For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493043016581 OMB No. 1545-0047

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Δ Fa	or the	2019 c	l alendar vear, or tax vear begin	ning 07-01-2019 , and ending 06-3	30-20	20			
		pplicable:	C Name of organization	my v. v. 1012 , and enamy vo			D Employ	er identif	ication number
	dress c		Kuyper College				38-136	8367	
	me cha	-	Daing husiness as				30-130	3307	
	tial reti		Doing business as						
		/terminated return	Number and street (or P.O. box if ma	ail is not delivered to street address) Room/s	suite		E Telephor	ne number	
		n pending	3333 E Beltline Avenue NE	, , , , , , , , , , , , , , , , , , , ,			(616) 2	22-3000	
			City or town, state or province, coun	try, and ZIP or foreign postal code					
			Grand Rapids, MI 49525				G Gross re	ceipts \$ 8	,222,546
			F Name and address of principal	officer:	H(a) Is this	a group re	turn for	
			Dr Patricia R Harris 3333 E Beltline Avenue NE				dinates?		□Yes ☑No
			Grand Rapids, MI 49525		_ н(b) Are all includ	l subordinat	es	☐ Yes ☐No
I Tax	x-exem	npt status:	✓ 501(c)(3)	insert no.)				ist. (see	instructions)
J W	ebsite	e: > ww	w.kuyper.edu		⊢ н(exemption	•	•
			,,						
K Forn	n of or	ganization:	✓ Corporation ☐ Trust ☐ Associ	ciation D Other ►	L Ye	ear of forma	ition: 1939	M State	of legal domicile: MI
		_							
Pa	art I	•	mary						
			scribe the organization's mission or I higher education for Christian Ser						
)Ce	=								
Jar	-								
lei	_								
Governance			s box >	continued its operations or disposed of	more	than 25%	of its net a	ssets.	l 6
	l		-	the governing body (Part VI, line 1b)	•			4	6
6S							•	5	
<u> </u>			nber of individuals employed in cal		160				
Activities &			nber of volunteers (estimate if nec	6	25				
4				VIII, column (C), line 12	•			7a	0
	b	Net unrel	ated business taxable income from	Form 990-T, line 39	• •		•	7b	0
					L	Pri	or Year		Current Year
ā	8	Contribut	ions and grants (Part VIII, line 1h)				3,292,	250	3,912,096
Ravenue		-	service revenue (Part VIII, line 2g)	3,535,	541	2,962,535			
Rev	10	Investme	nt income (Part VIII, column (A), li	59,3	326	-189,393			
	11	Other rev	enue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			-75,9		-26,900
	12	Total reve	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)			6,811,	125	6,658,338
	13	Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)			1,051,0	039	996,510
	14	Benefits p	paid to or for members (Part IX, co		0	0			
&	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-10)			2,762,8	360	3,068,665
Expenses	16 a	Professio	nal fundraising fees (Part IX, colum	nn (A), line 11e)				0	0
χb θ	b ·	Total fundr	raising expenses (Part IX, column (D), li						
ū	17	Other exp	oenses (Part IX, column (A), lines 1	lla-11d, 11f-24e)			1,936,	513	1,846,816
	18	Total exp	enses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)			5,750,4	412	5,911,991
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			1,060,	713	746,347
SeS.					i l	Beginning	of Current Y	ear	End of Year
ets fan					-				
Ass Ba			ets (Part X, line 16)		-		10,715,6		11,330,002
Net Assets or Fund Balances			ilities (Part X, line 26)		-		395,4		322,211
			s or fund balances. Subtract line 2	1 from line 20			10,320,	179	11,007,791
	rt II		ature Block	ned this return, including accompanying		d.d	_L_L_L		
				Declaration of preparer (other than off					
any k	nowle	dge.							
		*****	k			202	1-02-12		
Sign		Signatu	ure of officer			Date			
Here		Christin	ne Mulka CFO						
			r print name and title						
		' P	rint/Type preparer's name	Preparer's signature	Date			PTIN	
Paic	ł						ck 🔲 if 📙 -employed	P0072195	1
	a pare	r F	irm's name	, 1			n's EIN ► 36-	3990892	
-	On	⊢	irmia addraca 🖿 245 Massashuratta *	que Cuite 200				005 2555	
_ J G	U III	ا و.	irm's address ► 345 Massachusetts Aver			Pho	ne no. (317)	ช85-2620 -	
			Indianapolis, IN 46204						<u>_</u>
Mav t	he IRS	S discuss	this return with the preparer show	n above? (see instructions)	_			✓ 、	∕es □No

