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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

— A F	or the	2010 ca	ılendar year, or tax year begin	ning 07-01-2010 and ending 06-30-201	1		•
		applicable	C Name of organization			D Employe	r identification number
	ddress cl		DORDT COLLEGE			42-077	2559
Γ_{N}	ame cha	ange	Doing Business As			E Telephor	ne number
<u>Г</u> і	nitial retu	ırn	Number and street (or P O box	If mail is not delivered to street address)	Room/suite	(712)7	22-6010
Гτ	erminate	ed	498 4th Avenue NE	•		(/12//	
ГА	mended	return	City or town, state or country, ar	nd ZIP + 4		G Gross rec	eipts \$ 44,919,572
Га	pplicatioi	n pending	Sioux Center, IA 51250				
			F Name and address of p	orincipal officer	H(a) Is this a	group return for a	ffiliates? Yes No
			Carl Zylstra 498 4th Avenue NE				
			Sioux Center, IA 51250		1 .	affiliates includ	ed?
	_					p, attacii a i ip exemption	
		npt status		◀ (insert no)	(-/		
J \	<i>N</i> ebsit (e:► wwv	w dordt edu				
		rganization	Corporation Trust Associa	ation Cother 🕨	L Year of fo	rmation 1955	M State of legal domicile IA
P	art I	Sum	mary				
				sion or most significant activities			ode Callega es ta a succe
a 1				ommitted to the Reformed Christian pers imunity to work effectively toward Christ-			
≧			,	,		•	•
Ē							
Activities & Governance	,	Chack th	us hov M if the organization	discontinued its operations or disposed	of more than 2	5% of its ne	t assets
ট			,	erning body (Part VI, line 1a)		3 % 01 113 116	1
20 ए				rs of the governing body (Part VI, line 1b		<u> </u>	
Ħ				in calendar year 2010 (Part V , line 2a)		·	
€			mber of volunteers (estimate i			6	·
∢			·	Part VIII, column (C), line 12		7:	
				e from Form 990-T, line 34		71	,
	 			,	Prio	r Year	Current Year
	8	Contri	butions and grants (Part VIII	. line 1h)		8,963,843	
≗	9		-	, line 2g)		35,273,041	
Revenue	10			mn (A), lines 3, 4, and 7d)		882,596	
걒	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Totalr	evenue—add lines 8 through :	11 (must equal Part VIII, column (A), lın	ie		
						45,119,480	' ' '
	13			art IX, column (A), lines 1-3)		10,307,371	+
	14			t IX, column (A), line 4)	_	(0
8	15	Salarie 10)	es, other compensation, emplo	oyee benefits (Part IX, column (A), lines	5-	16,482,723	16,640,716
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)		30,129	20,084
흜	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) 2 ,030,583			
ш	17), lines 11a-11d, 11f-24f)		12,404,957	13,626,746
	18	Totale	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)		39,225,180	41,693,692
	19	Reven	ue less expenses Subtract lır	ne 18 from line 12		5,894,300	3,225,880
89						of Current	End of Year
Net Assets or Fond Balances		T	anaka (Dawk V. Lora d.C.)			'ear	
ASS.	20		assets (Part X, line 16)		-	103,112,937	
<u> 3</u> 5	21					27,716,960	
	22 171 III		ature Block	ct line 21 from line 20		75,395,977	83,205,005
Und kno	er pena	Ities of pe and belief	erjury, I declare that I have exan	nined this return, including accompanying s te. Declaration of preparer (other than office			
		Tk .				112 02 02	
Sig	ın	Signa	ture of officer			012-03-02 ate	
He		Arlan	Nederhoff Vice President for Busines	ss Affairs			
			or print name and title				
		Print/Type		Preparer's signature		Check if self-	_ PTIN
Paid	d	preparer's Firm's nar				employed 🕨	
	parer -						Firm's EIN •
Use	Only	i iiii s aud					Phone no 🕨

