# SCANNED MAY 0 6 2022

Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service AMENDED RETURN

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
2019

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 '

A	or the	2019 calendar year, or tax year beginning $UULI$ , $2UIY$ and	ending U	UN 30, 2020			
В	Check if ipplicable	C Name of organization		D Employer identific	cation number		
	Addres	HOPE COLLEGE					
<u>_</u>	Name change	Doing business as		38-1381271			
	]Initial return ]Final	Number and street (or P 0 box if mail is not delivered to street address)  141 E. 12TH STREET	Room/suite	E Telephone number (616)395-7810			
	ireturn/ termin-		000 545 506				
Γx	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code HOLLAND, MI 49423		G Gross receipts \$ H(a) Is this a group re			
<u> </u>	Applica			for subordinates			
_	pendin			H(b) Are all subordinates in	$\overline{}$		
17	ax-exe	mpt status X 501(c)(3)	or 527	1 ' '	list (see instructions)		
		WWW.HOPE.EDU		H(c) Group exemption	•		
KF	orm of	organization: X Corporation Trust Association Other ▶	L Year	of formation 1866 N	A State of legal domicile MI		
Pa	art I	Summary					
		Briefly describe the organization's mission or most significant activities $\overline{ ext{THE}}$ .			OLLEGE IS		
Governance	]	TO EDUCATE STUDENTS FOR LIVES OF LEADERSH	IP AND	SERVICE IN	A GLOBAL		
rna	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass			
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	28		
<u>ح</u>	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	25		
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	9	5	3399		
Activities	l	Total number of volunteers (estimate if necessary)		6	1 100 040		
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,180,840.		
_	b /	Net unrelated business taxable income from Form 990-T, line 39		7b			
	١.,	Sentributions and exects (Det VIII line 1b)	-	Prior Year 13,256,649.	Current Year 24,734,587.		
ne	F	Contributions and grants (Part VIII, line 1h)	1	39,521,119.	129,596,428.		
Revenue	ŀ	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	7,398,672.	5,907,063.		
æ	i .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,321,036.	1,313,091.		
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	61,497,476.	161,551,169.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		36,813,008.	38,242,920.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
vo.	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		67,140,447.	68,946,213.		
ıse	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	ь	otal fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 3,804,86	56.				
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,896,485.	47,773,886.		
	18 7	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1	57,849,940.	154,963,019.		
		Revenue less expenses Subtract line 18 from line 12		3,647,536.	6,588,150.		
Net Assets or		RECEIV	ED Be	nning of Current Year	End of Year		
sset	20	otal accets (Part V line 16)	A	96,373,575.	493,947,019.		
et A	21	Total liabilities (Part X, line 16)  Vet assets or fund balances Subtract line 21 from line 20		74,132,228. 22,241,347.	70,872,669.		
럂	22 /	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	24,241,341.	423,074,350.		
		<del>-</del>		to and to the best of mu	Language and heliaf et in		
Una	er penal	ties of perjory, I declare that I have examined this return, including according to be that les , and complete, Declaration of preparer (other than officer) is based on all information of wh	alici stateme	nts, and to the best of my	knowledge and bellet, it is		
ii ue,	COLLECT	, and complete, beclaration or preparer (other than officer) is based on an information of which	HORNIS MCCHANGE	G/34/	2021		
Sıgı	.	Signature of officer		Date	NOA!		
Her	l l	THOMAS BYLSMA, VICE PRESIDENT, CFO					
	`	Type or print name and title			·······		
	<del></del>	Print/Type preparer's name Preparer's signature	[	Date Check	PTÍN		
Paid	L	LISA FORT LISA FORT	lo	6/15/21 self-employ	P00223532		
		Firm's name PLANTE & MORAN, PLLC			38-1357951		
Use	Only	Firm's address 750 TRADE CENTRE WAY, STE. 300					
		PORTAGE, MI 49002		Phone no 26	<u>9-567-4500</u>		
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Form	m 990 (2019) HOPE COLLEGE 38-13812	71 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	THE MISSION OF HOPE COLLEGE IS TO EDUCATE STUDENTS FOR LIVES OF	
	LEADERSHIP AND SERVICE IN A GLOBAL SOCIETY THROUGH ACADEMIC AND	
	CO-CURRICULAR PROGRAMS OF RECOGNIZED EXCELLENCE IN THE LIBERAL AR	TS
	AND IN THE CONTEXT OF THE HISTORIC CHRISTIAN FAITH.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	· ·	1162 TT 140
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	JYes LA_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	ses, and
	revenue, if any, for each program service reported	
4a	/ // // // /	<u>94,978.</u> )
	THE ORGANIZATION PROVIDED COMPREHENSIVE LITERACY & SCIENCE COURSE	
	STUDY TO APPROXIMATELY 2,967 FULL TIME EQUIVALENT STUDENTS IN THE	
	OF 2019 AND 2,783 IN THE SPRING OF 2020. THE ORGANIZATION WAS ALS	0
	INVOLVED IN ADMINISTRATIVE, AUXILLARY OPERATIONS & STUDENT SERVIC	ES TO
	SUPPORT THE CAMPUS.	
4b	(Code) (Expenses \$ 5,064,079. including grants of \$ 1,388,531.) (Revenue \$ 4,6	41,510.)
	THE ORGANIZATION IS INVOLVED IN RESEARCH TO MAINTAIN ONE OF THE T	
	CHEMISTRY & BIOLOGY DEPTS IN THE COUNTRY, UTILIZE RESEARCH AS A	
	TEACHING TOOL IN THE CLASSROOM & TO FACILITATE LEARNING.	
		<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	120 474 995	
<del></del>		orm <b>990</b> (2019)

Form 990 (2019) HOPE COLLEGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	(		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<del>-^</del> -
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	х	
_	Schedule D, Part III			
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?	9		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	4,86	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<del></del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 19 if "Yes," complete Schedule I, Parts I and II	21		Х
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Par	t IV 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		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<del></del>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
	Schedule J	23	_^_	<del> </del>
24 a	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	<b> </b>	х	
	Schedule K If "No," go to line 25a	24a		x
	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	l		v
	any tax-exempt bonds?	24c	_	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>  ^-</del> -
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		v
	Schedule L, Part I	25b		X
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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?  f	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\vdash$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	х	
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
	Schedule N, Part II	32		<del>                                     </del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25 -	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		<del></del>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
36		36		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		<del></del>
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Yes	No
1 9	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	;	1	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	х	
93200	4 01-20-20			(2019)

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3399		<del></del>	لــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لـــا
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country	ļ		٠
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		-
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		-	
	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u></u>	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.  Did the conceasing organization make any taxable distributions under section 49662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter recess	<u> </u>	`	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	]		
	Gross income from members or shareholders.	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			لنـــا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			'
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
	Note: See the instructions for additional information the organization must report on Schedule O	1		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	1		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	L	,	<u> </u>
		Form	990	(2019)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 28 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O. 25 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15a Х 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\blacktriangleright MI$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Another's website Own website Describe on 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 State the name, address, and telephone number of the person who possesses the organization's books and records THOMAS BYLSMA - (616)395-7810 141 E 12TH ST, HOLLAND, MI

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Form 990 (2019)

#### HOPE COLLEGE

# 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization		orga I	ıııza			ipei	sale			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ē					Π	the	organizations	compensation
	hours for	ndividual trustee or director				5		organization	(W-2/1099-MISC)	from the
	related	- e o	ıstee			nsate		(W-2/1099-MISC)	, ,	organization
	organizations	E E	la tri		oyee	E .				and related
	below	vidua	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	亨	뺣	ijij0	, Ke	돌	ق			
(1) RICHARD J. PUCKETT	45.00	1								
VP FOR DEVELOPMENT	0.00	L			Х	<u> </u>	L	249,222.	0.	72,618.
(2) CADY SHORT THOMPSON	50.00									
PROVOST	0.00	_	L	Х	ļ			247,340.	0.	69,412.
(3) THOMAS BYLSMA	50.00									
CFO	0.00	_		Х		<u> </u>	ļ	209,996.	0.	77,424.
(4) CARL E. HEIDEMAN	40.00	ŀ								
DIRECTOR OF PROCESS/INNOVA	0.00	╙				Х		141,987.	0.	100,968.
(5) WILLIAM A. PANNAPACKER	40.00	1				İ				
FACULTY	0.00	L	L.			х	L	139,905.	0.	94,807.
(6) WILLIAM VANDERBILT	45.00									
VP FOR ADMISSIONS	0.00	<u> </u>			X		<u> </u>	190,029.	0.	37,049.
(7) RICHARD A. FROST	45.00	]								
VP FOR STUDENT DEVELOPMENT	0.00	<u> </u>	ļ		Х		_	168,167.	0.	36,580.
(8) AARON A. BEST	40.00								_	
FACULTY	0.00	<u> </u>		L_		X		139,195.	0.	57,094.
(9) JENNIFER FELLINGER	45.00	1								
VP FOR PUBLIC AFFAIRS/MARK	0.00				Х	ļ		159,236.	0.	33,445.
(10) DAVID VANWYLEN	40.00			i						
DEAN - NATURAL SCIENCE	0.00	╙	$ldsymbol{ld}}}}}}$	L.		X		148,215.	0.	33,454.
(11) TODD P. STEEN	40.00	1						·	_	
FACULTY	0.00	<u> </u>		lacksquare	$ldsymbol{ld}}}}}}$	X		142,662.	0.	30,646.
(12) MATTHEW SCOGIN	50.00	1							_	
PRESIDENT	0.00	X		Х		<u> </u>	_	137,876.	0.	38,738.
(13) DENNIS VOSKUIL	50.00								_	
INTERIM PRESIDENT-FORMER	0.00	<u> </u>				_	X	132,388.	0.	16,590.
(14) SONJA TRENT-BROWN	40.00	1							_	
TRUSTEE/PROFESSOR	0.00	X		<u> </u>		_		123,000.	0.	29,638.
(15) DR. VIRGINIA BEARD	40.00	1								
TRUSTEE/PROFESSOR	0.00	X			L_			75,239.	0.	20,014.
(16) NANCY DIRKSE DEWITT	1.00	1			1	1				_
SECRETARY	0.00	X		Х	$ldsymbol{ld}}}}}}$	ļ	L_	0.	0.	0.
(17) KARL DROPPERS	1.00	1			1			_	_	_
CHAIRPERSON	0.00	X	L_	Х	L	<u> </u>		0.	0.	0.
										Form 990 (2019)