Cat. No. 11282Y

Form **990** (2019)

orm	990 (2019)					Page 2
Pa	rt III Statement	t of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respo	nse or note to	any line in this Part III .		🗹
		organization's mission:				
ch lev	within the church and ant internship placem	the world.(Continued o	n Schedule O)T I theological fou	o accomplish these outco indation, and numerous	ormed worldview, and called by G omes, we place a high value on pr opportunities to develop leadershi	oviding students with
	Did the organization	undertake any significa	int program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	nedule O.			
	Did the organization	cease conducting, or m	ake significant	changes in how it conduc	cts, any program	
		ese changes on Schedu				☐ Yes 🗹 No
ı	Describe the organize Section 501(c)(3) are	zation's program service	accomplishme	I to report the amount of	argest program services, as meas grants and allocations to others,	
а	(Code: See Additional Data) (Expenses \$	5,239,044	including grants of \$	996,510) (Revenue \$	2,963,009)
b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
i	Other program serv (Expenses \$	ices (Describe in Schedi	ule O.) uding grants of	\$) (Revenue \$)
_	Total program ser	wise expenses b	5 239 (144		

Form 990 (2019)							
Par	Checklist of Required Schedules						
			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	з		No			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No			
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	6		No			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes				
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.						
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		No			
	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 2	11c		No			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No			
е	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 and XII	12a	Yes				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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		No			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	40	V				

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

Nο

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	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
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and						
	Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
С	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 as charitable contributions?	6a		No			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b					
	Organizations that may receive deductible contributions under section 170(c).						
а	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	Yes				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
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?	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						
c	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
b	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			

Га	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	· respo	onse to i	mes ✓				
Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing							
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6							
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		No				
3	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? .							
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		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did 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?							
	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).							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ction C. Disclosure	100						
<u> </u>	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Christine Mulka 3333 E Beltline Avenue NE Grand Rapids, MI 49525 (616) 222-3000							

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII $\,$.

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

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

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

organization, more than \$10,000 of reportable co See instructions for the order in which to list the			organ	iizat	ion	and ar	ıy re	elated organizations	.		
Check this box if neither the organization no	•		tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, ι n of	t ch unle fice	r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) Patricia Harris President	60.00			x				118,919	0	24,334	
(2) Kenneth Capisciolto VP for College Advancement	60.00					х		101,420	0	26,909	
(3) Christine Mulka CFO	60.00			x				78,930	0	3,132	
(4) Janice Koopman Board Chairwoman	1.00	×		x				0	0	0	
(5) Matthew Nelson Board Chairman (part year)	5.00	×		x				0	0	0	
(6) David Smies Vice-Chairman	1.00	x		х				0	0	0	
(7) Jason Bomers Treasurer	1.00	×		х				0	0	0	
(8) Darrell Delaney Board Member, Secretary	1.00	х		х				0	0	0	
(9) Karen Helder Secretary (part year)	3.00	х		х				0	0	0	
(10) Eric Hoogstra Board Member	1.00	х						0	0	0	
(11) Gary Bekker Board Member	1.00	х						0	0	0	
(12) Ashanti Bryant Board Member (part year)	1.00	х						0	0	0	
(13) Daniel Maat Board Member (part year)	1.00	Х						0	0	0	

Par	t VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and	High	nest Coi	mpens	ated	Employees	(con	tinued)	
	(A) Name and title	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more Repo compe							(D) (E) ortable ensation m the nization organization (M) (E) Reportable compensatio from related organization (M) (M) (M) (M) (M) (M)		l s	compensatio			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- ISC)		(W-2/1099- MISC)		rela rela organiz	ted
				_	H						\perp				
						-									
				_	\square	\square					+				
					-						+				
c T	ub-Total	art VII, Section	A				•			299,269			0		54,375
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece			\$100),000			<u> </u>
3	Did the organization list any former	officer director	or trust	k		mple	ovee ,	or hi	ahest car	mnensat	ted e	mnlovee on		Yes	No
	line 1a? If "Yes," complete Schedule	J for such individ	dual .	•	•			٠			٠		3		No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$		0? <i>If</i>	"Yes,	," cc	omplet					the			
5	Did any person listed on line 1a recei	ve or accrue cor	mpensat	tion fi	rom .	any	unrela			tion or i	indivi	dual for	4		No
	services rendered to the organization		ete Sch	edule	: J fo	r su	ch per	rson	• •	• •	•		5		No
1	ction B. Independent Contract Complete this table for your five high	est compensate											mpen	nsation	
	from the organization. Report comper	(A) and business addre		уеаг	ena	ing '	with 0	or with	min the C			(B) stion of services			C) nsation
Creati	ve Dining	and Buomese dual								Student	_			Сотпро	184,146
Grand	Burton Street SE Rapids, MI 49501									M. L. III	/D				444.520
_	o & DeVries Lamberton Creek Ct NE									Marketin	ig/Pro	motion			144,538
Grand	Rapids, MI 49505														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