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

┌Yes ┌No

Par	t III			ce Accomplishments onse to any question in this Pa	rt III	r
1	Briefl	y describe the orga	nızatıon's mıssıon			
					ective, the mission of Dordt Collo newal in all aspects of contempo	
2	the pr	or Form 990 or 99		nt program services during the		┌ Yes ┌ No
3				ake significant changes in how	ut conducto ony program	
3		es?			· · · · · · · · · · · · · · · · · · ·	┌ Yes ┌ No
	If "Ye	s," describe these (changes on Schedu	le O		
4	Section	on 501(c)(3) and 5	01(c)(4) organizatio		three largest program services b usts are required to report the an gram service reported	
	(Code	<u> </u>) (Expenses \$	36,761,840 including grants of	\$ 11,406,146) (Revenue \$	39,083,229)
-14	Highe		, , ,		ncludes all aspects of college life (i e in	• • •
4b	(Code	2) (Expenses \$	including grants of s	\$) (Revenue \$)
4c	(Code	2) (Expenses \$	including grants of s	\$) (Revenue \$)
	Othe	er program services	(Describe in Sche	dule O)		
- ••		enses \$	•	uding grants of \$	0) (Revenue \$	0)
4e	Tota	l program service e	xpenses ⊧ -\$	36,761,840		

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2010)

Form 990 (2010)		
Part V	Statements Regarding Ot	her IRS Filings and	l 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			
	Ta 107			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
- Б 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	Yes	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country In It is a second of the forei			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	required?	7g		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
·	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
		\longrightarrow	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Arlan Nederhoff

498 4th Ave NE Sioux Center, IA 51250 (712) 722-6010

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

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

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

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

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

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

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

	(A) Name and Title	(B) A verage hours		tion that a			Ш		(D) Reportable compensation from the	(E) Reportable compensation from related	.	(F) Estima amount of compens	other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relate organiza	he on and ed
See A	ddıtıonal Data Table												
								\vdash					
											<u> </u>		
					-			\vdash			_		
					_								
											-		
1b	Sub-Total							<u> </u>			-		
	Total from continuation sheets	to Part VII. See			<u> </u>	<u>.</u>	· ·						
d	Total (add lines 1b and 1c) .							-	671,663		0		0
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above) who	received more tha	n			
			-									Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci									ated employee	3		Νο
4	For any individual listed on line organization and related organiz	ations greater t	han \$15	0,00	007 1	If "Y	es," co	mple	te Schedule J for suc	:h	4	Yes	
_	Did any parson listed on line 1 a					fran						1	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individ

ual	for	
		5

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
Carrie Foods Ltd 498 4th Avenue NE Sioux Center, IA 51250	Food Service	1,584,841
Hoogendoom Construction 47895 US Hwy 18 Canton, SD 57013	Construction	7,207,377
St Lukes Regional Medical Center 2800 Pierce St Ste 102 Sioux City, IA 51104	Tuition and Fees	462,063
Trinity Christian College 6601 W College Dr Palos Heights, IL 60463	Tuition and Fees	158,600
Council for Christian Colleges and Universities 321 8th St NE Washington, DC 20002	Tuition and Fees	157,198
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►) who received more than	

Νo

Dowt \		2010)					Pa	ge 9
Part \	/***	Statement of Reven	.te		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns Membership dues	1a . 1b	0 0				
s, g amc		Fundraising events		0				
gitt lar	d	Related organizations	. 1d	0				
ns, sími	e	Government grants (contributions)	1e	307,463				
utio er s	f	All other contributions, gifts, grants,	, and 1f	5,442,133] 	
of the		similar amounts not included above Noncash contributions included in li		130,961				
out	_				5,749,596			
	n	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	B C. d.	3,749,390			
nue	2a			Business Code				0
Program Service Revenue		Tuition and Fees		611310	30,377,514			
Se F	b c	Educational Sales and Service Auxiliary Sales and Service		611310 611310	575,043 7,098,080	575,043 7,011,333	†	
er vic	d	Student Loans and Misc		611310	124,117	124,117		
38	e							
มหล	f	All other program service rev	/enue			0	0	0
P	a	Total. Add lines 2a-2f			0 38,174,754			
		Investment income (includin			30,174,734			
		and other similar amounts)		-	995,222	995,222	0	0
	4	Income from investment of tax-ex-			0	0	0	0
	5	Royalties		_	0	0	0	0
			(ı) Real	(II) Personal				
		Gross Rents Less rental						
	_	expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
		Gross amount	(ı) Securities	(II) O ther				
_	/a	from sales of assets other						
		than inventory						
	Ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)	0	0				
	_	Net gain or (loss)						
άs		Gross income from fundraisii						
Other Revenue		(not including						
eve		\$of contributions reported on	line 1c)					
Ģ.		See Part IV, line 18	•					
the	.	1 durat	a					
ō		Less direct expenses Net income or (loss) from fur						
			ctivities See Part IV, line 19	a				
				b				
	с	Net income or (loss) from ga	ming activities					
	10 a	Gross sales of inventory, les returns and allowances	s					
		recums and anowances .	a					
	b	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa	les of inventory 🟲					
		Miscellaneous Revenue		Business Code				
	11a) 	<u></u>					
	b	·						
	c							
		All other revenue						
	е	: Total. Add lines 11a-11d .	· · · · · · · · · · · · · · · · · · ·		0			
		Total revenue. See Instruction	_	-			-	1
	12	lotal revenue. See Instruction	ons	1	44,919,572		86,747	