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Part VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week (list any	(do		and (C Pos	2)	ghes	t Co	ompensated Employee (D)	s (continued) (E)	(F)
• •	Average hours per week							l (D) l	/E\	/E\
Name and title	hours per week				+			· ·	, ,	
	week	box.		heck :	more	than o		Reportable	Reportable	Estimated
	1					s both r/trus		compensation from	compensation from related	amount of other
	l (list arry	tor						the	organizations	compensation
	hours for	director				2		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			eusal		(W-2/1099-MISC)		organization
	organizations	a) trus	nal t		loyee	di o				and related
	below line)	individual trustee	Institutional trustee	Officer	Xey employee	Highest compensated employee	ormer			organizations
18) SUZANNE L. SHIER	1.00	-			<u>×</u>					···
ICE CHAIR	0.00	Х		Х				0.	0.	0.
19) MARK VAN GENDEREN	1.00									
RUSTEE	0.00	X						0.	0.	0.
20) GERALD J. PILLAY	1.00									
RUSTEE	0.00	X					L	0.	0.	0.
21) DAVID PAUL	1.00									
RUSTEE	0.00	X						0.	0.	0.
22) DAVID W. LOWRY	1.00									
RUSTEE	0.00	X					<u> </u>	0.	0.	0.
23) DR. NATHAN HART	1.00							_		_
RUSTEE	0.00	X	ļ					0.	0.	0.
24) BRIAN GIBBS	1.00							_	_	_
RUSTEE	0.00	X	L	L				0.	0.	0.
25) SANDRA GADDY	1.00						·			_
RUSTEE	0.00	Х					L	0.	0.	0.
26) KENNETH W. ERIKS	1.00							_		
RUSTEE	0.00	X					L	0.	0.	0.
1b Subtotal								2,404,457.	0.	748,477.
c Total from continuation sheets to Part VII	l, Section A						<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but no							<u> </u>	2,404,457.	0.	748,477.

	compensation from the organization			77
	<u> </u>		Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual	_ 4	х	-
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE DINING SERVICE, ONE ROYAL PARK	FOOD SERVICE	
DRIVE, SUITE 3, ZEELAND, MI 49464	MANAGEMENT	8,306,347.
OWEN-AMES- KIMBALL CO	CONSTRUCTION	
300 IONIA AVE NW, GRAND RAPIDS, MI 49503	SERVICES	5,585,170.
LAKEWOOD CONSTRUCTION COMPANY	CONSTRUCTION	
11253 JAMES STREET, HOLLAND, MI 49424	SERVICES	788,3 <u>08</u> .
CAMBRIDGE ASSOCIATES, LLC	INVESTMENT	
125 HIGH STREET, BOSTON, MA 02110	CONSULTANT	450,139.
MAJESTIC PAINTING AND FINISHING, LLC	INTERIOR AND	
4162 E. PONTALUNA RD, FRUITPORT, MI 49415	EXTERIOR REMODELING	416,455.
Total number of independent contractors (including but not limited to those lists \$100,000 of compensation from the organization ▶ 30	ed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 HOPE CO										12/1
Part VII   Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	es (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	=				loyee		the	organizations (W-2/1099-MISC)	compensation
	(list any hours for	lirect				emb		organization (W 2/1099-MISC)		from the organization
	related	10 a	stee			nsate		(** 27 1033-141130)		and related
	organizations	truste	al tru		yee	mbe				organizations
	below	Individual trustee or director	Institutional trustee	la:	Key employee	Highest compensated employee	Jet			
	line)	直	ıtsı	Officer	Key	Hıgh	Former			
(27) BARBARA DEPREE	1.00	Ţ								<del>-</del>
TRUSTEE	0.00	X						0.	0.	0
(28) DOUGLAS CONANT	1.00									
TRUSTEE	0.00	X		Ш		L		0.	0.	0
(29) DR. STEPHEN BOERIGTER	1.00	]							_	
TRUSTEE	0.00	X			<u> </u>			0.	0.	0
(30) DAVID M. BAST	1.00	1							_	_
TRUSTEE	0.00	X	ļ					0.	0.	0
(31) JEFFREY S. ALLEN	1.00	ļ							•	•
TRUSTEE	0.00	X	<del> </del>		ļ			0.	0.	0_
(32) TIMOTHY VANDEBUNTE	1.00	1.,							0	0
TRUSTEE	0.00	X				┝	_	0.	0.	0
(33) TOMMY GORDON	1.00							0.	0.	0
TRUSTEE (34) CAROL VANANDEL	1.00	X	├		-			0.	0.	0
TRUSTEE	0.00	X						0.	0.	0
(35) JIM MCFARLIN	1.00	^	┢		-	-		0.	0.	
TRUSTEE	0.00	X						0.	0.	0
(36) LESLIE MONDAY	1.00									
TRUSTEE	0.00	x						0.	0.	0
(37) MATT WIXSON	1.00	<u> </u>								
TRUSTEE	0.00	x						0.	0.	0
(38) TIM LONG	1.00							<u></u>		
TRUSTEE	0.00	x						0.	0.	0
(39) VICTORIA BRUNN	1.00								, , , , , , , , , , , , , , , , , , , ,	-
TRUSTEE	0.00	X	į					0.	0.	0
(41) MARGARET MILLER WILLIT	1.00									
TRUSTEE	0.00	<u> </u>						0.	0.	0
		<u> </u>	ļ							
		1								
		L	L							
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		<u> </u>	ļ							
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		-		$\vdash \vdash$	$\vdash$	$\vdash$				
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Form 990 (2019) HOPE COLLEGE
Part VIII | Statement of Revenue

			Check if Schedule O contains a resp	onse	or note to any line	e in this Part VIII			X
			Check is contead to contain a resp		ov view to diriy iiivi	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
	r		<del></del>						56000015 312 - 314
nts ats	1	а	Federated campaigns 1a						
ara our		b	Membership dues 1b						!
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events 1c						
ar,		d	Related organizations 1d						
s, a		е	Government grants (contributions) 1e		6,451,297.				
50		f	All other contributions, gifts, grants, and						'
but			similar amounts not included above 1f		18,283,290.				
Ξō		q	Noncash contributions included in lines 1a-1f	\$	2,665,721.				
Cog		h	Total. Add lines 1a-1f		<b>•</b>	24,734,587.			
					Business Code				
A)	2	a	TUITION & FEES		611600	102,938,467.	102,938,467.		
ž	•	b	AUXILIARY ENTERPRISES		611600	21,652,523.	21,652,523.	· · · · · · · · · · · · · · · · · · ·	
je,		_	BOOKSTORE INCOME		611600	2,308,083.	2,308,083.		
H Sen		C	HAWORTH CONFERENCE CTR.		721000	1,180,150.	5,000,000.	1,180,150.	
gra Re		d	OTHER PROGRAM INCOME	_	900099	899,835.	899,835.	1,100,100.	
Program Service Revenue		e		_	713940		37,580.	579,790.	<del></del>
ш.		f	All other program service revenue			617,370.	37,300.	373,730.	
		g		<del></del>	<u> </u>	129,596,428.			
	3		Investment income (including dividends,	intere	st, and	5 020 714	1	570 100	F 000 014
			other similar amounts)		P	5,230,714.		-579,100.	5,809,814.
	4		Income from investment of tax-exempt be	ond p	roceeds -				
	5	·			<b>•</b>				
			(i) Rea	<u> </u>	(ii) Personal			i	
	6	а	Gross rents 6a						
		b Less rental expenses 6b							
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		<b>•</b>				
	7	а	Gross amount from sales of (i) Secur	ties	(II) Other				
			assets other than inventory 7a 78,670,	906.					
		ь	Less cost or other basis						
e			and sales expenses 7b 77,994,	557.				:	
Other Revenue		С	Gain or (loss) 7c 676,	349.					
ev Sev			Net gain or (loss)		<b>•</b>	676,349.			676,349.
er			Gross income from fundraising events (not		<u> </u>				
¥		_	including \$ of					,	
•			contributions reported on line 1c). See				•	•	
			Part IV, line 18	8a				1	j
		<b>.</b>	Less direct expenses	8b					
			Net income or (loss) from fundraising eve		·				<del>,</del>
į					,				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
	I		Less direct expenses	9b	<u> </u>				
	I		Net income or (loss) from gaming activities	"s	┌────			-	
	10	а	Gross sales of inventory, less returns						
			and allowances	10a				1	
		þ	Less cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	ry_	<u> </u>				
v					Business Code				]
S a	11	а	OTHER REVENUE		900099	1,313,091.			1,313,091.
ane		b			ļ				
cell Sever		С			ļ				<u> </u>
Miscellaneous Revenue		d All other revenue			L	1 313 001			
		е	Total. Add lines 11a-11d			1,313,091.	127 926 409	1 190 940	7 700 254
	12		Total revenue See instructions			161,551,169.	127,836,488.	1,180,840.	7,799,254.

# Form 990 (2019) HOPE COLLEGE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All othe	er organizations must cor	nplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	36,659,201.	36,659,201.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	1,583,719.	1,583,719.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	·			
-	trustees, and key employees	2,124,001.	1,952,007.	119,525.	52,469.
6	Compensation not included above to disqualified	·		-	·
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	52,032,319.	45,500,806.	4,441,670.	2,089,843.
8	Pension plan accruals and contributions (include				
3	section 401(k) and 403(b) employer contributions)	4,376,766.	3,816,083.	380,518.	180,165.
9	Other employee benefits	6,818,586.	5,934,714.	590,385.	293,487.
10	Payroll taxes	3,594,541.	3,141,700.	310,708.	142,133.
11	Fees for services (nonemployees)			,	
	Management				
b	Legal	191,781.	7,965.	183,816.	·
	Accounting	103,850.	3,500.	100,350.	
	Lobbying	20070000	3,333.	200,0001	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,838,616.		1,838,616.	
f	•	1,030,010.	-	1,030,010.	
g	Other (If line 11g amount exceeds 10% of line 25,	2,520,501.	2,010,715.	330,529.	179,257.
40	column (A) amount, list line 11g expenses on Sch O.)	825,332.	520,971.	214,706.	89,655.
	Advertising and promotion	3,705,215.	3,328,437.	201,664.	175,114.
13	Office expenses	1,256,004.	1,099,721.	137,366.	18,917.
14	Information technology	1,230,004.	1,000,121.	137,3001	10,517
15	Royalties	3,297,531.	3,136,778.	111,713.	49,040.
16	Occupancy	2,135,930.	1,820,966.	99,324.	215,640.
17	Travel	2,133,330.	1,020,500.	33,324.	213,010.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	736,420.	395,680.	334,360.	6,380.
19	Conferences, conventions, and meetings	1,371,809.	1,225,025.	124,560.	22,224.
20	Interest	1,3,1,003.	1,223,023.		22,221
21	Payments to affiliates	10,318,214.	9,214,164.	1,104,050.	
22	Depreciation, depletion, and amortization	575,421.	338,568.	233,966.	2,887.
23	Insurance	373,421.	330,300.	23373001	2,007.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD SERVICE & LAUNDRY	8,638,775.	8,485,128.	62,797.	90,850.
b	TUITION WAIVERS	2,991,137.	2,652,807.	212,446.	125,884.
C	INVENTORY PURCHASES	1,653,700.	1,522,760.	90,995.	39,945.
d	OTHER MAINTENANCE & REP	1,043,309.	997,016.	32,171.	14,122.
	All other expenses	4,570,341.	4,126,454.	427,033.	16,854.
25	Total functional expenses. Add lines 1 through 24e	154,963,019.		11,683,268.	3,804,866.
26	Joint costs. Complete this line only if the organization			,,,	2,302,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here figure 11 following SOP 98-2 (ASC 958-720)				
02201	0 01-20-20	·		<u>-, ,, ,, ,</u>	Form <b>990</b> (2019