		(2019)								Page 9
Part	VII				a resno	inse or note to any	line in this Part VIII			🗆
		CHECK II SCHOOL	aure	o contains (и гезро	rise of flore to diff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1	a Federated campa	aigns	S	1a		L	revenue		<u> </u>
anta		b Membership due:	s.		1 b					
<u>.</u> 6		c Fundraising even	nts .		1c	114,495				
ar A		d Related organiza			1d					
s, G imil		e Government grants		-	1e	829,497				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contribution and similar amounts above			1f	2,968,104				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributio	ns in	ncluded in						
ont od C		lines 1a - 1f:\$			1 g	94,150				
<u>ರ ಕ</u>		h Total. Add lines	1a-1	.f	• •	· · · •	3,912,096			
	_	Tuition and food				Business Code	2,537,102	2,537,102		
<u>e</u>	28	Tuition and fees				611710	, ,			
Program Service Revenue	b	Auxiliary enterprises				611710	425,433	425,433		
eg.										
rvice	C									
Sei	d	ı								
gran	e									
Pro		-								
		All other program								
	_	Total. Add lines 2				2,962,535		Γ	Ī	
		Investment income similar amounts) .		iuaing aivia		nterest, and other	41,989			41,989
		Income from invest					-			
	5	Royalties	·	(i) Re		(ii) Personal	•			
						, ,	+			
		a Gross rents Less: rental	6a		74,399					
	_	expenses	6b		74,399)				
	С	Rental income or (loss)	6c		0					
	•	d Net rental income	e or	(loss)		· · · •	0			
				(i) Secur	ities	(ii) Other				
	7 <i>a</i>	from sales of assets other than inventory Gross amount 7a 1,215,92			215,928					
	b	Less: cost or other basis and sales expenses	7b	1,	176,124	271,18	66			
	С	Gain or (loss)	7c		39,804	-271,18	36			
		d Net gain or (loss)					-231,382			-231,382
Other Revenue	82	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	114,495 of	8a	15,125	5			
. Re	ŀ	b Less: direct expen	ses		8b	42,499				
thei	(c Net income or (los	ss) fr	rom fundrais	sing eve	ents	-27,374			-27,374
	9a	Gross income from See Part IV, line 19			9a					
		b Less: direct expen c Net income or (los			9b	AS	_			
	•	c Net Income or (los	55) 11	oni ganiing	activiti	es •				
		aGross sales of invertering and allowa	ance	s	10a					
		b Less: cost of good			10b	orv.				
	•	Net income or (los Miscellaneo			nivent	Business Code				
	11	La								
	ŀ	b								
	•	С								
		d All other revenue		_			474	474		-
		e Total. Add lines 1				•				+
		2 Total revenue. S					474			-
			- "		-	•	6,658,338	2,963,009		0 -216,767 Form 990 (2019)

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to a	any line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	991,098	991,098		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5,412	5,412		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	229,669	194,300	23,571	11,798
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5			
7 Other salaries and wages	2,388,448	2,010,106	262,353	115,989
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	116,883	103,025	5,217	8,641
9 Other employee benefits	168,932	148,902	7,540	12,490
10 Payroll taxes	164,733	145,202	7,352	12,179
11 Fees for services (non-employees):				
a Management				
b Legal	1,064	576	482	6
c Accounting	16,820	14,928	1,870	22
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,401		7,401	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	124,125	95,412	17,698	11,015
12 Advertising and promotion	207,958	180,405	21,005	6,548
13 Office expenses	161,242	130,523	9,269	21,450
14 Information technology	247,381	233,261		14,120
15 Royalties				
16 Occupancy	210,062	209,824		238
17 Travel	24,538	21,424	490	2,624
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings	32,549	15,314	15,575	1,660
20 Interest	16,981		12,037	4,944
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	267,026	263,854		3,172
23 Insurance	37,056	342	36,714	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Auxiliary enterprises	225,565	225,565		
b Academic programs	187,172	187,172		
c Dues and subscriptions	75,645	58,651	7,718	9,276
d Equipment and repairs	4,231	3,748		483
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,911,991	5,239,044	436,292	236,655
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2 3

Assets

Fund Balances

ō 29

Assets 30

27

28

31

32

33

(B) End of year

Beginning of year

15.817.590

10,796,532

1

2

3

4

5

6 7

8

9

10c

11

12 13

14

15

16

17

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19

20

21

22 23

24

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26

27

28

29

30

31

32

33

6.922

58,035

5,403,366

4,851,772

122,152

311,638

19.648

64,143

395,429

6,595,755

3,724,424

10,320,179

10,715,608

10,715,608

Page **11**

2,097,997

16,854

15,000

75,415

6.874

28,735

5,021,058

3,982,583

85,486

230,983

35.664

55,564

322.211

6.733,024

4,274,767

11,007,791

11,330,002

Form 990 (2019)

11,330,002

Cash-non-interest-bearing	88,433
Savings and temporary cash investments	87,789
Pledges and grants receivable, net	65,000
Accounts receivable, net	32,139

Check if Schedule O contains a response or note to any line in this Part IX . . .

Loans and other payables to any current or former officer, director, trustee, Loans and other receivables from other disqualified persons (as defined under

key employee, creator or founder, substantial contributor, or 35% controlled section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments—publicly traded securities . Investments—program-related. See Part IV, line 11

10b Investments—other securities. See Part IV, line 11 .