Part IX Statement of Functional Expenses

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

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,852,633	9,852,633		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,553,513	1,553,513		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	671,663	292,847	264,288	114,528
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	11,591,436	9,667,765	1,135,218	788,453
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,064,559	864,680	121,491	78,388
9	Other employee benefits	1,777,980	1,441,732	232,892	103,356
10	Payroll taxes	1,535,078	1,246,856	175,188	113,034
а	Fees for services (non-employees) Management				
b	Legal	17,800	2,908	14,892	
c	Accounting	57,660		57,660	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	20,084			20,084
f	Investment management fees				
g	Other	3,303,918	3,104,158	78,539	121,221
12	Advertising and promotion	133,585	71,020	32,684	29,881
13	Office expenses				
14	Information technology				
15	Royalties	10,346	6,637		3,709
16	Occupancy	862,246	862,246	0	0
17	Travel	1,195,730	813,406	98,986	283,338
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	140,961	127,603	7,505	5,853
20	Interest	984,712	958,479	26,233	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,216,352	2,216,352		
23	Insurance	214,423	167,692	46,731	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Lease/Rental	581,154	455,127	120,585	5,442
b	Postage/Shipping	208,949	105,137	14,369	89,443
c	Supplies & Printing	1,810,771	1,427,007	204,933	178,831
d	Memberships / Dues	137,978	41,651	91,685	4,642
е	Bad Debts	100,768	0	100,768	0
f	All other expenses	1,649,393	1,482,391	76,622	90,380
25	Total functional expenses. Add lines 1 through 24f	41,693,692	36,761,840	2,901,269	2,030,583
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1,489,211 2.156.288 1 1 500,000 2 2 1,610,234 2,417,372 3 3 86.449 4 92,552 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 6,655,523 7 6,795,446 8 377,730 8 419,715 66,977 9 32,554 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 93.311.382 10a Part VI of Schedule D 10b 29.240.042 ь Less accumulated depreciation 64,095,297 **10c** 64,071,340 11 28.231.516 11 34.057.686 0 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 103.112.937 16 110,042,953 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3.771.667 17 3.073.782 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 19.755.199 23 19.550.000 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 4.190.094 25 4,214,166 Other liabilities Complete Part X of Schedule D 26 27.716.960 26 26,837,948 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 56,462,446 27 59,322,587 Unrestricted net assets Temporarily restricted net assets 28 9,064,096 28 13,381,829 Fund 10,500,589 9,869,435 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 75,395,977 33 83,205,005 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 103,112,937 34 110.042.953

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44.9	919.57
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		3,2	225,88
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75,3	395,97
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4,5	583,14
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		83,2	205,00
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		44,919,57 41,693,69 3,225,88 75,395,97 4,583,14 83,205,00 Yes No 2a No 2b Yes 2c Yes No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	on a separate basis, consolidated basis, or both	ıssued			
_	▼ Separate basis				
3a	Single Audit Act and OMB Circular A-133?				Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