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing				1_	
	2	Savings and temporary cash investments	29,926,253.	2	25,503,682.		
	3	Pledges and grants receivable, net			10,250,807.	3_	13,504,131.
	4	Accounts receivable, net			8,711,103.	4	9,607,318.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	ontributor, or 35%		<u></u>		
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8 Inventories for sale or use		644,528.	8	781,174.		
Ÿ	9	Prepaid expenses and deferred charges			911,550.	9	950,098.
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	347,757,185.			
	b	Less accumulated depreciation	10b	137,647,479.		10c	210,109,706.
	11	Investments - publicly traded securities			85,123,015.	11	92,120,429.
	12	Investments - other securities. See Part IV, line 1	1		152,580,904.	12	141,370,481.
	13	Investments · program-related See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	I line 3	3)	496,373,575.	16	493,947,019.
	17	Accounts payable and accrued expenses			8,541,218.	17	9,847,037.
	18	Grants payable			400 005	18	401 456
	19	Deferred revenue			408,835.	19	401,456.
	20	Tax-exempt bond liabilities	37,945,000.	20	33,930,000.		
	21	Escrow or custodial account liability Complete F				21	
es	22	Loans and other payables to any current or form					
誓		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
	1	parties, and other liabilities not included on lines of Schedule D	17.24)	Complete Part X	27,237,175.	25	26,694,176.
	26	Total liabilities. Add lines 17 through 25			74,132,228.	26	70,872,669.
	20	Organizations that follow FASB ASC 958, chec	sk bor	X	71,132,2200	20	70707270030
S		and complete lines 27, 28, 32, and 33.	JK IICI				
ğ	27	Net assets without donor restrictions			210,908,012.	27	216,236,202.
ala	28	Net assets with donor restrictions			211,333,335.	28	206,838,148.
g E	~	Organizations that do not follow FASB ASC 95	58. che	ck here			
Ē		and complete lines 29 through 33.	, , , , , ,				i
٥	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq	uiomer	nt fund		30	<del></del>
Ass	31	Retained earnings, endowment, accumulated inc	•			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	, •		422,241,347.	32	423,074,350.
Z	33	Total liabilities and net assets/fund balances			496,373,575.	33	493,947,019.
							Form <b>990</b> (2019)

	990 (2019) HOPE COLLEGE	<u> 38-</u>	1381	271	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
		1					
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		, 55			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,96			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		, 24			
5	Net unrealized gains (losses) on investments	5		,76	9,4	<u>67.</u>	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	,98	5,6	<u>80.</u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	423	,07	4,3	<u>50.</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O .		-	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			_2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1 1			
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		] }			
	consolidated basis, or both			1		1	
	X Separate basis Consolidated basis Both consolidated and separate basis					}	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			х		
	review, or compilation of its financial statements and selection of an independent accountant?			2c			
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					3	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Aud	HT		х		
	Act and OMB Circular A-133?	ا اسمه		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	Ιτ	_	х		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		(2019)	
				rorm	330	,ZU19)	

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Nam	ame of the organization Employer identification number								
			COLLEGE						8-1381271
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part ) Se	e instructions	3	
The o	organ	ization is not a private found	ation because it is (I	For lines 1 through 12, c	heck only	one box )			
1		A church, convention of chi	urches, or associatio	n of churches described	ın sectio	n 170(b)(1	I)(A)(ı).		
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-E <b>Z</b> ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ıı	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	ın sectio	n 170(b)(1)(A	)(III). Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nıt describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal	lly receives a substai	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II )				
9		An agricultural research org	janization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university							<u>.</u>
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	1 33 1/3% of it	ts support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	ifter June 30, 1975
		See section 509(a)(2). (Cor							
11	$\sqsubseteq$	An organization organized a	and operated exclusi	vely to test for public sai	fety See	section 50	)9(a)(4).		
12		An organization organized a	•	•					
		more publicly supported or							Check the box in
	_	lines 12a through 12d that o	- ·						
а	L_	Type I. A supporting orga		•	-	_			
		the supported organization			majority o	of the direc	tors or truste	es of the su	pporting
	_	organization You must c	•						
b	L		•				-		
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted
	_	organization(s) You mus							
C		Type III functionally inte						iy integrate	d with,
	_	its supported organization		·				<b>.</b>	
d	L	☐ Type III non-functionally							
		that is not functionally int	=	- ·				an attentiv	reness
	_	requirement (see instructi	-	•				U. T	
е		Check this box if the orga					Type I, Type	п, туре п	
		functionally integrated, or	••	nally integrated supporti	ng organiz	ation			
f		er the number of supported o	-	d organization(s)					L
9		vide the following information  i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization		(described on lines 1-10	ın your governi Yes	No No	support (see ir	structions)	support (see instructions)
		·		above (see instructions))	, , , ,				
					· - <del></del> -				
		<del>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			<b>——</b>				
				<del> </del>					
Tota		<del></del>							

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

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

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

Sec	tion A. Public Support						
Cale	ndar year (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 ")	14548210.	11847507.	16800302.	13256649.	<u> 24734587.</u>	81187255.
2	Tax revenues levied for the organ-						İ
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				10056640		044000
4	Total. Add lines 1 through 3	14548210.	11847507.	16800302.	13256649.	24734587.	81187255.
5	The portion of total contributions	•		:			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						4725241
	column (f)		<del></del>			<u> </u>	76451914.
	Public support. Subtract line 5 from line 4				l	L	1/6451914.
	tion B. Total Support	T		110017	1,0040	4 3 204 2	(0 T-+-1
	ndar year (or fiscal year beginning in)	(a) 2015 14548210.	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-		14546210.	1104/30/.	10000302.	13230049.	24/3430/.	01107233.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1251777.	1606614.	2880970.	2725335.	5914790	14379486.
•	and income from similar sources	1231///	1000014.	20000700	2723333.	3314730.	143734001
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						<del>                                     </del>
10	or loss from the sale of capital						
	assets (Explain in Part VI)	1389245.	1211931.	1289939.	1321036.	1313091.	6525242.
11	Total support. Add lines 7 through 10	20032101					102091983
	Gross receipts from related activities,	etc. (see instruction	ons)	L	J	12 672	,288,246.
	First five years. If the Form 990 is fo			d. fourth, or fifth ta	ıx vear as a sectior		
	organization, check this box and stop		5., 5555,	<b>-,</b>	,		▶□
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2019 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	74.89 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14	- 7-		15	80.34 %
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						ightharpoons
b	33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances test	t - <b>2019</b> . If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						е
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s <b>&gt;</b>
					Sche	edule A (Form 990	or 990-EZ) 2019

932022 09-25-19

# Schedule A (Form 990 or 990-EZ) 2019 HOPE COLLEGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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

Section A. Public Support	low, please com	piete Part II )		-		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and		197.55.10	1=1====================================		1 1 1	
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 under section 513						
4 Tax revenues levied for the organ- ization'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						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)					′ -	
Section B. Total Support						
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>b</b> Unrelated business taxable income			Y			
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		T				
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 (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for	*h	la firet engand dhir	d fourth or fifth to		n 501(c)(3) organiza	ation.
check this box and stop here	the organization	s irst, second, triir	u, iourui, or illui ta	ax year as a sectio	11 30 f(c)(3) Organiza	
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2019 (lin			column (fl)		15	
16 Public support percentage from 2018			· · · · · · · · · · · · · · · · · ·		16	
Section D. Computation of Invest						
17 Investment income percentage for 20			ne 13. column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2019. If the			on line 14, and line	e 15 is more than 3		
more than 33 1/3%, check this box an						▶ [
b 33 1/3% support tests - 2018. If the						.nd
line 18 is not more than 33 1/3%, chec						▶□
20 Private foundation. If the organization						▶□
932023 09-25-19					edule A (Form 990	or 990-EZ) 201

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of 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 Sections A and D. and complete Part V.)

Sec	tion A. All Supporting Organizations	•	Tv.	N.
4	Ave all of the average to all a very standard average to the avera		Yes	No
1	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	1		
_	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status.	<del></del>	1	1
2				ł
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
٥-	organization was described in section 509(a)(1) or (2)			†
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		
	(b) and (c) below	Sa	<del> </del>	-
Ь				
	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	1	<del>                                     </del>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<del></del>
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<del> </del>	<del> </del>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	1	<del>                                     </del>
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		١.	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations	40	<u> </u>	╁
С	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)	40		
_	purposes	4c		├
ъa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ŀ	1	
	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	5a		
	was accomplished (such as by amendment to the organizing document)	- Sa		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document?	5c	<del> </del>	1
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	36		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its 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	6		
_	Part VI.  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		1
7	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
		7		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			<del>                                     </del>
8	If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)	8		
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more			t
9a	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		
<b>L</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	38		1
ט	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	35		<del>                                     </del>
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10~	Was the organization subject to the excess business holdings rules of section 4943 because of section	- <del></del>	<del> </del>	<del>                                     </del>
iud	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
	Dulitha assessation have any expense hydrogen haddings in the tax year? (the Cabardia C. Farm 4700 to	1.00	<b>!</b>	†

10b

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part V	Type III Non-Functionally Integrated 509(	ajtoj Supporting Orga	(continued)	O + V
	Distributions			Current Year
	nts paid to supported organizations to accomplish exer	<u> </u>	<del></del>	<del>                                     </del>
	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	zations, in excess of income from activity	<del></del>	<u> </u>	
	istrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	<del>                                     </del>
	nts paid to acquire exempt-use assets			<del>                                     </del>
	ed set-aside amounts (prior IRS approval required)			<del> </del>
	distributions (describe in Part VI) See instructions			<del> </del>
	annual distributions. Add lines 1 through 6		<del></del>	
	utions to attentive supported organizations to which th	e organization is responsive		
	le details in Part VI). See instructions			<del>                                     </del>
9 Distrib	utable amount for 2019 from Section C, line 6			<u> </u>
10 Line 8	amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Section E - I	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(III) Distributable Amount for 2019
1 Distrib	utable amount for 2019 from Section C, line 6			
2 Under	distributions, if any, for years prior to 2019 (reason-			
able ca	ause required- explain in Part VI) See instructions			<u> </u>
3 Excess	s distributions carryover, if any, to 2019			
a From 2	2014			
b From 2	2015			
c From 2	2016			
d From 2	2017			
e From 2	2018			
f Total	of lines 3a through e			
g Applie	d to underdistributions of prior years			
h Applie	d to 2019 distributable amount			
ı Carryo	ver from 2014 not applied (see instructions)			
J Remaii	nder Subtract lines 3g, 3h, and 3i from 3f			
4 Distrib	utions for 2019 from Section D,			
line 7	\$			
a Applie	d to underdistributions of prior years			
b Applie	d to 2019 distributable amount			
c Remail	nder Subtract lines 4a and 4b from 4.			
5 Remail	ning underdistributions for years prior to 2019, if			
	ubtract lines 3g and 4a from line 2. For result greater			
	ero, explain in Part VI. See instructions			,
	ning underdistributions for 2019. Subtract lines 3h			
	from line 1. For result greater than zero, explain in			
	I See instructions			
	s distributions carryover to 2020. Add lines 3j			
and 4c				
	down of line 7			
	s from 2015		•	
	s from 2016	··· <u>-</u>		
	s from 2017		· · · · · · · · · · · · · · · · · · ·	
	s from 2018			
	s from 2019			<del>                                     </del>

