the organization 38-2885151 Holland Christian Education Foundation Form 990, Part VI, Section B, line 11: The Form 990 is prepared by an independent CPA firm. The board reviews Form 990 before filing it with the IRS. Form 990, Part VI, Section B, Line 12c: The Conflict of Interest Policy is reviewed with all new board members, and reviewed annually as it applies. Self-disclosure is expected, Form 990, Part VI Section C. Line 19: The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Form 990 Part XI, line 5 Changes in Net Assets: 1,056,414. Net unrealized gains on investments: Change in cash surrender value of life insurance 6,315, Change in value of annuities 9,751, 1,072,480. Total to Form 990 Part XI Line 5 Form 990 Part XI Line 2c Explanation for Responsibility The organization has a committee that assumes responsibility for oversight of the review of its financial statements and selection of an independent accountant. This process has not changed since the prior year,

| Schedule O (Form 990 or 990-EZ) (2010)                                  | Page 2                         |
|---|--------------------------------|
| Name of the organization  | Employer identification number |
| Holland Christian Education Foundation                                  | 38-2885151                     |
| Form 990, Part V, line 2a and Part IX, line 7:                          |                                |
| FOLK 550, Tale V, Time 2a and fale In, Time 7.                          |                                |
| Compensation reported on Form 990 Part IX, Line 7 is for reimbursement  | .,                             |
|   |                                |
| of compensation to Holland Education Christian Society (the School) for |                                |
| individuals who work part time for the organization. The same           |                                |
|   |                                |
| individuals also work for the School.                                   |                                |
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Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

Holland Christian Education Foundation

2010 Open to Public Inspection Employer identification number 38-2885151

OMB No 1545-0047

| Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) | e if the organization answered "Yes"   | to Form 990, Part IV, line 33.)  |                      |                                  |                        |                            |          |
|--|--|--|----------------------|----------------------------------|------------------------|----------------------------|----------|
| (8)  | (g)                                    | (0)  | (p)                  | (e)                              |                        | (£)                        |          |
| Name, address, and EIN   | Primary activity                       | Legal domicile (state or   | Total income         | End-of-year assets               |                        | Direct controlling         |          |
| of disregarded entity  |  | foreign country)   |                      |                                  | υ                      | entity                     |          |
|  |  |  |                      |                                  |                        |                            |          |
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|  | T                                      |  |                      |                                  |                        |                            |          |
| Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)                   | ations (Complete if the organization a | if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt | Part IV, line 34 bec | ause it had one c                | r more related tax-exe | mpt                        |          |
| (a)  | (q)                                    | (0)  | (p)                  | (e)                              | <b>(</b>               | (g)                        | (FX13)   |
| Name, address, and EIN   | Primary activity                       | Legal domicile (state or   | ge                   | Public charity                   | Direct controlling     | controlled                 | (21 X2)3 |
| of related organization  |  | foreign country)   | section              | status (ir section<br>501(c)(3)) | enny                   | Yes                        | 2        |
| Holland Christian Education Society -  |  |  |                      |                                  |                        |                            |          |
| d, MI  | Education of students in               |  |                      |                                  |                        |                            |          |
| 49423  | grades K-12                            | Michigan   | 501(c)(3) 1          | line 2                           | n/a                    | 7                          | ×        |
|  |  |  |                      |                                  |                        |                            |          |
|  | •                                      |  |                      |                                  |                        |                            |          |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | ns for Form 990.                       |  |                      |                                  | Schedule R             | Schedule R (Form 990) 2010 | 2010     |

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Holland Christian Education Foundation Schedule R (Form 990) 2010 Part III

Percentage ownership Schedule R (Form 990) 2010 General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 乏 Yes Share of end-of-year assets 9 <u>(6</u> Code V-UBI amount in box 720 of Schedule K-1 (Form 1065) Share of total income ate allocations? Disproportionŝ Ξ Yes Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>(6</u> Direct controlling entity Share of total income ፱ Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> Primary activity Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

Page 3

38-2885151

Schedule R (Form 990) 2010 Holland Christian Education Foundation

Schedule R (Form 990) 2010 Holland Christian Education Foundation

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

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

| (a) Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign | (d) Are all partners section 501(c)(3) | (e) Share of end-of- year assets | (f) Disproportionate | (g) Code V-UBI amount in box 20 | (h)<br>General or<br>managing<br>partner?    |
|--------------------------------------|-------------------------|--|--|----------------------------------|----------------------|---------------------------------|--|
| Course to                            |                         | country)                                   | Yes No                                 |                                  | 1 1                  | (Form 1065)                     | Yes No                                       |
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|                                      |                         |  |  |                                  |                      | Schedule R (Form 990) 2010      | n 990) 2010                                  |

| Schedule R | (Form 990) 2010 Supplemental Info | Holland Christian Education Foundation                                     | 38-2885151   | <u> Page 5</u> |
|------------|-----------------------------------|--|--------------|----------------|
| Part VII   | ∫ Supplemental Info               | rmation  |              |                |
|            | Complete this part to pro         | ovide additional information for responses to questions on Schedule R (see | nstructions) |                |
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### Form **8868** (Rev January 2011)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