DORD	T COLL	EGE											
В-			6 D	blic Chevity Che	/ A II		42-0772559						
	rt I					ns must complete this prough 11, check only one b		ons					
1	- F					described in section 170(
2	<u> </u>	· ·		·)(A)(ii). (Attach Sche	-	D)(1)(A)(I).						
3						cribed in section 170(b)(1	\/ A \/ :::\						
4	-	A medical	research	•	=	a hospital described in se		i i). Enter	the				
5	\vdash	An organiz	ation op	erated for the benefit	of a college or univer	sity owned or operated by	a governmental unit o	 described	— d ın				
		section 17	O(b)(1)(A)(iv). (Complete Pa	art II)								
6	Γ	A federal,	state, or	local government or	governmental unit de	scribed in section 170(b)(1)(A)(v).						
7	Γ	described	ın	at normally receives A)(vi) (Complete Pa	·	ts support from a governme	ental unit or from the	general p	oublic				
8	Γ	A commun	ıty trust	described in section	170(b)(1)(A)(vi) (C	omplete Part II)							
9	Γ	An organız	atıon tha	it normally receives	(1) more than 331/39	% of its support from contr	butions, membership	fees, an	d gros	5 S			
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 3												
		ıts support	from gro	section 511 tax) from	n busine	sses							
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	Γ	An organız	atıon org	janized and operated	exclusively to test fo	r public safety See sectio r	n 509(a)(4).						
11	Γ	one or mor	e publici	y supported organiza	itions described in se orting organization an	enefit of, to perform the fun ction 509(a)(1) or section d complete lines 11e throu III - Functionally integrate	509(a)(2) See secti igh 11h	•	1)(3).	Check			
e	Γ	•	foundati	· ·	=	ntrolled directly or indirect ublicly supported organiza	· ·	•	•				
f		_		received a written de	termination from the	IRS that it is a Type I, Typ	e II or Type III supp	orting or	ganız	atio <u>n,</u>			
g		check this Since Augi following p	ust 17, 2	:006, has the organi	zation accepted any g	ıft or contribution from any	of the			ļ			
		(i) a perso	n who dı	rectly or indirectly co	ontrols, either alone o	r together with persons de	scribed in (ii)		Yes	No			
		and (111) be	low, the	governing body of the	e the supported organ	ızatıon?		11g(i)					
		(ii) a famıl	y membe	er of a person describ	oed in (i) above?			11g(ii)					
		(iii) a 35%	control	led entity of a persor	n described in (i) or (ii) above?		11g(iii)					
h		Provide the	e followir	ng information about	the supported organiz	ation(s)							
	(i) Name suppo	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in	(v) Did you notify the organization in col (i) of your	(vi) Is the organization in col (i) organized		(v A mou	ii) unt of			

your governing

document?

Yes

or IRC section

(see

instructions))

organization

Total

support?

Yes

ın the US?

Yes

support

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

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

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

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

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

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

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077
Software Version: v1.00

EIN: 42-0772559

Name: DORDT COLLEGE

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

Compensated Employees, and	Independ	dent C	ont	ract	tors	<u> </u>				
(A) Name and Title	(B) Average hours per		tion (that a	(che	')	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Ruth Verhoef Board Member	5	×						0	0	0
Arnold Veldkamp	5	x						0	0	0
Board Member Patrıcıa Dykstra	+							_	_	_
Board Member	5	Х						0	0	0
Rev John V an Schepen Board Member	5	×						0	0	0
Arlie Olsen Board Member	5	х						0	0	0
Rev Tim Ouwinga	5	×						0	0	0
Board Member									0	
Randy Kroll Chairman	7 5	Х						0	0	0
Rev Samuel Kım Board Member	5	×						О	0	0
Henry Eekhoff	5	x						0	0	0
Board Member Rev John Hilbelink	1									
Board Member	5	Х						0	0	0
Robert Vermeer Board Member	5	×						0	0	0
Joyce Eggebeen Board Member	5	х						0	0	0
Pam Schmidt	5	×						0	0	0
Board Member Myra Heibult	_									
Board Member	5	X						0	0	0
Norma Nikkel Board Member	5	×						О	0	0
Evan Vanden Bosch Board Member	5	×						0	0	0
Beth Te Grotenhuis Board Member	5	х						0	0	0
Rev Andrew Woja Henry Board Member	5	х						0	0	0
Lloyd Vander Kwaak Board Member	5	×						0	0	0
Randy Feenstra	5	×						0	0	0
Board Member Jay Kroese	5							0	0	<u> </u>
Board Member Gary Doppenberg	+							0	0	
Board Member Hessell Kielstra	5	X								
Board Member	5	X						0	0	0
Tom McWhertor Board Member	5	Х						0	0	0
John Baas Vice President	45			×				114,528	0	0

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

(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Erık Hoekstra Provost	45			х				134,171	0	0
Q uentin V an Essen Director of Admissions	45			х				69,967	0	0
Bethany Schuttinga Associate Provost	45			х				88,709	0	0
Arlan Nederhoff Vice President	45			х				102,260	0	0
Dr Carl Zylstra	45			Х	Х			162,028	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493087005392

OMB No 1545-0047

2010

Open to Public
Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization
DORDT COLLEGE

42-0772559

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Donor advised funds
(b) Funds and other accounts

1 Total number at end of year
2 Aggregate contributions to (during year)
3 Aggregate grants from (during year)
4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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.