Schedule A (Form 990 or 990-EZ) 2019

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

	HOPE COLLEGE		38-1381271
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
			(b) Funds and other accounts
4	Total number at and of year		· · · · · · · · · · · · · · · · · · ·
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	<del>-</del>	
	are the organization's property, subject to the organization's		L Yes L No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conferr	ring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	nservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
۰	Number of conservation easements on a certified historic str	ucture included in (a)	2c
C	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired		20
d		after 7725/00, and not on a historic structure	2d
•	listed in the National Register	leaded extinguished or terminated by the organi	<del></del>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organi	zation during the tax
	year >		
4	Number of states where property subject to conservation ea	<del></del>	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conservation	on easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea-	sements during the year
	<b>\$</b>		4
8	Does each conservation easement reported on line 2(d) above	/e satisfy the requirements of section 170(n)(4)(B)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements the	at describes the
_	organization's accounting for conservation easements.	6 A. A. Iliataniaal Tuananuaa au Othan S	imilar Assets
Pa	t III Organizations Maintaining Collections o		imilar Assets.
	Complete if the organization answered "Yes" on Form	·, -,	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$ 755,512.
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain, i	
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 HOPE CO						38-13	81271	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasure	s, or Othe	er Simila	r Assets	(continue	d)
3	Using the organization's acquisition, accession	on, and other records	s, check any of	the followin	g that make s	significant	use of its		
	collection items (check all that apply)								
а	X Public exhibition	d		r exchange į	orogram				
b	X Scholarly research	е	Other_						
С	X Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they furtl	ner the organ	nization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o					ır assets	_	- r	
_	to be sold to raise funds rather than to be ma								X No
Par	t IV Escrow and Custodial Arran		ete if the organ	zation answ	ered "Yes" o	n Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribi	utions or oth	er assets not	included	_	٦ ٦	<b>-</b>
	on Form 990, Part X?							_] Yes [	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table				ī		
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance	000 D-+V l	01 (			1 <u>f</u>	L	7 [	1 11-
	Did the organization include an amount on Fe							」Yes      [	<b>⊣</b> №
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete i								
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior ye		o years back	T	years back	(e) Four yea	ars hack
1a	Beginning of year balance	233,511,844.	227,667,		3,248,455.		68,484.		6,418.
b	Contributions	6,848,611.	5,744,		5,147,917.	<del></del>	71,931.	t -	4,831.
C	Net investment earnings, gains, and losses	-178,786.	9,576,	<del></del>	207,578.	<del> </del>	22,917.	<del>`</del>	9,987.
٦	Grants or scholarships	,	-,,		,,	†			
	Other expenditures for facilities					<u> </u>			
٠	and programs	10,985,431.	9,477	182.	9,936,476.	8,8	814,877.	8,39	2,778.
f	Administrative expenses				<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	•		
g g	End of year balance	229,197,138.	233,511,	344. 22	7,667,474.	213,2	48,455.	193,86	8,484.
2	Provide the estimated percentage of the curr	ent vear end balance	line 1a. colur	nn (a)) held a	s	·····			
a	Board designated or quasi-endowment	16.80	%	\-,,	-				
b	Permanent endowment ► 69.60	%	_						
	Term endowment ► 13.60	<del></del> *							
	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posse		tion that are he	eld and admi	nistered for t	he organiz	ation		
	by							Ye	s No
	(i) Unrelated organizations							3a(ı)	X
	(ii) Related organizations							3a(II)	X
þ	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedul	₽ R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 1	1a See Forn	n 990, Part X	, line 10			
	Description of property	(a) Cost or o	ther (b)	Cost or other	er (c)/	Accumulate	ed	(d) Book va	alue
		basis (investr		asıs (other)		epreciation			
1a	Land			,575,99				<u>5,575,</u>	
b	Buildings		278	<u>,181,63</u>	5.112,	364,1	<u>94. 16</u>	<u>5,817,</u>	441.
С	Leasehold improvements							<del></del>	
d	Equipment			599,93		283,2	<u>85.  1</u>	<u>1,316,</u>	
е	Other		7	,399,62	2.		_  _	7,399,	
Tota	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B). i	ine 10c.)			<u>▶</u> 21	0,109,	706.