11 12 13 14 Intangible assets . 15 Other assets. See Part IV, line 11 . . . 16

17 Accounts payable and accrued expenses .

Total assets. Add lines 1 through 15 (must equal line 34) . 18 Grants payable . 19 Deferred revenue . . . 20

Tax-exempt bond liabilities . . .

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

21 Liabilities 22 23 Secured mortgages and notes payable to unrelated third parties . . .

24 25

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Unsecured notes and loans payable to unrelated third parties . and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

Other liabilities (including federal income tax, payables to related third parties, Total liabilities. Add lines 17 through 25 . .

Organizations that follow FASB ASC 958, check here <a> \square and

26

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b Yes

3b Yes

Form 990 (2019)

Additional Data

Software ID:

Software Version:

EIN: 38-1368367

Name: Kuyper College

Form 990 (2019)

Form 990, Part III, Line 4a:

them, and with the skills He's given them, make a godly impact in the lives of others.

Founded in 1939, and accredited by various regional and national agencies, Kuyper College is a leading Christian College focused on effectively training students to make a difference in God's world. And they are doing so with extraordinary results, as they use what they have learned at Kuyper to make an impact in the lives of others in more than 50 countries around the globe. At Kuyper, we put biblical faith first in the academic and community experience of our students through the integration of a high-quality academic curriculum and a Reformed worldview. (Continued on Schedule O)This provides them a well-rounded college experience and the ability to see, understand and live all of life through the lens of Scripture. We also equip our students to become leaders, training them to take responsibility for who they are, to accept where God has placed

efile GRAPHIC print - DO NOT PROCESS			3493043016581					
SC	HED	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		f the Treasury	► Go to <u>www.irs.</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam		nie Service he organiza de	tion				Employer identific	
		-					38-1368367	
	rt I		for Public Charity Statual private foundation because				See instructions.	
1	n ganiz		onvention of churches, or as:	•	•		(A)(i)	
2		·	ŕ					
	✓		scribed in section 170(b)(1		,	, ,		
3	Ш	·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives a (0(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		non-land g	ural research organization de rant college of agriculture. Se	e instructions. Enter	the name, city, a	and state of the	college or university:	
10		from activit	ation that normally receives: ties related to its exempt fund income and unrelated busing See section 509(a)(2). (Con	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations d I through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization supents of the supporting organiza plete Part IV, Sections A a	tion vested in the sar			• • • • • • • • • • • • • • • • • • • •	_
С		Type III f	unctionally integrated. A sorganization(s) (see instruction	upporting organizatio				ted with, its
d		functionally	on-functionally integrated integrated integrated. The organization (a). You must complete Par	generally must satis	fy a distribution	requirement and		
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter	r the number	of supported organizations				<u> </u>	
g	Provi	ide the follow	ing information about the su	pported organization(r '			
	(i) Name of supported organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the In		Cat. No. 11285			 90 or 990-EZ) 2019

	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						-	
_	membership fees received. (Do not	1,953,307	3,322,102	2,951,822	3,292,250	:	3,912,096	15,431,577
	include any "unusual grant.")	, ,	, ,	, ,	, ,			, ,
2	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 3	1,953,307	3,322,102	2,951,822	3,292,250		3,912,096	15,431,577
	The portion of total contributions by	=,,	-,,	=,,	- , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							4,957,080
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public support. Subtract line 5							
	from line 4.							10,474,497
S	ection B. Total Support							
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
_	(or fiscal year beginning in) ▶	1.052.207	3,322,102	2,951,822	3,292,250		3,912,096	15,431,577
7	Amounts from line 4 Gross income from interest.	1,953,307	3,322,102	2,951,822	3,292,250		3,912,096	15,431,5//
8	dividends, payments received on							
	securities loans, rents, royalties and	129,695	87,956	130,605	178,436		116,388	643,080
	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	27,484	11,862	1,710	12,164		15,599	68,819
	assets (Explain in Part VI.).	27,404	11,002	1,710	12,104		13,399	00,019
11	Total support. Add lines 7 through							
	10							16,143,476
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		19,987,574
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501((c)(3) orga	nization,
	check this box and stop here						▶ □	
S	ection C. Computation of Public	Support Perce	entage				-	
14	Public support percentage for 2019 (lin	• •	_	olumn (f))		14		64.880 %
15	Public support percentage for 2018 Sc	hedule A, Part II, I	ine 14			15		66.560 %
	33 1/3% support test-2019. If the						heck this b	
IVa	and stop here. The organization quali							_
L	33 1/3% support test—2018. If th							
D		_						_
	box and stop here. The organization 10%-facts-and-circumstances test	qualifies as a pub	licly supported org	janization	0.12 165 04 164	 		. ▶ ⊔
17a	is 10% or more, and if the organization							
	in Part VI how the organization meets							
					, pas	,pp		. □

Р	art III Support Schedule for						
(Complete only if you checked the box on line 10 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.)							
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide					
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions if any for years prior to 2019	I landardistributions if any far years prior to 2010					

7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2019:					
a From 2014					
b From 2015					
c From 2016					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part II. Line 10. Special Event Revenue - 2015 Amount: \$ 7,200. 2016 Amount: \$ 6,240. 2017 Amount: \$ 1,710. Explanation of Other Income: 2018 Amount: \$ 10,710. 2019 Amount: \$ 15,125. Misc revenue - 2015 Amount: \$ 20,284. 2016 A

mount: \$ 5,622. 2018 Amount: \$ 1,454. 2019 Amount: \$ 474.