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| Form 886                                | 8 (Rev 1-2011)   |              | <u> </u>                                |                 |                                | Page 2          |  |
|---|--|--------------|---|-----------------|--------------------------------|-----------------|--|
| • If you a                              | are քերը for an Additional (Not Automatic) 3-Month Ex  | ctension, c  | omplete only Part II and check this b   | ox              |                                | <b>▶</b> x      |  |
| Note. On                                | ly complete Part II if you have already been granted an  | automatic    | 3-month extension on a previously filed | d Form 8        | 868                            |                 |  |
| • If you a                              | re filing for an Automatic 3-Month Extension, comple   | te only Pa   | rt I (on page 1)                        |                 |                                |                 |  |
| Part II                                 | Additional (Not Automatic) 3-Month E   | xtensio      | n of Time. Only file the original (no   | copies n        | eeded)                         |                 |  |
| Type or                                 | Name of exempt organization  |              |   |                 | Employer identification number |                 |  |
| print                                   |  |              |   |                 |                                |                 |  |
| File by the                             | Holland Christian Education Foundation   |              |   |                 | -2885151                       |                 |  |
| extended                                | Number, street, and room or suite no. If a P O. box, s   | see instruc  | tions.                                  |                 |                                |                 |  |
| due date for<br>filing your             | 956 Ottawa Avenue  |              |   |                 |                                |                 |  |
| return See<br>instructions              | City, town or post office, state, and ZIP code. For a f  | oreign add   | ress, see instructions                  |                 |                                |                 |  |
|   | Holland MI 49423   |              |   |                 |                                |                 |  |
|   | <b>5</b>   |              |   |                 |                                | <u> </u>        |  |
| Enter the                               | Return code for the return that this application is for (fil   | le a separa  | te application for each return)         | • •             | •                              | 0 1             |  |
| Application                             |  |              | Application                             |                 |                                | Return          |  |
| Is For                                  |  |              | Is For                                  |                 |                                | Code            |  |
| Form 990                                |  |              |   |                 |                                |                 |  |
| Form 990-BL                             |  |              | Form 1041-A                             |                 |                                | 08              |  |
| Form 990-EZ                             |  |              | Form 4720                               |                 |                                | 09              |  |
| Form 990-PF                             |  |              | Form 5227                               |                 | <u></u>                        | 10              |  |
| Form 990-T (sec 401(a) or 408(a) trust) |  |              | Form 6069                               |                 |                                | 11              |  |
| Form 990-T (trust other than above)     |  |              | Form 8870                               |                 |                                | 12              |  |
| STOP! D                                 | o not complete Part II if you were not already grante  | d an autor   | natic 3-month extension on a previo     | usly file       | d Form 8868.                   |                 |  |
|   | Corporate Office   |              |   |                 |                                |                 |  |
| • The b                                 | ooks are in the care of $ ightharpoonup$ 956 Ottawa Avenue - H   | olland,      |   |                 |                                |                 |  |
| Telephone No ► (616) 820-2805 FAX No ►  |  |              |   |                 |                                |                 |  |
|   | organization does not have an office or place of busines   |              |   |                 |                                |                 |  |
| • If this                               | is for a Group Return, enter the organization's four digit   | _            |   |                 |                                |                 |  |
| box 🕨                                   | If it is for part of the group, check this box   | and atta     | ach a list with the names and EINs of a | <u>III memb</u> | ers the extensi                | on is for.      |  |
|   | equest an additional 3-month extension of time until   | May 15       | <del></del>                             |                 |                                |                 |  |
|   | For calendar year, or other tax year beginningSEP 1 _ 2010, and endingJUN 30 _ 2011                    |              |   |                 |                                |                 |  |
|   | If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return |              |   |                 |                                |                 |  |
| Change in accounting period             |  |              |   |                 |                                |                 |  |
| 7 St                                    | ate in detail why you need the extension   |              |   |                 |                                |                 |  |
| <u>AD</u>                               | DITIONAL TIME IS NEEDED TO GATHER AND ANA  | LYZE ACC     | OUNTING DATA TO                         |                 |                                |                 |  |
| PR                                      | EPARE AN ACCURATE RETURN.  |              |   |                 | <del></del> -                  |                 |  |
| 8a  f t                                 | his application is for Form 990-BL, 990-PF, 990-T, 4720  | or 6069 4    | enter the tentative tax less any        |                 |                                |                 |  |
|   | nrefundable credits. See instructions  | , 01 0003, 0 | enter the teritative tax, less any      | 8a              | \$                             | 0               |  |
|   | this application is for Form 990-PF, 990-T, 4720, or 6069  | enter any    | refundable credits and estimated        | 36              | Ψ                              | 0.              |  |
|   | x payments made Include any prior year overpayment a   | -            |   |                 |                                |                 |  |
|   | reviously with Form 8868   | allowed as   | a credit and any amount paid            | 8b              | s                              | 0               |  |
|   | alance due. Subtract line 8b from line 8a. Include your p  | avment w     | th this form if required, by using      | OD              | <b>3</b>                       | 0.              |  |
|   | TPS (Electronic Federal Tax Payment System) See inst   | -            | in this form, if required, by using     | 8c              | •                              | •               |  |
|   |  |              | nd Verification                         | 1 80            | <u> </u>                       | 0.              |  |
| Under pe                                | nalties of perjury. I demare that have examined this form, incli                                       | iding accom  |   | the best c      | of my knowledge                | and belief,     |  |
| ıt ıs true,                             | correct, and complete, and that land authorized to prepare this  | torm.        |   |                 | _                              | _               |  |
| Signature                               | Title >  | PARTNER      | CPA                                     | Date            | <b>▶</b> 2-1                   | 0-12            |  |
|   |  |              |   |                 | Form <b>886</b>                | 68 (Rev 1-2011) |  |