Schedule D (Form 990) 2019

(2) Closely held equity interests (3) Cither (A) LIMITED PARTNERSHIPS AND (B) HEDGE FUNDS (C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (G) (H) Total (Col (b) must equal Form 990, Part X, col (B) line 12) 141, 370, 481.  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)	[a) Bescription of security or category incuteing were or security (in Financial derivatives (2) Closely helic equity interests (3) Other (4) LIMITED PARTNERSHIPS AND (6) HEDGE FUNDS (1) COMMODITES AND REAL (1) COMMODITES AND REAL (1) COMMODITES AND REAL (1) ASSETS (1) COMMODITES AND REAL (1) COMMODITES AND OTHER (1) ASSETS (1) COMMODITES AND OTHER (1) ASSETS (1) COMMODITES AND OTHER (1) ASSETS (1) COMMODITES AND OTHER (2) PARTNERSHIPS AND OTHER (3) OTHER (4) ASSETS (1) ASSETS (2) ASSETS (	Part VII Investments - Other Securities.			
(1) Fenceal derivatives (2) Closely held equity interests (3) Other (A) LIMITED PARTNERSHIPS AND (B) HEDGE PUNDS (C) COMMODITIES AND REAL (D) ASSETS (D)	(1) Financial derivatives (2) Closely held equity interests (3) Other (A) LINITED PARTNERSHIPS AND (B) HEIGE FUNDS (C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) 9,091,292. END-OF-YEAR MARKET VALUE (C) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	Complete if the organization answered "Yes"		11b See Form 990, Part X, line 12	
(2) Closely held equity interests (a) Chief (b) LIMITED PARTNERSHIPS AND (c) COMMODITIES AND REAL (d) ASSETS (d) PAINATE EQUITY, (f) ALTERNATIVES, AND OTHER (e) PRIVATE EQUITY, (f) ALTERNATIVES, AND OTHER (f) PAINATE EQUITY, (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Expe	(2) Closely held equity interests (3) Other (4) LIMITED PARTNERSHIPS AND (B) HEDGE FUNDS (C) COMMOITTIES AND REAL (D) ASSETS (D) AS	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(2) Closely held equity interests (a) Chief (b) LIMITED PARTNERSHIPS AND (c) COMMODITIES AND REAL (d) ASSETS (d) PAINATE EQUITY, (f) ALTERNATIVES, AND OTHER (e) PRIVATE EQUITY, (f) ALTERNATIVES, AND OTHER (f) PAINATE EQUITY, (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE EXPERIMENT (f) Experiment (h) PAINATE (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Experiment (h) PAINATE (f) Expe	(2) Closely held equity interests (3) Other (A) LIMITED PARTNERSHIPS AND (B) HEDGE FUNDS (C) COMMODITIES AND REAL (C) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) 41, 031, 932. END-OF-YEAR MARKET VALUE (C) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (C) (G) (H) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(1) Financial derivatives		_	
(3) Other   (4) LIMITED PARTNERSHIPS AND   (4) LIMITED PARTNERSHIPS AND   (5) LEDGE FUNDS   (6) LEDGE FUNDS   (7) ASSETS    (3) Other (A) LIMITED PARTNERSHIPS AND (B) HEDGE FUNDS (C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) (F) (C) Total (Col (b) must equal form 990, Part X, col (B) line 12) ▶  (B) Book value (C) Method of valuation Cost or end-of-year market value (D) Book value (D) Book value (D) Book value (E) Method of valuation Cost or end-of-year market value (E) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					
(B) HEDGE FUNDS 41,031,932. END-OF-YEAR MARKET VALUE (C) COMMODITIES AND REAL (D) ASSETS 11,247,257. END-OF-YEAR MARKET VALUE (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER 89,091,292. END-OF-YEAR MARKET VALUE (G) PB  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (e) Description of investment (f) (e) (f) must equal Form 990, Part X, col (f) line 13)	(B) HEDGE FUNDS (C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) HEDGE (C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) 49, 091, 292. END-OF-YEAR MARKET VALUE (C) (b) must equal form 990, Part X, col (B) line 12) ▶ 141, 370, 481.    Part VIII   Investments - Program Related.   Complete if the organization answered "Ves" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end of year market value (d) (e) (f) must equal form 990, Part X, col (B) line 13) ▶ 1    Total (Col (b) must equal form 990, Part X, col (B) line 13) ▶ 1    Total (Col (b) must equal form 990, Part X, col (B) line 13) ▶ 1    Total (Col (b) must equal form 990, Part X, col (B) line 13) ▶ 1    Total (Col (b) must equal form 990, Part X, col (B) line 15)				
(B) HEDGE FUNDS (C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (F) ALTERNATIVES, AND OTHER (F) ALTERNATIVES, AND OTHER (F) ALTERNATIVES, AND OTHER (F) ALTERNATIVES, AND OTHER (F) ALTERNATIVES, AND OTHER (D) Book value (D) PO  1011 (Coll (b) must equal form 990, Part X, coll (B) line 12) ▶ 141, 370, 481.  [Fart VIII] Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (b) Book value (c) Method of valuation Cost or end of-year market value (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	BILDGE FUNDS				
(C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) (C)	(C) COMMODITIES AND REAL (D) ASSETS (E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) (C) (C) (I) must equal Form 990, Part X, col. (B) line 12) ▶ 141, 370, 481.    Part VIII   Investments - Program Related.		41,031,932.	END-OF-YEAR MARKE	T VALUE
(E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER (B) PRIVATE EQUITY, (C) PRIVATE EQUITY, (D) PRIVATE EXPONENTIAL EXPONENTIAL EXPONENTIAL E	D  ASSETS				
(E) PRIVATE EQUITY,   (F) ALTERNATIVES, AND OTHER   89,091,292.   END-OF-YEAR MARKET VALUE   (G)   (P)   (G)   (P)   (F)	(E) PRIVATE EQUITY, (F) ALTERNATIVES, AND OTHER 89,091,292. END-OF-YEAR MARKET VALUE  (G) (H) Total (Cot (b) must agual form 990, Part X, cot (B) line 12) ▶ 141,370,481.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1)  (2) (3) (4) (5) (6) (7) (8) (9) Total (Cot (b) must agual form 990, Part X, cot (B) line 13) ▶		11.247.257.	END-OF-YEAR MARKE	T VALUE
(F) ALTERNATIVES, AND OTHER 89,091,292. END-OF-YEAR MARKET VALUE  (C) (C) (C) (C) (D) must equal form 990, Part X, col. (B) line (2)) ▶ 141,370,481.     Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13	(F) ALTERNATIVES, AND OTHER				
(G)   (Fi)   (Col. (d)) must equal form 990, Part X, col. (B) line 12)   141,370,481.	(G) (H) Total (Co) (b) must equal form 990, Part X, col (B) line 12.) ▶ 141 , 370 , 481 .    Part VIII   Investments - Program Related.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (f) (g) (g) (g) (g) (g) (h)    Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶      Part IX   Other Assets.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.    (a) Description (b) Book value (c) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year value (c) Method of valuation Cost or end-of-year value (c		89.091.292.	END-OF-YEAR MARKE	T VALUE
Otals   Cot   (b) must equal form 990, Part X, cot   (9) line 12   b   141, 370, 481.	Total (Col (b) must equal Form 990, Part X, col (B) line 12)		00,000,000		
Total   Cold   (b) must equal Form 990, Part X, cold (g) line 12   X   X   X   X   X   X   X   X   X	Total (Col (b) must equal Form 990, Part X, col (B) line 12)		-		
Part VIII   Investments - Program Related.	Part VIII		141 370 481		
Complete if the organization answered "Yes" on Form 990, Part N, line 11c See Form 990, Part X, line 13 (g) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (6)  (9)  Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part IX   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) ANNUITTY AND TRUST PAYABLE  (3) ACCUMULATED POST-RETIREMENT		141,370,401.		<u> </u>
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1)	(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10	<u></u>	F 000 D-+IV line 1	Sta Cas Farm 000 Port V line 12	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Col (th must equal Form 990, Part X, col (B) line 13) ▶    Part IX   Other Assets.	(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶  [A) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶  [A) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col, (B) line 15.)  [A) (B) (B) (B) (B) (C) (B) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				end-of-year market value
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(9) (4) (5) (6) (7) (8) (9) (9) Total (Col (b) must equal Form 990, Part X, col (8) line 13) ▶    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Total, (Column (b) must equal Form 990, Part X col. (B) line 15.)    Part X	(3) (4) (5) (6) (7) (8) (9) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [Part X] Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  [Part X] Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE (5, 891, 095 (3) ACCUMULATED POST-RETIREMENT				
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(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE 5,891,095.  (3) ACCUMULATED POST-RETIREMENT (4) BENEFITS 6,533,621.  (5) REFUNDABLE FEDERAL PERKINS LOAN (6) ADVANCES 4,771,427.  (7) STUDENTS AND OTHER DEPOSITS 1,779,065. (8) INTEREST RATE SWAP LIABILITY 6,816,161. (9) EARLY RETIREMENT BENEFIT 902,807.  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE 5, 891,095  (3) ACCUMULATED POST-RETIREMENT	(6)			
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Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE 5,891,095.  (3) ACCUMULATED POST-RETIREMENT (4) BENEFITS 6,533,621.  (5) REFUNDABLE FEDERAL PERKINS LOAN (6) ADVANCES 4,771,427.  (7) STUDENTS AND OTHER DEPOSITS 1,779,065. (8) INTEREST RATE SWAP LIABILITY 6,816,161. (9) EARLY RETIREMENT BENEFIT 902,807.  Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)	Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) ANNUITY AND TRUST PAYABLE 5, 891,095  (3) ACCUMULATED POST-RETIREMENT	(8)			
Part X Other Liabilities.Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 251. (a) Description of liability(b) Book value(1) Federal income taxes5,891,095.(2) ANNUITY AND TRUST PAYABLE5,891,095.(3) ACCUMULATED POST-RETIREMENT6,533,621.(4) BENEFITS6,533,621.(5) REFUNDABLE FEDERAL PERKINS LOAN4,771,427.(6) ADVANCES4,771,427.(7) STUDENTS AND OTHER DEPOSITS1,779,065.(8) INTEREST RATE SWAP LIABILITY6,816,161.(9) EARLY RETIREMENT BENEFIT902,807.Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)≥ 26,694,176.	Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE (3) ACCUMULATED POST-RETIREMENT	(9)			
1. (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) ANNUITY AND TRUST PAYABLE       5,891,095.         (3) ACCUMULATED POST-RETIREMENT       6,533,621.         (4) BENEFITS       6,533,621.         (5) REFUNDABLE FEDERAL PERKINS LOAN       4,771,427.         (6) ADVANCES       4,771,427.         (7) STUDENTS AND OTHER DEPOSITS       1,779,065.         (8) INTEREST RATE SWAP LIABILITY       6,816,161.         (9) EARLY RETIREMENT BENEFIT       902,807.         Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)       ≥ 26,694,176.	1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (2) ANNUITY AND TRUST PAYABLE         5,891,095           (3) ACCUMULATED POST-RETIREMENT         5,891,095		: 15.)		<u> </u>
(1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE (3) ACCUMULATED POST-RETIREMENT (4) BENEFITS (5) REFUNDABLE FEDERAL PERKINS LOAN (6) ADVANCES (7) STUDENTS AND OTHER DEPOSITS (8) INTEREST RATE SWAP LIABILITY (9) EARLY RETIREMENT BENEFIT (9) EARLY RETIREMENT BENEFIT (1) Federal income taxes (5, 891,095. (6, 533,621. (7, 771,427. (7, 779,065. (8) INTEREST RATE SWAP LIABILITY (9) EARLY RETIREMENT BENEFIT (9) EARLY RETIREMENT BENEFIT (9) 26,694,176.	(1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE (3) ACCUMULATED POST-RETIREMENT (5) Federal income taxes (6) ANNUITY AND TRUST PAYABLE (7) Federal income taxes (8) ANNUITY AND TRUST PAYABLE (9) ACCUMULATED POST-RETIREMENT	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f See Form 990, Part X, line	
(1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE (3) ACCUMULATED POST-RETIREMENT (4) BENEFITS (5) REFUNDABLE FEDERAL PERKINS LOAN (6) ADVANCES (7) STUDENTS AND OTHER DEPOSITS (8) INTEREST RATE SWAP LIABILITY (9) EARLY RETIREMENT BENEFIT (9) EARLY RETIREMENT BENEFIT (1) Federal income taxes (5, 891,095. (6, 533,621. (7, 771,427. (7, 771,427. (8, 1779,065. (8) INTEREST RATE SWAP LIABILITY (9) EARLY RETIREMENT BENEFIT (9) EARLY RETIREMENT BENEFIT (9) 26,694,176.	(1) Federal income taxes (2) ANNUITY AND TRUST PAYABLE 5,891,095 (3) ACCUMULATED POST-RETIREMENT	1. (a) Description of liability			(b) Book value
(3) ACCUMULATED POST-RETIREMENT (4) BENEFITS (5) REFUNDABLE FEDERAL PERKINS LOAN (6) ADVANCES (7) STUDENTS AND OTHER DEPOSITS (8) INTEREST RATE SWAP LIABILITY (9) EARLY RETIREMENT BENEFIT	(3) ACCUMULATED POST-RETIREMENT	(1) Federal income taxes			
(3) ACCUMULATED POST-RETIREMENT (4) BENEFITS (5) REFUNDABLE FEDERAL PERKINS LOAN (6) ADVANCES (7) STUDENTS AND OTHER DEPOSITS (8) INTEREST RATE SWAP LIABILITY (9) EARLY RETIREMENT BENEFIT (9) EARLY RETIREMENT BENEFIT (1) STUDENTS SWAP LIABILITY (2) EARLY RETIREMENT BENEFIT (3) ACCUMULATED POST-RETIREMENT (4) BENEFITS (5) (5) REFUNDABLE FEDERAL PERKINS LOAN (6) ADVANCES (7) STUDENTS AND OTHER DEPOSITS (8) INTEREST RATE SWAP LIABILITY (9) EARLY RETIREMENT BENEFIT BENEFIT BY BY BY BY BY BY BY BY BY BY BY BY BY	(3) ACCUMULATED POST-RETIREMENT	(2) ANNUITY AND TRUST PAYABLE			5,891,095.
(4) BENEFITS       6,533,621.         (5) REFUNDABLE FEDERAL PERKINS LOAN       4,771,427.         (6) ADVANCES       4,771,427.         (7) STUDENTS AND OTHER DEPOSITS       1,779,065.         (8) INTEREST RATE SWAP LIABILITY       6,816,161.         (9) EARLY RETIREMENT BENEFIT       902,807.         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ≥ 26,694,176.			NT		
(5) REFUNDABLE FEDERAL PERKINS LOAN  (6) ADVANCES  (7) STUDENTS AND OTHER DEPOSITS  (8) INTEREST RATE SWAP LIABILITY  (9) EARLY RETIREMENT BENEFIT  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ★ 26,694,176.	(4) BENEFITS 6,533,621				6,533,621.
(6) ADVANCES       4,771,427.         (7) STUDENTS AND OTHER DEPOSITS       1,779,065.         (8) INTEREST RATE SWAP LIABILITY       6,816,161.         (9) EARLY RETIREMENT BENEFIT       902,807.         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ≥ 26,694,176.	DEDVIDADLE EDDEDAL DEDVING LOAN	DESCRIPTION OF THE PROPERTY OF	S LOAN		
(7) STUDENTS AND OTHER DEPOSITS 1,779,065.  (8) INTEREST RATE SWAP LIABILITY 6,816,161.  (9) EARLY RETIREMENT BENEFIT 902,807.  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶ 26,694,176.					4,771,427.
(8) INTEREST RATE SWAP LIABILITY       6,816,161.         (9) EARLY RETIREMENT BENEFIT       902,807.         Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)       ▶ 26,694,176.			rs		
(9) EARLY RETIREMENT BENEFIT 902,807.  Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)   ▶ 26,694,176.					
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) ▶ 26,694,176.	002.007		<del></del>		
CORNIN IS/ THUS COURT   CAT A CONTINUE	9 20 004 170		25.1		<del></del>
Z. LIBURITY IN UNDERTAIN LANDUCKING BIT FAIT AND DIVINGS AND LONG OF THE POUNDE TO THE OFFICE AND AND AND AND THE POUNDE THE	October 157 That Sadar Street Sadar Sada	2 Liability for uncertain tay positions. In Part XIII, provide	the text of the footnote to	the organization's financial statemen	
	organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				

Schedule D (Form 990) 2019

HOPE COLLEGE

Schedule D (Form 990) 2019

38-1381271 Page 4

Schedule D (Form 990) 2019 HOPE COLLEGE	38-1381271 Page 5
Part XIII Supplemental Information (continued)	
FACILITY MAINTENANCE, AND OTHER PROGRAM SUPPORT.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-604,118.
CHANGE IN VALUE OF SWAP AGREEMENTS	-2,270,562.
CHANGE IN VALUE OF POSTRETIREMENT LIABILITY	889,000.
	-1,985,680.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INSTITUTIONAL SCHOLARSHIPS & FELLOWSHIPS	38,242,920.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INSTITUTIONAL SCHOLARSHIPS & FELLOWSHIPS	38,242,920.
ROUNDING ADJUSTMENT	1,035.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	38,243,955.
	<del>, , , , , , , , , , , , , , , , , , , </del>
	<del>,</del>

Schedule D (Form 990) 2019

#### **SCHEDULE E**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

► 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.

➤ Go to www.irs gov/Form990 for the latest information.

2019

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

HOPE COLLEGE 38-1381271 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain X 3 If you need more space, use Part II RACIALLY NONDISCRIMINATORY POLICY STATEMENT IS INCLUDED ON VARIOUS PUBLICITY & POLICY STATEMENTS, INCLUDING OUR WEBSITE & MEDIA ADS, AS WELL AS OUR CATALOG & STUDENT HANDBOOK, WHICH IS AVAILABLE UPON REQUEST. 4 Does the organization maintain the following? X a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Х 4b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student Х admissions, programs, and scholarships? 4c Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 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 X 5a a Students' rights or privileges? X 5b b Admissions policies? X 5c c Employment of faculty or administrative staff? X d Scholarships or other financial assistance? X e Educational policies? 5e Х 5f f Use of facilities? X g Athletic programs? 5a X 5h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II Х 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Х b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II.

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

Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," 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

Schedule E (Form 990 or 990-EZ) 2019

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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

HOPE COLLEGE RECEIVES GRANTS AND FINANCIAL AID FROM VARIOUS FEDERAL AND

STATE AGENCIES THAT ARE USED IN THE FURTHERANCE OF THE COLLEGE'S EXEMPT

PURPOSE OF PROVIDING QUALITY EDUCATION.