990 Schedule A, Supplemental Information		
Return Reference	Explanation	
Schedule A, Part II:	The organization is a school as described under 170(b)(1)(A)(ii) and is not required to complete a public support schedule. Schedule A, Part II is completed to verify the School can qualify under public charity status section 170(b)(1)(A)(vi) and qualifies to use the first listed special rule for Schedule B reporting	

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493043016581

OMB No. 1545-0047

2019

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	ne of the organ er College	nization			Employer identific	ation number
kuγμ	or conege				38-1368367	
Par		izations Maintaining Donor Adv			r Accounts.	
	Comple	ete if the organization answered "Ye		· · · · · · · · · · · · · · · · · · ·	(1) 5 1 1	
_	F-4-1	t d -5	(a) Donor a	dvised funds	(b) Funds and	other accounts
		t end of year				
		e of contributions to (during year)				
		e of grants from (during year)				
. /	Aggregate value	e at end of year				
	organization's	zation inform all donors and donor adviso property, subject to the organization's ex	xclusive legal control?		•	☐ Yes ☐ No
	charitable purp	zation inform all grantees, donors, and d poses and not for the benefit of the dono ?	r or donor advisor, or	for any other purpose c		le
Part		ervation Easements.				
	Comple	ete if the organization answered "Ye	es" on Form 990, Pa	art IV, line 7.		
	Purpose(s) of c	conservation easements held by the orga	nization (check all tha	t apply).		
	☐ Preservat	tion of land for public use (e.g., recreatio	on or education)	Preservation of an	$historically\ important$	land area
	☐ Protection	n of natural habitat	[Preservation of a c	ertified historic structi	ıre
	☐ Preservat	tion of open space				
!	Complete lines	2a through 2d if the organization held a he last day of the tax year.	qualified conservation	contribution in the for		End of the Year
		of conservation easements		1	2a	Lila of the Teal
		restricted by conservation easements		ŀ	2b	
	-	servation easements on a certified histor		 	2c	
		servation easements included in (c) acqu		` ′	2d	
		in the National Register	aned arter 7,23,00, an		Zu	
	Number of contact year ►	servation easements modified, transferr	ed, released, extinguis	hed, or terminated by t	the organization durin	g the
	Number of stat	tes where property subject to conservation	on easement is located	I ▶		
i	Does the organ	nization have a written policy regarding t	the periodic monitoring	ı, inspection, handling o	of violations.	
		ent of the conservation easements it hold			Y	es 🗌 No
•	Staff and volur	nteer hours devoted to monitoring, inspe	cting, handling of viola	ations, and enforcing co	onservation easements	during the year
	Amount of exp	enses incurred in monitoring, inspecting,	, handling of violations	, and enforcing conserv	vation easements duri	ng the year
		servation easement reported on line 2(d 0(h)(4)(B)(ii)?				′es 🗌 No
	balance sheet,	escribe how the organization reports con: and include, if applicable, the text of the on's accounting for conservation easemen	e footnote to the orgar			
art		izations Maintaining Collections ete if the organization answered "Ye			er Similar Assets.	
_	art, historical t	tion elected, as permitted under SFAS 1: reasures, or other similar assets held for t XIII, the text of the footnote to its fina	r public exhibition, edu	cation, or research in fo		
	historical treas	tion elected, as permitted under SFAS 1: sures, or other similar assets held for pub unts relating to these items:				
(i)) Revenue inclu	ided on Form 990, Part VIII, line $1 \ . \ . \ .$			> \$	92,950
(ii)	Assets include	d in Form 990, Part X			> \$	92,950
	If the organizat	tion received or held works of art, histor unts required to be reported under SFAS	ical treasures, or othe	r similar assets for finar		
а	Revenue includ	ded on Form 990, Part VIII, line 1			🕨 \$	
b	Assets included	d in Form 990, Part X			> \$	

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment .

e Other .