Pur	pose(s) of conservation easements held by the organization (checl	k all	that apply)
\sqcap	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area
\sqcap	Protection of natural habitat	\sqcap	Preservation of a certified historic structure
\Box	Preservation of open space		

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Total number of conservation easements
 Total acreage restricted by conservation easements

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

Held at the End of the Year

2a

2b

2c

2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year -

Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and

enforcement of the conservation easements it holds?

, 165 , 110

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, 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

If the organization elected, as permitted under SFAS 116, 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

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 relating to these items

following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

►\$_____

b Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010								Page 2
Par	Organizations Maintaining Co	llections of Art, H	listorical Tre	eası	ires, or Othe	r Similaı	Asse	ets (co	ontinued
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	_		-		llectio	n	
а	Public exhibition	C	i	rexc	hange programs				
b	Scholarly research	•	Other						
c	Preservation for future generations								
ŀ	Provide a description of the organization's co Part XIV	ollections and explain h	now they further	the	organization's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		•			nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				n answered "Y	es" to For	m 99	0,	
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermedia	ry for contributi	ons	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the foll	owing table						
							A mo	unt	
с	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
a:	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\								
Pa	rt V Endowment Funds. Complete							- > = >	/ Dl
la	Beginning of year balance	(a)Current Year 20,884,006	(b) Prior Year 21,303,412	(c)	Two Years Back (d 24,984,429	I)Three Years	васк (e)Four Y	ears Baci
.a b	Contributions	582,090	4,739,074		1,174,772		-		
c	Investment earnings or losses	5,090,894	2,897,137		-4,199,131				
d	Grants or scholarships	194,644	212,400		171,199		-		
e	Other expenditures for facilities and programs	131,929	7,766,252		413,500				
f	Administrative expenses	107,960	76,965		71,960				
g	End of year balance	26,122,457	20,884,006		21,303,411				
<u>:</u>	Provide the estimated percentage of the yea	r end balance held as			'				
а	Board designated or quasi-endowment	37 5 %							
ь	Permanent endowment ► 32 5 %								
	remailent endowment P								
c Ba	Term endowment Are there endowment funds not in the posses	ssion of the organizatio	on that are held a	and a	administered for	the			
	organization by	solon of the organization	in that are here t	uu .				Yes	No
	(i) unrelated organizations						3a(i)		Νο
	(ii) related organizations						3a(ii)	<u> </u>	No
	If "Yes" to 3a(11), are the related organization	•					3b		
	Describe in Part XIV the intended uses of th								
' aT	t VI Investments—Land, Buildings	s, and Equipment.			•		T		
	Description of investment		(a) Cost or ot basis (investme		(b)Cost or other basıs (other)	(c) Accumu depreciat		(d) Bo	ok value
.a	Land			0	1,635,282				1,635,28
b	Buildings			0	75,515,392	18,6	51,410	5	6,863,98
c	Leasehold improvements			0	95,931	,	95,931		
d	Equipment			0	11,035,079	9,12	20,324		1,914,75
	Other			0	5,029,698	1,3	72,377		3,657,321

Part VIII Investments—Other Securities. See	Form 990, Part X, line 13	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)Financial derivatives		
2)Closely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIIII Investments—Program Related. See	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(1) 2 300 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2) 20011 141140	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	ption	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
mounts Held on Behalf of Others	315,124	
tudent and Other Deposits	801,574	
nnuity Payment Liability	381,930	
iability Under Annuity Trust Agreements	205,981	
IS Government Grants Refundable	2,509,557	
55 Sovernment Grants Keidinable	2,509,557	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,214,166	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	44,919,572
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	41,693,692
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,225,880
4	Net unrealized gains (losses) on investments	4	4,583,150
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	4,583,150
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,809,030
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	49,502,722
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	4,583,150
3	Subtract line 2e from line 1	3	44,919,572
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	44,919,572
Par		per	
1	Total expenses and losses per audited financial statements	1	41,693,692
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	41,693,692
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	41,693,692
Pa	rt XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Provide scholarships for students and money for general
		operations of the college