LINE 6:

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE OUTBREAK OF A RESPIRATORY DISEASE CAUSED BY A NEW CORONAVIRUS A PANDEMIC, NOW KNOWN AS COVID-19. IN RESPONSE TO THE COVID-19 PANDEMIC, GOVERNMENTS HAVE TAKEN PREVENTIVE OR PROTECTIVE ACTIONS, SUCH AS TEMPORARY CLOSURES OF NONESSENTIAL BUSINESSES AND SHELTER-AT-HOME GUIDELINES FOR INDIVIDUALS. AS A RESULT, THE GLOBAL ECONOMY HAS BEEN NEGATIVELY AFFECTED, AND THE COLLEGE'S OPERATIONS WERE ALSO IMPACTED. DUE TO THE SHELTER-AT-HOME GUIDELINES DURING APRIL 2020, THE COLLEGE SHIFTED TO A REMOTE ONLINE LEARNING ENVIRONMENT AND SENT STUDENTS HOME. THE COLLEGE ISSUED ROOM AND BOARD REFUNDS TO STUDENTS, DELAYED TUITION RATE INCREASES, AND POSTPONED EVENTS UNTIL THE SHELTER-AT-HOME GUIDELINES WERE REDUCED OR REMOVED, WHICH RESULTED IN LOST REVENUE FOR THE COLLEGE FOR THE YEAR ENDED JUNE 30, 2020. TO OFFSET THE FINANCIAL IMPACT TO STUDENTS AND THE LOSSES INCURRED BY THE COLLEGE DUE TO THE DISRUPTION CAUSED BY COVID-19, THE COLLEGE RECEIVED GRANTS AND OTHER RELIEF PRIMARILY FROM THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT. THE COLLEGE WAS ALLOCATED HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) GRANTS TOTALING \$2,163,878 OF WHICH 50 PERCENT WAS REQUIRED TO BE GIVEN DIRECTLY TO STUDENTS. FOR THE YEAR ENDED JUNE 30, 2020. THE COLLEGE RECOGNIZED HEERF GRANT REVENUE TOTALING \$2,009,449.

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identifi	cation number
HOPE COLLEGE					38-138127	1
	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
Form 990, Part IV			<b>55</b> , <b>p</b>	- 10 ii ii i 0 i gai i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	·	maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
<del>-</del>	•		the selection criteria used to award the		(	Yes No
	_			-		
2 For grantmakers. Desc	ribe in Part V the	organization's i	procedures for monitoring the use of its	grants and otl	ner assistance outsi	de the
United States						
<del></del>			n be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region	, , ,	vity listed in (d)	(f) Total expenditures
	in the region	hae stagne	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and
		contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				
EUROPE (INCLUDING						
ICELAND & GREENLAND)			DIRECT FOREIGN INVESTMENT	N/A		12,781,325.
CENTRAL AMERICA AND						
THE CARIBBEAN ~						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,			DIRECT FOREIGN INVESTMENT	N/A		66,693,273.
				L		
MIDDLE EAST AND				OFF CAMPUS		
NORTH AFRICA		<del> </del>	PROGRAM SERVICES	ENRICHMENT,	RECRUITMENT	582.
				OFF CAMPUS	STUDENT	
EUROPE (INCLUDING					RECRUITMENT,	
ICELAND & GREENLAND)			PROGRAM SERVICES	RESEARCH	,	47,352.
						,,,,,,
EAST ASIA AND THE				OFF CAMPUS	STUDENT	
PACIFIC		.,	PROGRAM SERVICES	ENRICHMENT,	RECRUITMENT	110,317.
CENTRAL AMERICA AND				OFF CAMPUS		
THE CARIBBEAN			PROGRAM SERVICES	ENRICHMENT,	RECRUITMENT	1,100.
				OFF CAMPUS	פתווחקאית	
SUB-SAHARAN AFRICA			PROGRAM SERVICES		RECRUITMENT	6,718.
DOD DINNIGHT IN ATOM	·- · ·			,		5,725.
				OFF CAMPUS	STUDENT	
NORTH AMERICA			PROGRAM SERVICES	ENRICHMENT,	RECRUITMENT	5,572.
3 a Subtotal	0	0				79,646,239.
<b>b</b> Total from continuation			,			
sheets to Part I	0	0				1,583,718.
c Totals (add lines 3a						
4 01-1	i 0	. ∩	i .	1		81 229 957

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

Schedule F (Form 990) 2019

Part   Continuatio	(b) Number of	(c) Number of	(Schedule F (Form 990), Part I, line 3	(e) If activity listed in (d)	(f) Total
(a) negion	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for region
· · · · · · · · · · · · · · · · · · ·					7- " 7-
SUB-SAHARAN AFRICA			SCHOLARSHIPS	N/A	536,962
SOUTH ASIA			SCHOLARSHIPS	N/A	23,666
SOUTH AMERICA			SCHOLARSHIPS	N/A	115,525
NORTH AMERICA			SCHOLARSHIPS	N/A	70,589
EUROPE (INCLUDING					
ICELAND & GREENLAND)			SCHOLARSHIPS	N/A	101,985
EAST ASIA AND THE			SCHOLARSHIPS	N/A	600,135
CENTRAL AMERICA AND THE CARIBBEAN			SCHOLARSHIPS	N/A	134,856
Γotals►			,		1,583,718

Schedule F (Form 990) 2019 HOPE COLLEGE

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

	1	ı	ı	ı	1	1	1	1	1 1
(I) Method of valuation (book, FMV, appraisal, other)									
(h) Description of noncash assistance									
(g) Amount of noncash assistance									empt
(f) Manner of cash disbursement									ecognized as tax·ex
(e) Amount of cash grant									oreign country, re
(d) Purpose of grant									Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region									Enter total number of recipient organizations listed above that are re by the IRS, or for which the grantee or counsel has provided a section
(b) IRS code section and EIN (if applicable)									recipient organization ch the grantee or cour
1 (a) Name of organization									2 Enter total number of by the IRS, or for which

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 HOPE COLLEGE
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

ENTRAL AMERICA AND THE CARIBBEAN 3 134,655, CHARGE AGAINST TUITION 0, N/A  KINA KIDDLE BAST AND NORTH AMERICA 0 0, CHARGE AGAINST TUITION 0, N/A  KICHARGE AGAINST TU	(a) Type of grant or assistance	(b) Region	(c) Number of 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)
THE  33 600,135. CHARGE AGAINST TUITION  0 0 CHARGE AGAINST TUITION  0 0 CHARGE AGAINST TUITION  0 0 CHARGE AGAINST TUITION  0 0 CHARGE AGAINST TUITION  0 0 N/A  4 115,525. CHARGE AGAINST TUITION  0 N/A  1 23,666. CHARGE AGAINST TUITION  0 N/A  1 23,666. CHARGE AGAINST TUITION  0 N/A  0 N/A	<u> </u>	CENTRAL AMERICA AND THE CARIBBEAN	æ		CHARGE AGAINST TUITION		N/A	N/A
ND  O  O  CHARGE AGAINST TUITION  O  O  CHARGE AGAINST TUITION  O  O  CHARGE AGAINST TUITION  O  O  O  CHARGE AGAINST TUITION  O  N/A  115,525. CHARGE AGAINST TUITION  O  N/A  123,666. CHARGE AGAINST TUITION  O  N/A  17 \$35,962. CHARGE AGAINST TUITION  O  N/A  O  O  N/A		EAST ASIA AND THE PACIFIC	33		CHARGE AGAINST TUITION		N/A	N/A
ND 0 CHARGE AGAINST TUITION 0 N/A  2 70,589, CHARGE AGAINST TUITION 0 0 CHARGE AGAINST TUITION 0 N/A 4 115,525, CHARGE AGAINST TUITION 0 N/A 1 23,666, CHARGE AGAINST TUITION 0 N/A 1 336,962, CHARGE AGAINST TUITION 0 N/A 1 17 536,962, CHARGE AGAINST TUITION 0 N/A	в н о	EUROPE (INCLUDING ICELAND & GREENLAND)	4	985.	CHARGE AGAINST TUITION	0	N/A	N/A
2 70,589. CHARGE AGAINST TUITION 0. N/A  0 0. CHARGE AGAINST TUITION 0. N/A  4 115,525. CHARGE AGAINST TUITION 0. N/A  1 23,666. CHARGE AGAINST TUITION 0. N/A  17 536,962. CHARGE AGAINST TUITION 0. N/A	2.2	MIDDLE EAST AND NORTH AFRICA	0			0	N/A	N/A
0 0. CHARGE AGAINST TUITION 0. N/A 4 115,525. CHARGE AGAINST TUITION 0. N/A 1 23,666. CHARGE AGAINST TUITION 0. N/A 17 536,962. CHARGE AGAINST TUITION 0. N/A		NORTH AMERICA	2	589.			N/A	N/A
4 115,525. CHARGE AGAINST TUITION 0. N/A  1 23,666. CHARGE AGAINST TUITION 0. N/A  17 536,962. CHARGE AGAINST TUITION 0. N/A	<u>в. 2 уг</u>	RUSSIA AND NEIGHBORING STATES	0				N/A	N/A
1 23,666. CHARGE AGAINST TUITION 0. N/A N 17 536,962. CHARGE AGAINST TUITION 0. N/A	<u> </u>	SOUTH AMERICA	4	,525.	CHARGE AGAINST TUITION	0	N/A	N/A
HARAN 17 536,962. CHARGE AGAINST TUITION 0.N/A		SOUTH ASIA	1	23,666.			N/A	N/A
	TUITION/BOOKS	SUB-SAHARAN AFRICA	17	536,962.	CHARGE AGAINST TUITION	.0	N/A	N/A

38

Schedule F (Form 990) 2019

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.

PART I, LINE 2:
HOPE COLLEGE OFFERS MERIT-BASED ACADEMIC SCHOLARSHIPS TO INTERNATIONAL
STUDENTS. THE ASSESSMENT FOR AWARDING THESE MERIT-BASED SCHOLARSHIPS IS
BASED ON A REVIEW OF THE STUDENT'S APPLICATION, WITH SPECIFIC EMPHASIS ON
THE STUDENT'S ACADEMIC CREDENTIALS, AS WELL AS LEADERSHIP AND VOLUNTEER
ACTIVITIES. STUDENTS ARE ELIGIBLE TO RECEIVE THE SCHOLARSHIP FOR A
MAXIMUM OF EIGHT (8) SEMESTERS. STUDENTS WHO COMPLETE THEIR DEGREE IN
LESS THAN EIGHT (8) SEMESTERS WILL HAVE THEIR SCHOLARSHIP TERMINATED ONCE
THE DEGREE REQUIREMENTS ARE MET. RENEWAL IS CONTINGENT UPON THE
INTERNATIONAL STUDENT MAINTAINING FULL-TIME ENROLLMENT (12 CREDITS PER
SEMESTER), AS WELL AS MAINTAINING SATISFACTORY ACADEMIC PROGRESS, AS
DEFINED BY THE HOPE COLLEGE OFFICE OF FINANCIAL AID. SATISFACTORY
ACADEMIC PROGRESS IS ASSESSED ANNUALLY, AT THE END OF THE SPRING
SEMESTER. STUDENTS NOT MAKING SATISFACTORY PROGRESS MAY APPEAL TO HAVE
THEIR SCHOLARSHIP REINSTATED.
SCHEDULE F, PART I
REGARDING DIRECT FOREIGN INVESTMENTS, AMOUNTS REPORTED ON PART I, LINE
3, COLUMN F ARE THE BOOK VALUE OF THE INVESTMENTS AS OF JUNE 30, 2020.