Sche	edule D (Form 990) 2019						Page 2
Par	t III Organizations Maintaining C	ollections of Art, Histo	rical Treas	ures, or Other S	Similar Assets (a	ontinued)	
3	Using the organization's acquisition, access items (check all that apply):	ion, and other records, chec	k any of the f	ollowing that are a	significant use of its	collection	
а	✓ Public exhibition	d	☐ Loa	n or exchange prog	rams		
b	Scholarly research	е	☑ Oth	er Education			
c	Preservation for future generations						
4	Provide a description of the organization's of Part XIII.	collections and explain how t	hey further th	ne organization's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than					s 🗹 N	lo
Pa	rt IV Escrow and Custodial Arrang Complete if the organization an X, line 21.		0, Part IV,	line 9, or reporte	d an amount on F	orm 990,	Part
1 a	Is the organization an agent, trustee, custo included on Form 990, Part X?					s 🗆 N	lo
b	If "Yes," explain the arrangement in Part X	III and complete the followin	ıg table:		Amount		_
c	Beginning balance	•	-	1c			_
d	Additions during the year			1d			_
е	Distributions during the year						_
f	Ending balance			46			_
	-				Lilia D.		
2a	Did the organization include an amount on					s ∐ N	10
b	· · · · · · · · · · · · · · · · · ·	III. Check here if the explana	ation has bee	n provided in Part X	ш ⊔		
Pa	rt V Endowment Funds. Complete if the organization an	swered "Ves" on Form 90	00 Part TV	line 10			
	Complete if the organization an		Prior year		(d) Three years back	(e) Four yea	ırs back
1a	Beginning of year balance	3,643,095	8,630,979	8,599,170	8,615,254		723,179
b	Contributions	539,920	1,745,328	185,256	164,496		327,127
С	Net investment earnings, gains, and losses	291,852	250,845	196,153	385,249		-61,597
	Grants or scholarships						
	Other expenditures for facilities						
_	and programs	200,100	6,984,057	349,600	565,829		373,455
f	Administrative expenses						
g	End of year balance	4,274,767	3,643,095	8,630,979	8,599,170	8,	615,254
2	Provide the estimated percentage of the cu Board designated or quasi-endowment ▶	rrent year end balance (line	1g, column (a)) held as:	•		
b	Permanent endowment ► 100.000 %						
_	Temporarily restricted endowment ▶						
С	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%					
3а	Are there endowment funds not in the possorganization by:		at are held a	nd administered for	the	Yes	No
	(i) unrelated organizations				3a	(i) Yes	
	(ii) related organizations				<u> </u>	(ii)	No
b			nedule R? .		3	b	
4	Describe in Part XIII the intended uses of t	he organization's endowmen	t funds.			•	
Pa	rt VI Land, Buildings, and Equipm						
	Complete if the organization an						-
	Description of property (a) Cost or (invest		er dasis (otner)	(c) Accumulated d	epreciation (d) Book valu	le
1 a	Land		293,01	5			293,015
b	Buildings		12,130,698	8	7,739,445		4,391,253
c	Leasehold improvements						
d	Equipment		2,685,123	3	2,522,189		162,934

708,754

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

173,856

534,898

Part VII Investments—Other Securities.	O Dowt IV line	11h Coo Form 000 F	loub V. line 12
Complete if the organization answered "Yes" on Form 99 (a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: year market value
(1) Financial derivatives			
(3)Other	-		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related.	▶		
Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	90, Part IV, line	e 11c. See Form 990, I	Part X, line 13. (c) Method of valuation:
(a) bescription of investment		(B) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 99	0, Part IV, line	11d. See Form 990, Par	t X, line 15.
(a) Description			(b) Book value
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.		<u> </u>	▶
Complete if the organization answered 'Yes' on Form 99 (a) Description of liability	0, Part IV, line	11e or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the orga	▶ anization's financial stater	55,564 ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Ch			_

Page 4

5,844,200

116,898

5,039,690

872,301

5.911.991

Schedule D (Form 990) 2019

58,163 e 2e Subtract line 2e from line 1 3 3 5,786,037 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 7,401 4b 864,900 b Add lines **4a** and **4b** 4c C

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII

872,301 6,658,338 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 5,156,588

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, line 2; Part

2a 2b

2c

2d

4a

4b

Explanation

116,898

7,401 864,900

2e

3

4c

5

Total expenses and losses per audited financial statements

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . е Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Prior year adjustments

Return Reference

See Additional Data Table

Schedule D (Form 990) 2019

1

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2

C

3 4

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

b 5

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

EIN: 38-1368367 Name: Kuyper College

Supplemental Information	

Software ID: Software Version:

Explanation

The Torah Scroll is held exclusively for public exhibition and education purposes.

Return Reference

Supplemental Information	
Return Reference	Explanation
Part V, Line 4:	The College has adopted a policy to insure a total return necessary to preserve and enhanc e the principal of the funds, and at the same time, provide a dependable source of support for current projects of the college. Form 990, Schedule D, Part V, Lines 2a-2c: In accord ance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented r equired changes to its audited financial statements for the period ended 6/30/2020. To dat e, Schedule D has not been updated to reflect changes made by this standard. Thus, we have reported the revised net asset categories from the audited financial statements as follow s on Form 990, Schedule D, Part V, Lines 2a-2c: Line 2a - Without donor restrictions Line 2b - With donor restrictions

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Fundraising expenses 42,499. Rental expenses 74,399. Change in value of split interest agr eements 3,714. Change in value of life insurance 432.