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

OMB No 1545-0047

Employer identification number

DORD	T COLLEGE TO THE COLL	. ,			
Do		42-0772559		YES	NO
Ра	rtI			TES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in i other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student addrograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way	3	Yes	
4	Does the organization maintain the following?		-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
Ŀ	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	iblic dealing	4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to		_		
	Students' rights or privileges?		5a	<u> </u>	No
t	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		5c		Νo
C	Scholarships or other financial assistance?		5d		Νo
•	Educational policies?		5e		No
f	Use of facilities?		5f		Νo
ç	Athletic programs?		5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No
			4		
	n Does the organization receive any financial aid or assistance from a governmental agency? Thas the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		7	Yes	

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	It is published in the college catalog
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The college participates in federal financial aid programs through the Department of Education

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493087005392

OMB No 1545-0047

2010

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization DORDT COLLEGE

Employer identification number

					42-0772559	
Pa	"Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the d	organization m	naintain record	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig					
	the grants or assistance?					
2	For grant makers. Describe in Pa United States	rt V the organız	ation's procedur	es for monitoring the use	of grant funds outside th	ne
3	Activites per Region (Use Part \		1			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	-					
3	Sub-total					
ı	Total from continuation sheets to Part I					
	c Totals (add lines 3a and 3b)					

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

							_		_	_	_		_				_	_		_	_			_	_	
Us	e	Р	ar	t١	V	ıf	a	dd	lıt	10	n	al	9	p.	ac	e	15	5	ne	96	b	e	d.			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
Scholarships	Central America and the Caribbean	4		Credit to student accounts	0		αργιαίδαι, σείτει,
Scholarships	North America (including Canada and Mexico, but not the United States)	82		Credit to student accounts	0		
Scholarships	South America	4		Credit to student accounts	0		
Scholarships	Sub-Saharan Africa	9	119,074	Credit to student accounts	0		
Scholarships	East Asia and the Pacific	28	337,400	Credit to student accounts	0		
Scholarships	Europe (including Iceland and Greenland)	8		Credit to student accounts	0		
Scholarships	South Asia	2		Credit to student accounts	0		
				<u> </u>	1		
			i	<u> </u>	+		
				<u> </u>	+		
	'	+		-	+		
	'			-	+		
	+'		i	-			
	+						
	·		·				
_	<u> </u>			'		_	

Part IV Foreign Forms

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

Schedule F (Form 990) 2010

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 42-0772559

Name: DORDT COLLEGE

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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DLN: 93493087005392

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

JORDI COLLEGE					42-07725	59
Part I Fundraising	Activities. Complete	e if the org	ganızat	ion answered "Yes"	to Form 990, Part	IV, line 17.
a	s tions ave a written or oral agre ed in Form 990, Part VII)	ement with) or entity in entities (fu	e f g any ind n connec	Solicitation of nor Solicitation of government of Solicitation of government of Special fundraising office ction with professional from the solicition with professional from Solicition with the Solicition w	n-government grants vernment grants og events rs, directors, trustee fundraising services ents under which the	s ? Γ Yes Γ No fundraiser is
(i) Name and address of individual or entity (fundraiser)	f (ii) Activity	(iii) D fundraise custod contro contribut Yes	r have y or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)
	L					+

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
<u>Ф</u>					(**************************************	
Revenue	1 2	Gross receipts Less Charitable				
₩ Ф	-	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Non-cash prizes				
anse T	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	🛌	
	11	Net income summary Combine III	nes 3 and 10 ın column	(d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ញ ថ្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	☐ Yes % ☐ No	┌ Yes %	_
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities		
а		the organization licensed to operate				· Fyes Fno
b	If"	No," Explain				
						1
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno
b	If"	Yes," Explain				
						1

11	Does the organization operate ga	aming activities with nonmembers?		[— Yes	Γ _{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a men	nber of a partnership or other entity			
	formed to administer charitable (gamıng?		[— Yes	Γ _{No}
13	Indicate the percentage of gamin	ng activity operated in				
а	The organization's facility		13a			
b	An outside facility		13b			
14	Provide the name and address or records	f the person who prepares the organiz	ation's gaming/special events books and			
	Name 🟲					
	Address 🟲					
15a		ntract with a third party from whom the		_	_	_
				[Yes	No
ь		ming revenue received by the organizated by the third party 🟲 \$	and the			
c	If "Yes," enter name and address	s				
	Name 🟲					
	Address 🏲					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation l	\$				
	Description of services provided	•				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а	-	er state law to make charitable distrib			_	_
L			to other everythere or approximations or approximations are spent	ļ	Yes	Γ _{No}
D		s required under state law distributed to the state of th	to other exempt organizations or spent			
Par			responses to question on Schedule	G (see)	
	Identifier	ReturnReference	Explanation			