49819\_\_3

SCHEDULEI

(Form 990)

Department of the Treasury

Internal Revenue Service

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.

2019	Open to Public

Inspection

OMB No 1545-0047

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

2 \_ Schedule I (Form 990) (2019) Employer identification number 38-1381271 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? HOPE COLLEGE 1 (a) Name and address of organization or government Name of the organization Part 0

Page 2

Schedule | (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP - TUITION/BOOKS	2657	36,659,201.	.0	N/A	N/A
Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, line	e 2, Part III, column	(b), and any other ad	ditional information.	
I, LINE 2:					
HOPE SCHOLARSHIP/GRANT FUNDS ARE DI ELIGILIBITY (I.E. FINANCIAL NEED OR	ומס	BURSED TO THE REC ACADEMIC MERIT) A	RECIPIENT UPON PROOF () AND UPON PROOF OF	N PROOF OF JOF OF	
EXPENSE INCURRED.					
				***	

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number 38-1381271

	HOPE COLLEGE	38-13812	71	
Pa	art I Questions Regarding Compensation			
		_	Yes	No No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990,	-	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			[
	First-class or charter travel  X Housing allowance or residence for person	nal use		1 1
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees	;		
	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		- X	-
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 <u>b</u>	+	+
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<del>-</del>	- x	-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	+^	+
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ū	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization			.
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract		-	
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation of	ommittee	•	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	<u> </u>	_	_
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				'
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		١,	1 1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
	contingent on the revenues of		-	_
а	The organization?	<u>5a</u>	<del>- 1</del>	X
b	Any related organization?	5b	$\perp$	Х
	If "Yes" on line 5a or 5b, describe in Part III		ŀ	;
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
	contingent on the net earnings of	<u> </u>	_	_
а	The organization?	6a	_	X
b	Any related organization?		-	X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			-
	not described on lines 5 and 67 If "Yes," describe in Part III	7	+	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-	-
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	╅	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<del></del>	_	-
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(l)(B)	ın column (B) reported as deferred on prior Form 990
(1) RICHARD J. PUCKETT	Θ	245,382.	0	3,840.	25,765.	46,853.	321,840.	0.
VP FOR DEVELOPMENT	: 🗉	0	0	0	0	0	0	0
(2) CADY SHORT THOMPSON	Ξ	243,500	0	3,840.	25,568.	43,844.	316,752.	0
PROVOST	Ξ	0	0	0	0	0	0	0
(3) THOMAS BYLSMA	Ξ	204,484	0.	5,512.	21,471.	55,953.	287,420.	0
CFO	Ξ		0.	0.	• 0	0	0.	• 0
(4) CARL E. HEIDEMAN	Ξ	141,987	0	0	14,909.	86,059.	242,955.	0
DIRECTOR OF PROCESS/INNOVA	Ξ		0	0	0	• 0	0.	0
(5) WILLIAM A. PANNAPACKER	Ξ	139,905.	0	0.	14,690.	80,117.	234,712.	0
FACULTY	Ξ	0	0	0	• 0	• 0	0	• 0
(6) WILLIAM VANDERBILT	Ξ	186,189.	0	3,840.	19,550.	17,499.	227,078.	.0
VP FOR ADMISSIONS	Ξ		0	0	• 0	0.	0.	0
(7) RICHARD A. FROST	Ξ	164,327.	0	3,840.	16,591.	19,989.	204,747.	0.
VP FOR STUDENT DEVELOPMENT	(E)		0.	0	0			0
(8) AARON A. BEST	()	139,19	0	0	14,61	42,479.	196,289.	0
FACULTY	Ξ			0.		0.	0.	0
(9) JENNIFER FELLINGER	Ξ	155,39		3,840.	16,212.	17,233.	192,681.	0.
VP FOR PUBLIC AFFAIRS/MARK	3			0.				0
(10) DAVID VANWYLEN	Ξ	148,21	0.	0	15,563.	17,891.	181,669.	0
DEAN - NATURAL SCIENCE	(E)	0.	0.	0	0	0.	0.	0.
(11) TODD P. STEEN	Ξ	142,662.	0.	.0	14,980.	15,666.	173,308.	0
FACULTY	Ξ		0.	0.	0.	0.	0.	0
(12) MATTHEW SCOGIN	Ξ	125,00	0.	12,876.	13,125.	25,613.	176,614.	0.
PRESIDENT	Ξ		0.	0.	0.	0.	0.	0.
(13) DENNIS VOSKUIL	(E)	132,388.	0.	.0	0	16,590.	148,978.	0.
INTERIM PRESIDENT-FORMER	(II)		0.	0	0	0.	0	• 0
(14) SONJA TRENT-BROWN	Ξ	123,000.	0.	0.	12,915.	16,723.	152,638.	0.
TRUSTEE/PROFESSOR	ᆗ	0.	0.	0.	0.	0.	0.	0
	Ξ							
	3							
	Ξ ;							
	3							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

PART I, LINE 1A:
THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS AS PART OF HIS EMPLOYMENT WITH
THE COLLEGE. INCLUDED IN NONTAXABLE BENEFITS IS THE FAIR MARKET VALUE OF
THE USAGE OF THE PRESIDENT'S HOME WHICH IS VALUED AT \$31,400.
THE COLLEGE PROVIDES AN ANNUAL MEMBERSHIP TO A LOCAL GOLF CLUB TO THE CFO
AS A WAY TO PROMOTE THE COLLEGE. THE VALUE OF THIS MEMBERSHIP IS \$7,600
AND IS SPLIT BETWEEN TAXABLE INCOME AND OTHER NON-TAXABLE INCOME
(\$1,672/\$5,928). DUE TO THE GLOBAL PANDEMIC, THE GOLF MEMBERSHIP WAS NOT
RENEWED FOR 2020 MEMBERSHIP.
Schedule J (Form 990) 2019

ENTITY 1

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

OMB No 1545-0047
2019
Open to Public Inspection

Employer identification number

explanations, and any additional information in Part VI.

➤ Attach to Form 990. 

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE K

Form 990)

Schedule K (Form 990) 2019 4,810,000. 16,255,000. (g) Defeased (h) On behalf (i) Pooled financing Yes No × × × × 255,000 × ŝ 38-1381271 ŝ × × × × ۵ of issuer 16, Yes Yes × × × ŝ × × × × 100,000. Yes 11,220,000 5,000,000 6,220,000 × ŝ 2014 (f) Description of purpose Yes × × × ΙN 10200000.SEE PART VI M IΛ PART PART PART 10,000,000. 7,870,000. 1,040. 096,866 × ŝ 11220000. SEE 16255000.SEE 1000000.SEE 8 . თ Yes × × × (e) Issue price (A) CONTINUATIONS 10,200,000. 10,200,000. 10,200,000 × ŝ 12/17/10 03/28/12 08/08/13 (d) Date issued 12/14/11 Yes × × × FOR COLUMN 30-0595186NONEAVAIL 80-0595186NONEAVAIL 80-0595186NONEAVAIL B CORPORATION OF THE COUNT 38-6004883 NONEAVAIL (c) CUSIP # For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if SEE PART VI (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? HOPE COLLEGE THE ECONOMIC DEVELOPMENT Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds MICHIGAN FINANCE MICHIGAN FINANCE MICHIGAN FINANCE final allocation of proceeds? (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds **Bond Issues** A AUTHORITY C AUTHORITY D AUTHORITY Part II Proceeds Part LΗ 6 က 9 8 N 4 7 유 15 9 4 S = 12 5 7

2 ENTITY

Supplemental Information on Tax-Exempt Bonds

Inspection

2019 Open to Public 7

Schedule K (Form 990) 2019 Yes No (g) Defeased (h) On behalf (i) Pooled financing × **Employer identification number** OMB No 1545-0047 ŝ 38-1381271 Yes No × of issuer ۵ Yes ŝ × Yes ŝ O (f) Description of purpose Yes ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. 13940000.SEE PART VI ▼ Attach to Form 990. ▼ Go to www.irs.gov/Form990 for instructions and the latest information. ŝ œ Yes (e) Issue price (A) CONTINUATIONS 13,940,000. 4,705,000 000 × ŝ 13,940, 05/25/15 (d) Date issued Yes × × × FOR COLUMN 80-0595186NONEAVAIL (c) CUSIP# LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if SEE PART VI (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? HOPE COLLEGE 9 Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds MICHIGAN FINANCE final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Name of the organization |Part | Bond Issues A AUTHORITY Part II | Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990) က ω 9 16 N 4 9 4 5 S 8 ပ ^ Ξ 12 13 4

			0	1201001	뎝	ENTITY	1	
Part III   Private Business Use			000	7/77061				r age z
	A			В		၁	٥	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	o <sub>N</sub>	Yes	°N	Yes	°×	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?						×		
3a Are there any management or service contracts that may result in private					>-			
business use of botto-intaliced property?  h If "Yes" to line 3a does the prognization routinely engage band coursel or other outside					4			
counsel to review any management or service contracts relating to the					×			
c Are there any research agreements that may result in private business use of								
bond financed property?						×		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside		_					<del></del>	
counsel to review any research agreements relating to the financed p								
4 Enter the percentage of financed property used in a private business use by antities other than a section 501(a)(3) organization or a state or local property and the content of the con		%		%		%		8
		2		2		2		2
unrelated trade or business activity carried on by your organization, a								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?						X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-						1		
governmental person other than a 501(c)(3) organization since the bonds were issued?						×		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		6		6		à		è
OI C. If "Voc" to line 8a was any remedial action taken nursuant to Requisitions sections		R		0,		8		2,0
1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145-27						×		
Part IV Arbitrage								
Has the section filed Enrice 8038.1 Arhitrana Bahata Vield Bodinstrin and	∀ Sox		20%	8	ر د ک	<u> </u>	200	2
	3	×	3	×	3	×	3	×
2 If "No" to line 1, did the following apply?						1		
ء ا		×		×	į	×		×
b Exception to rebate?	X		X			X	×	
c No rebate due?		×		X	X			×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed 3 to the bond teet as yarrable rate recite?	×		×		×		×	
י וא נויר טטווע ואטער מ אמומטור ומני ואטער.			•		\$		7 7 7	0000
932122 10-18-19						Sch	Schedule K (Form 990) 2019	990) Zu19

7 ENTITY

Schedule K (Form 990) 2019 HOPE COLLEGE			38-1	38-1381271	EN EN	ENTITI 2	7	Page 2
Part III Private Business Use								
		A	8		0			
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	°N ×	Yes	8	Yes	S <sub>O</sub>	Yes	<b>8</b>
which owned property linanced by tax-exempt bonds /  Are there any lease arrangements that may result in private business use of		٩						
bond-financed property?		X						
3a Are there any management or service contracts that may result in private	;							]
business use of bond-financed property?	×							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	<b>&gt;</b>							
counsel to review any management or service contracts relating to the financed property?	∢							
<ul> <li>Are there any research agreements that may result in private business use of hond-financed property?</li> </ul>		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%	:	%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141·12 and 1 145·2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under							_	
Regulations sections 1.141·12 and 1.145·27		×						ļ
Part IV Arbitrage								
		A	8		0		۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	٥ ۲	Yes	°N	Yes	٥ ۷	Yes	Š
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?							•	
a Rebate not due yet?		×						
b Exception to rebate?	×							
c No rebate due?	×							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed			Y					
3 Is the bond issue a variable rate issue?	×							
932122 10-18-19						Sch	Schedule K (Form 990) 2019	n 990) 2019

38-1381271

Page 3

Part IV Arbitrage (continued)								
	Α			В		c	Ō	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		×		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		×
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X		X		×		×
Part V Procedures To Undertake Corrective Action								
	A			В		c	O D	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		×		×		×		×
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	on Schedule	K See instri	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
THE ECONOMIC DEVELOPMENT CORPORATION OF THE COUNTY	OF	OTTAWA						
		:						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:		:						
(A) ISSUER NAME: MICHIGAN FINANCE AUTHORITY								

DATE THE REBATE COMPUTATION WAS PERFORMED: 03/28/2017

2020 IS TO CURRENTLY THE PURPOSE OF THE BONDS ISSUED ON DECEMBER COLUMN F: ROW A(1) PART I,

REFUND THE MICHIGAN HIGHER EDUCATION FACILITIES AUTHORITY (MHEFA) (HOPE COLLEGE PROJECT) LIMITED OBLIGATION REVENUE REFUNDING BONDS SERIES 1999, DATED MARCH 24, 1999.