Supplemental Information	emental Information		
Return Reference	Explanation		
Part XI, Line 4b - Other Adjustments:	Financial aid 864,900.		

S

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments:	Fundraising expenses 42,499. Rental expenses 74,399.

-

Supplemental Information	ntal Information		
Return Reference	Explanation		
Part XII, Line 4b - Other Adjustments:	Financial aid 864,900.		

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493043016581 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel & the cospanization **Employer identification number** Kuyper College 38-1368367 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2		
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.		
Return Reference	Explanation	
Schedule E, Part I, Line 3	Kuyper College includes its non-discriminatory policy on the homepage of the organization's website and in its broadcast media announcement. The policy is also included in the following communications of the College: Press release, Viewbook, Fact Sheet, College Catalog, and Employment Advertising.	
Schedule E, Part I, Line 6	Governmental Financial aid or assistance is derived from the Federal Title IV programs.	
	Schedule E (Form 990 or 990-EZ) (2019)	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493043016581 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Kuvper College 38-1368367 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) North America - Canada and 0 0 Grants to recipients 5,412 located in the region Mexico 5,412 3a Sub-total . **b** Total from continuation sheets to Part I . . . 5,412 c Totals (add lines 3a and 3b)

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

Cat. No. 50082W

Schedule F (Form 990) 2019

Schedule F (Form 990) 2	2019							Page 2
						ete if the organization onal space is needed		on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America - Canada and Mexico	Translation for theological research	5,412	Check			
2 Enter total numbe	r of recipient	organizations listed a	bove that are recogn	nized as charities by t	he foreign country,	recognized as tax-		
				ection 501(c)(3) equiv			·	0
3 Enter total numbe	r of other org	anizations or entities						1
·			·		·	-	Schedule	F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign 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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
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)	☐Yes	☑ No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
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)	☐Yes	✓ No
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 separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (F	orm 990) 2019 Page 5
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. ule F, Supplemental Information
Return Reference	Explanation
Part I, Line 2	Grant for translating early 19th century Dutch theological works into 21st century English and French are monitored through reports, video

conferences as well as in-person visits by a Kuyper representative.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3:	The organization tracked expenditures in accordance with accrual basis of accounting.

990 Schedule F, Supplemental Information

Beturn Reference

Explanation

Return Reference Explanation

Part III Accounting Method:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493043016581 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Kuyper College 38-1368367 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	gross receipts greater than \$	event contributions and	answered "Yes" on Forr gross income on Form		
	gross receipes greater than \$	(a)Event #1 Gala	(b) Event #2 Golf Outing	(c)Other events	(d) Total events (add col. (a) through col. (c))
Keverkie		(event type)	(event type)	(total number)	
	1 Gross receipts	71,740	57,880		129,62
	2 Less: Contributions	71,740	42,755		114,49
	3 Gross income (line 1 minus line 2)	7 1,7 10	15,125		15,12
	4 Cash prizes				
3	5 Noncash prizes	326	830		1,15
Caculador mano	6 Rent/facility costs	5,150	8,306		13,45
<u> </u>	7 Food and beverages		6,636		6,63
	8 Entertainment				
· Т	9 Other direct expenses	11,425	9,826		21,25
·	10 Direct Add lines 4.			_	
	10 Direct expense summary. Add lines 4 11 Net income summary. Subtract line 10	from line 3, column (d)		>	-27,37
ar	·	from line 3, column (d)	(b) Pull tabs/Instant	V, line 19, or reported (c) Other gaming	-27,37 d more than \$15,000 (d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the org	from line 3, column (d) anization answered "Ye	·		-27,37 d more than \$15,000 (d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the org	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-27,37 d more than \$15,000 (d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the org on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-27,37 d more than \$15,000 (d) Total gaming (add
ar	11 Net income summary. Subtract line 10 11 Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-27,37 d more than \$15,000 (d) Total gaming (add
Par	11 Net income summary. Subtract line 10 1111 Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-27,37 d more than \$15,000 (d) Total gaming (add
Par Parish Andrews	11 Net income summary. Subtract line 10 Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		
Par Para Para Para Para Para Para Para	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-27,37 d more than \$15,000 (d) Total gaming (add
ar	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-27,37 d more than \$15,000 (d) Total gaming (add
ar	Gaming. Complete if the org on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Tyes %	(c) Other gaming	-27,37 d more than \$15,000 (d) Total gaming (add
ar	Gaming. Complete if the org on Form 990-EZ, line 6a. Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming ☐ Yes % ☐ No ▶	-27,37 d more than \$15,000 (d) Total gaming (add
Par	Gaming. Complete if the orgon Form 990-EZ, line 6a. Gash prizes Noncash prizes Rent/facility costs Other direct expenses Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain:	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes	-27,37 d more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3		
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио			
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes				
13	Indicate the percentage of gam	ning activity conducted in:							
а	The organization's facility .			13a			%		
b	An outside facility			13b			%		
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:					
	Name •								
	Address >								
15a			m the organization receives gaming		· Yes	Пио			
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the					
c	If "Yes," enter name and address of the third party:								
	Name •								
	Address ▶								
16	Gaming manager information:								
	Name 🟲								
	Gaming manager compensation ▶ \$								
	Description of services provided	d ▶							
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions:								
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио			
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1es				
		pt activities during the tax year							
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.		
	Return Reference		Explanation						