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DLN: 93493087005392 OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspection Employer identification number

	OT COLLEGE						42-0772559	
1	Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza	records to substantia ard the grants or ass	ate the amount of the					✓ Yes 「
Par	Form 990, Part IV, line duplicated if additional	e 21 for any recipi	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 ((a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2	Enter total number of section 50	1(c)(3) and governn	nent organizations .					

Enter total number of other organizations

Schedule I	(Form 990) 2010
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
(1) Scholarships	1268	9,852,633	0				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.							

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The Financial Aid Director determines the amount of grants given to students

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DLN: 93493087005392

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization DORDT COLLEGE

Employer identification number

	42-0//2559					
Pa	rt I Questions Regarding Compensation					
			Yes	Νo		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use					
	▼ Travel for companions					
	Tax idemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply					
	Compensation committee					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo		
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		Νο		
b	Any related organization?	5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		Νo		
Ь	Any related organization?	6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νο		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No		
0	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	۴		140		
9	section 53 4958-6(c)?	9				

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

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) John Baas	(I) (II)	114,528 0	0 0	0 0	0 0	'	141,319)
(2) Erık Hoekstra	(I) (II)	134,171	0	0	0 0	26,415	160,586)
(3) Quentın Van Essen	(I) (II)	69,967 0	0 0	0 0	0 0		87,397 0 0)
(4) Bethany Schuttinga	(I) (II)	88,709 0	0 0	0 0	0 0	21,059	109,768)
(5) Arlan Nederhoff	(I) (II)	102,260 0	0	0 0	0 0	· · · · · · · · · · · · · · · · · · ·	127,163 0 0)
(6) Dr Carl Zylstra	(I) (II)	162,028 0	0 0	0 0	0 0		206,905)
(7)	<u> </u>		1		,			
(8)					'			
(9)	_ '	1	1		'			
(10)					7			
(11)		,	1		'			
(12)	'	,	1		'			
(13)	'	1	1		'			
(14)	 '	,	7		'			
(15)	'	1	<u>'</u>		'			
(16)					† · · · · · · · · · · · · · · · · · · ·			

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	The president's spouse occasionally travels with him to conferences or on other trips. This is typical of many college presidents and is expected. The college also provides living quarters on campus for the president which is also used for entertaining current and prospective donors and students as well as employees. The college also provides cleaning services for the residence

Schedule J (Form 990) 2010

DLN: 93493087005392

OMB No 1545-0047

Open to Public **Inspection**

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information on Tax Exempt Bonds

Name of the organization DORDT COLLEGE

Employer identification number 42-0772559

P	art I Bond Issues												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP#	(d) Date Issued	(e) Issue Price	(f)	(f) Description of Purpose		(g) Defeased		i Benairor i 11		Pool ncing
								Yes	No	Yes	No	Yes	No
A	City of Sioux Center	42-6005218		05-01-2009	7,250,000	Classr	oom Building Remodel		х	х			х
В	City of Sioux Center	42-6005218		10-01-2004	5,900,000	Constr	ruct Covenant Hall		х	Х			Х
c	City of Sioux Center	42-6005218		09-10-2009	12,000,000	Constr	Construct Kuyper Hall		Х	Х			х
_													
_													
P	art II Proceeds												
					Α		В		С			D	
1	A mount of bonds retired				40	0,000	540,000			100,00	o		

Pai	tII Proceeds								
			A		В		С	I	D
1	A mount of bonds retired		400,000		540,000		100,000		
2	A mount of bonds legally defeased		0		0		0		
3	Total proceeds of issue		0		0		2,084,801		
4	Gross proceeds in reserve funds		0		0		0		
5	Capitalized interest from proceeds		0		0		0		
6	Proceeds in refunding escrow		0	0			0		
7	Issuance costs from proceeds		0		0		0		
8	Credit enhancement from proceeds	0			0		0		
9	Working capital expenditures from proceeds		0 0				0		
10	Capital expenditures from proceeds		0		0		2,084,801		
11	Other spent proceeds		0			0			
12	Other unspent proceeds		0		0		0		
13	Year of substantial completion	20	09	20	04	20	11		
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		x		X		
15	Were the bonds issued as part of an advance refunding issue?		Х		Х		Х		
16	Has the final allocation of proceeds been made?	Х		Х		Х			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	х		Х		Х			
Par	t IIII Private Business Use								