REFUND A PORTION OF THE MHEFA LIMITED OBLIGATION REVENUE BONDS (HOPE 2011 IS TO ADVANCE THE PURPOSE OF THE BONDS ISSUED ON DECEMBER 14, COLUMN F: ROW B(1), PART I,

2002 (THE SERIES 2002A COLLEGE PROJECT), SERIES 2002A, DATED MAY 932123 10-18-19 BONDS)

SUPPLEMENTAL INFORMATION SHEET

SEE PART VI

38-1381271

Schedule K (Form 990) 2019

Part IV Arbitrage (continued)								
	A			В	0	c	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of		>						
5		4						
Part V Procedures To Undertake Corrective Action								
	4			B	S			
Has the organization established written procedures to ensure that violations of	Yes	Š	Yes	Š	Yes	S <sub>e</sub>	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		X						
lemental Inform	on Schedule	K See instru	ctions					
SCHEDULE K, PART I, BOND ISSUES:								
ISSUER NAME:								
THE ECONOMIC DEVELOPMENT CORPORATION OF THE COUNTY	Q	OTTAWA						
6								
뭬.								
SK NAME: MICHIGAN FINANCE AUTHORITY						:		
DATE THE REBATE COMPUTATION WAS PERFORMED: 03,	/28/2017	7						
PART I, ROW A(1), COLUMN F:								
THE PURPOSE OF THE BONDS ISSUED ON DECEMBER 17, 2	2020 IS	IS TO CURRENTLY	RENTLY					
HE MICHIGAN HIGHER EDUCATION FACILITIES	AUTHORITY (MHEFA)	Y (MHE	FA),					
GATION REVENUE REFUNDING BONDS (HOPE	COLLEGE	PROJECT	CT),					
SERIES 1999, DATED MARCH 24, 1999.								

REFUND A PORTION OF THE MHEFA LIMITED OBLIGATION REVENUE BONDS (HOPE COLLEGE PROJECT), SERIES 2002A, DATED MAY 7, 2002 (THE SERIES 2002A THE PURPOSE OF THE BONDS ISSUED ON DECEMBER 14, 2011 IS TO ADVANCE

COLUMN F:

ROW B(1),

PART I,

BONDS).

Schedule K (Form 990) 2019 HOPE COLLEGE  [PartiVII Supplemental Information. Provide additional information for responses to questions on Schedule K See instruct	38–1381271 Page 4 See instructions (continued)
PART I, ROW C(1), COLUMN F: THE PURPOSE OF THE BONDS ISSUED ON MARCH 28, 2012 IS (A) TO CURRENTL REFUND A PORTION OF THE SERIES 2002A BONDS, AND (B) TO PAY THE COSTS THE ACQUISITION, CONSTRUCTION, FURNISHING AND EQUIPPING OF STUDENT HOUSING FACILITIES AND THE RENOVATION, REFURBISHING AND RE-EQUIPPING DINING FACILITIES AT PHELPS HALL AND RELATED PARKING AND SITE IMPROVEMENTS.	CURRENTLY THE COSTS OF STUDENT EQUIPPING OF TE
PART I, ROW D(1), COLUMN F: THE PURPOSE OF THE BONDS ISSUED ON AUGUST 8, 2013 IS TO CURRENTLY REFUND THE MHEFA VARIABLE RATE DEMAND LIMITED OBLIGATION REVENUE (HOPE COLLEGE PROJECT), SERIES 2002B, DATED MAY 7, 2002.	INTLY SINUE BONDS
TRPOSE OF THE BONDS ISSUED ON MAY 28, 2015 (THE SER CURRENTLY REFUND THE MHEFA VARIABLE RATE DEMAND LICATION REVENUE AND REVENUE REFUNDING BONDS (HOPE COLLINITED JULY 28, 2004 (THE SERIES 2004 BONDS) SONDS WERE ISSUED TO (A) CURRENTLY REFUND (I) A POR LIMITED OBLIGATION REVENUE REFUNDING BONDS ON THE MHEFA LIMITED OBLIGATION REVENUE BOUNDS (II) THE MHEFA LIMITED OBLIGATION REVENUE BO SE PROJECT), DATED JUNE 4, 1996 (THE SE PROJECT), SERIES 1996B, DATED JUNE 4, 1996 (THE STONS FIELDHOUSE AND THE MARTHA MILLER CENTER FOR GLANCE (C) TO PAY THE COST OF CONSTRUCTING, ENTER FOR GLAND (D) TO PAY THE COSTS OF ISSUING AND SECURING AND (D) TO PAY THE COSTS OF ISSUING AND SECURING AND (I), LINE 3A(C):	MITED MITED LEGE PROJECT), THE SERIES TION OF THE ONDS, SERIES ONDS (HOPE SERIES 1994 AND FURNISHING OBAL , AND THE DOW PORTION OF THE THE BONDS.
THERE IS A FOOD SERVICE CONTRACT THAT QUALIFIES FOR THE SAFE HA UNDER REV. PROC. 97-13	HARBOR

Schedule K (Form 990) 2019

PART III (2), LINE 3A(A): THERE IS A FOOD SERVICE CONTRACT THAT QUALIFIES FOR THE SAFE HARBOR

932124 10-18-19

Páge 4

PART III (1): PART III IS NOT COMPLETED FOR COLUMN A, COLUMN B, THE PORTION OF THE COLUMN C THAT IS ALLOCATED TO REFINDING THE SERIES 2002A BONDS AND	
, ALL OF WHICH RELATE TO BONDS WHICH	
PART III (2):	
III	
THE SERIES 2004 BONDS WHICH RIES 1996 BONDS, BOTH OF WHIC	
PART IV (1), LINE 2C(3): ARBITRAGE REBATE CALCILATION WAS PREPARED ON MARCH 28 2017 BY	
B(1), COLUMN F:	
THE FURFOSE OF THE BONDS ISSUED ON DECEMBER 14, ZUII IS TO ADVANCE REFUND A PORTION OF THE MHEFA LIMITED OBLIGATION REVENUE BONDS (HOPE	
COLLEGE PROJECT), SERIES 2002A, DATED MAY 7, 2002 (THE SERIES 2002A	
BONDS).	
932124 10-18-19 Schedule K (Form 990) 2019	0) 2019

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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 instructions and the latest information.

Name of the organization HOPE COLLEGE Employer identification number 38-1381271

Pai	it i Types of Property							_
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d Method of d noncash contrib	letermining	ınts	
		Х	10	Form 990, Part VIII, line 1g 113,500.	EW37			-
1	Art · Works of art			113,300.	r MV			-
2	Art · Historical treasures				<del> </del>			-
3	Art - Fractional interests							-
4	Books and publications			000				-
5	Clothing and household goods	X		998.				_
6	Cars and other vehicles							-
7	Boats and planes							_
8	Intellectual property							_
9	Securities - Publicly traded	Х	46	2,417,755.	NYSE - FMV			_
10	Securities - Closely held stock							_
11	Securities - Partnership, LLC, or							
	trust interests							_
12	Securities · Miscellaneous							_
13	Qualified conservation contribution -							
	Historic structures							_
14	Qualified conservation contribution - Other							_
15	Real estate - Residential	Х	1	93,000.	FMV			_
16	Real estate - Commercial							_
17	Real estate - Other							_
18	Collectibles							_
19	Food inventory							_
20	Drugs and medical supplies	L						_
21	Taxidermy	<u></u>						_
22	Historical artifacts							_
23	Scientific specimens				9			_
24	Archeological artifacts							_
25	Other (FURNITURE)	X	1	39,793.				_
26	Other (EQUIPMENT)	X	1	675.	FMV			_
27	Other • ()							_
28	Other ()				<u> </u>			_
29	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	gement 29	· ·			_
						Ye	s No	_
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			ł
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			ال
	exempt purposes for the entire holding period					30a	Х	_
b	If "Yes," describe the arrangement in Part II							j
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	31 X		_
	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				•
	contributions?					32a X		_
b								1
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,			-
	describe in Part II	, ,						ļ
	<del></del>							_

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Open to Public ▶ Attach to Form 990 or 990-EZ. Inspection ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

HOPE COLLEGE

Employer identification number 38-1381271

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SOCIETY THROUGH ACADEMIC AND CO-CURRICULAR PROGRAMS OF RECOGNIZED EXCELLENCE IN THE LIBERAL ARTS AND IN THE CONTEXT OF THE HISTORIC CHRISTIAN FAITH.

FORM 990, PART VI, SECTION B, LINE 11B:

MEMBERS OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES ARE PROVIDED WITH A REASONABLE OPPORTUNITY TO REVIEW AND COMMENT TO EXECUTIVE LEADERSHIP ON THE FORM 990 OF HOPE COLLEGE BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. FURTHER, THE EXECUTIVE LEADERSHIP OF HOPE COLLEGE PROVIDES THE MINUTES OF THE AUDIT AND COMPLIANCE COMMITTEE FORM 990 REVIEW TO THE BOARD OF TRUSTEES SHOWING AN OVERVIEW OF THE HIGHLIGHTS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING FOLLOWING THE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF TRUSTEES PREPARE AND SIGN CONFLICT STATEMENTS THESE STATEMENTS ARE REVIEWED AND PROVIDED TO TRUSTEE MEMBERS AT ANNUALLY. THE OCTOBER BOARD OF TRUSTEE MEETING TO ENSURE COMPLIANCE WITH THE CONFLICT MEMBERS OF THE COMMITTEE WITH A PERSONAL INVOLVEMENT IN A POLICY. PARTICULAR DECISION WILL EXCUSE THEMSELVES FROM DISCUSSION LEADING TO A DECISION AND FROM THE DECISION ITSELF, AND THIS DISCLOSURE AND ABSENCE WILL BE NOTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES (BOT) APPROVES A RECOMMENDED COMPENSATION INCREASE Schedule O (Form 990 or 990-EZ) (2019) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

932212 09-06-19

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

VIII, LINE 3C.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization HOPE COLLEGE	Employer identification number 38-1381271
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-604,118.
CHANGE IN VALUE OF POSTRETIREMENT LIABILITY	-2,270,562.
CHANGE IN VALUE OF SWAP AGREEMENTS	889,000.
TOTAL TO FORM 990, PART XI, LINE 9	-1,985,680.
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT PROCESS FOR THE AUDIT HAS NOT CHANGED SINCE	LAST YEAR.