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

OMB No. 1545-0047

DLN: 93493043016581

Open to Public Inspection

Freasury Internal Revenue Service		Go to ww	w.irs.gov/Form990 tor	the latest information	on.		
Name of the organization						Employer identific	ation number
Kuyper College						38-1368367	
Part I General In	formation on Grants	and Assistance				·	
the selection criteria	on maintain records to sub used to award the grants he organization's procedu	or assistance?			for the grants or assistant	ce, and	☑ Yes ☐ N
Part III Grants and C	Other Assistance to Don	nestic Organizations a	nd Domestic Governme		rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
that received	more than \$5,000. Part I	1	i .	1			1
(a) Name and address organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

(Form 990)

Department of the

Page 2

Schedule I (Form 990) 2019

(3) COVID-19 Title IV GRANTS 85 85,000 38 39,698 (4)

COVID-19 Emergency Food and Shelter Grants (5) MWest Challenge Sponsorship 1,500

(5) (6)

(7)

Scholarships and awards are awarded according to scholarship protocols and are continually monitored for satisfactory progress. These scholarships are applied directly

to each student's account at the College. Sponsorships are part of a cross collaboration with other colleges and universities in West Michigan. As part of the

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

collaboration, Kuyper is able to monitor the use of the funds to ensure they are used for the intended purpose.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

Part I, Line 2:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493043016581 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Kuyper College 38-1368367 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures 92,950 Appraisal Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (Golf cart) 1,200 Cost 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
Part I, Column (b):	The number of contributions represent the number of contributions received, not the number of items donated.
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print	t - DO NOT PROCESS	As Filed Data -		DLN:	93493043016581
SCHEDUL (Form 990 or EZ)	• 990-	Complete to prov Form 990 o	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.			
Namel Bf the เ จ กิฐาก่า zation Kuyper College					Employer identi 38-1368367	fication number
990 Schedul	e O, Sup	oplemental Information	1			
Return Reference		Explanation				
Form 990, Part VI, Section A, line 1	-Chair, E The Exe authority . Condui for board tify and incies se ans to be y, witnes e and er n to the thorough	Board Secretary, Board Treasecutive Committee has the foly of board (exceptions apply) of regular performance reviet d meetings 6. Affirm the valid understand the environment reved through the college's act a Reformed, Bible college as and worldview 10. Review mployee commitment to the Doctrinal Statement. 11. Enshly 12. Identify, recruit, orient	surer, Board Vice-Tre llowing duties: 1. Fun 2. Monitor current bu ws of the President 5 ity of the mission and the college operates addemic programs 8. 9. Ensure the college and confirm Statement, a cure that the board ca new trustees 13. Ens	and members: Board Chair, Board reasurer and President (ex officio) ction between board meetings wandget 3. Advise the President 4. Approve agenda and action iterd vision of the college 7. Iden in and the needs of the constitue Identify and articulate what it me's commitment to Reformed the cent of Allegiance, individual trusteand decide on statements of excurries out its governance duties sure that individual trustees make recommendations for cha	o. vith ms e e e blog e	

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization 's CFO. The President also reviews the form prior to it being distributed to the Board. Th e reviewed Form 990 is then emailed to the Board members for review. Any changes or questi ons noted by the Board are addressed and the final copy of the Form 990 is provided to the Board prior to filing with the IRS.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Board members, officers and key employees are asked to complete the conflict of interest q uestionaire annually. The questionaire is reviewed by the Board Chair, President and CFO. Should any potential conflicts of interest be disclosed, the entire Board is informed of t he potential conflict to assure impartiality, and Board members are excused from the room before discussion on the topic and are unable to vote. In cases of officers or key employe es, transactions are reviewed by at least two other officers for arms-length evaluation, c ompetitive cost analysis or competencies of individuals.

Return Explanation Reference

s is documented.

The Board determines the President's salary. Comparability data is used, and the approval Form 990. process is documented. Form 990, Part VI, Section B, Line 15b: The compensation for other Part VI. Section B. officers is approved by the President. Comparability data is used, and the approval proces line 15

Return Explanation
Reference

line 19

Form 990,
Part VI,
Section C.

The governing documents, conflict of interest policy and financial statements are available upon request.

Return Explanation Reference

Form 990, Change in value of split interest agreements 3,714. Change in value of life insurance 432.

Part XI, line