1961	Private business use								
			A		В		ε	D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		x		х		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		х		x		x		
For D	riversy Act and Danamyork Reduction Act Natice are the Instructions for Form 000		Cat No E0102E	=			Cahadula I	/ /Earm 000)	2010

Part III Private Business Use (Continued)

		Α		В		С		ı)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х		×		x		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		×		X		
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х		x		х		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %			0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %	0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0		/o	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		×		х			

Part IV Arbitrage

		A		В		C		U	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		х		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		х		x		
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х		
6	Did the bond issue qualify for an exception to rebate?		X		Х		X		

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanat ion

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As Filed Data -

DLN: 93493087005392

OMB No. 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

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

OMB No 1545-0047

2010

Open to Public Inspection

	Name of the organization DORDT COLLEGE									ation numbe	er	
Part I	Excess Benefit Trai							organ		only).		
	Complete if the organizat				m 990, I	Part IV, line 25a d	or 25b,	or Form	990-EZ,	Part V,		
1	(a) Name of disq	ualıfıed	person			(b) Desc	ription	of trans	action		Yes	orrected? No
											i es	110
	er the amount of tax impos					r dısqualıfıed pers			_	r ► ¢		
	er the amount of tax, if any									• → — • s		
		•		·	•					· <u> </u>		
Part II	Loans to and/or I Complete if the organiz					n Part IV line 26	or For	m 990-	F7 Part\	/ line 38	₹a	
	Complete if the organiz		oan to	1 1 2 3 3 1 1 1	01111 0 0 1	J, r ure 1 v , ime 20		111 3 3 0	(f)			
(a) Nam	e of interested person and	1 ' '	om the	(c)0 rig	ınal	(0.5)	(e) i defau		Appro		(g)Writt	
	purpose	organi	zation?	principal	mount	(d)Balance due	delau	111.7	by boa commit		agreeme	ntr
		То	From				Yes	No	Yes	No	Yes	No
		1										
Total .					► \$							
Part II	Grants or Assistar Complete if the orga						/ line 1	7				
	•					een interested per						
(a) Name of interested pers	on	`			ganization	13011	1 A (၁)	mount of g	rant or t	ype of assis	stance
(1) A rnol	d Veldkamp		Tru	ıstee			S	cholars	hips to h	is son		
							+					

Part TV Bus	iness Transact	tions Involving T	nterested Persons

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

Complete if the organization answered Tes of Form 550, Furcive, line 200, or 200.										
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	atıon's					
	organization			Yes	No					

Part V Supplemental Information

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

xplanat ion
×

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493087005392

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization DORDT COLLEGE

Employer identification number

	Tunes of Dropouts				42-0772559			
Pa	rt I Types of Property			I	T			
		(a) Check if applicable	(b) Number of Contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line	Method of determining of amounts		ontribut	ion
1	Art—Works of art			_				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded	X	10	130,961	Stock Quote			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ▶ ()							
26	Other ►()							
	O ther ►()							
28	Other ► ()							
29	Number of Forms 8283 received b for which the organization complete	-			29			0
							Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı	es or related organizations	to solicit, process, or sell	non-cash	22-		NI -
				· · · · ·	· ·	32a		Νο
	If "Yes," describe in Part II	vanuas :	n column (c) for a tune of -	roporty for which column /-) is shocked			
33	If the organization did not report red describe in Part II	venues I	n column (c) for a type of p	roperty for which column (a	, is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493087005392

Employer identification number

42-0772559

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

DORDT COLLEGE

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a	· · · · · · · · · · · · · · · · · · ·	The 990 is reviewed and approved by the Finance Committee prior to filing. A copy is given to the officers of the college as well as all Board Members prior to filing. The accounting firm doing the audit also reviews the 990.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest forms are prepared annually by Board members and reviewed by Management

ldentifier	Return Reference	Explanation		
F990_P06_S0B_L15	•	Compensation for the President is determined using comparability data and is approved by the Board of Trustees. Compensation for other officers is determined using comparability data and is review ed by the President.		

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Documents are available on request at the Business Office

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Unrealized Gains \$4,583,148