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Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury

OMB No 1545-0047

		enue service Prince organization in the control of	200	A	:1.20	00.00				
<u>A</u>	For the		008, and ending	Apr	il 30	, 20 09				
В	Check if	applicable Please Use IRS Popular Frances As				er identification number				
\mathbf{Z}	Addres:	s change label or Doing Business As			38 1627600 E Telephone number					
	Name o	change print or type Number and street (or PO box if mail is not delivered to street address	s) Room/suite		E Telepho	one number				
	nitial re	See 4150 Administration Dr			(269)	471-3521				
	Termina									
		ed return tions. Berrien Springs, MI 49104			G Gross re	ceipts \$				
		on pending F Name and address of principal officer		H(a) Is this	a group return	for affiliates? Yes No				
	фрисан	ion pending			-	ncluded? Tes No				
$\overline{}$	Tax-ex	xempt status		l .		list (see instructions)				
÷		site: ► http://www.andrews.edu		1	exemption nur	,				
			. Year of formation	1874		legal domicile MI				
	art I		. Tour or formation	1014	Oldio o	10947 001110110 [11]				
L			Education							
	1	Briefly describe the organization's mission or most significant acti	ivities.	·······		••••				
gy.										
Governance										
Ë										
õ	2	Check this box ▶ ☐ if the organization discontinued its operations or disposit	ed of more than 25	6% of its as	sets.					
ক ক	3	Number of voting members of the governing body (Part VI, line 1a	a)		. 3	39				
Activities &	4	Number of independent voting members of the governing body (F	art VI, line 1b)		. 4	38				
Σ	5	Total number of employees (Part V, line 2a)			5	2988				
Ş		Total number of volunteers (estimate if necessary)			6					
•		Total gross unrelated business revenue from Part VIII, line 12, colu	ımn (C)		7a	620,763				
		Net unrelated business taxable income from Form 990-T, line 34		• •	7b	0				
				Prior Ye	ar	Current Year				
	,	Contributions and grants (Dort VIII June 1h)		16.3	296,406	13,863,458				
e		Contributions and grants (Part VIII, line 1h)			286,369	53,490,715				
Revenue		Program service revenue (Part VIII, line 2g)			056,008	(3,963,900)				
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) .	<i></i> . · · ⊢							
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			597,016	5,368,313				
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A		77,	335,799	76,686,386				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .								
ın	14	Benefits paid to or for members (Part IX, column (A), line 4)								
ışe	15	Salaries, other compensation, employee benefits (Part IX, column (A), In	ınes 5–10)	31,	750,744	33,792,232				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		W. A 255 0 0						
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		<u> </u>		* *				
	1,7	Other expenses (Harr IX, column (A), lines 11a-11d, 11f-24f)		43,0	001,903	34,012,430				
	18	Total expenses. Add lines 03+17 (must equal Part IX, column (A),	line 25)	74,7	752,647	67,804,662				
	19 _	Revenue less expenses. Subtract line 18 from line 12		2,	583,152	953,924				
or ces		DEC 2 3 2009 6		Beginning o	f Year	End of Year				
Assets 1 Balan	20	Total assets (Part X, line 16)		128,	755,198	130,727,660				
Ass	21	Total liabilities (Part X, fline 26)	, , , , ,	25,	787,214	28,041,615				
Fund		Net assets or jund, balances Subtract line 21 from line 20	. : : : -		967,984	102,686,045				
	rt II	Signature Block	•							
		Under penalties of perjury, I declare that I have examined this return, including acco	mpanying schedules	and statem	ents, and to	the best of my knowledge				
		and belief, it is true, correct, and complete Declaration of preparer (other than offi	icer) is based on all i	information	of which pro	eparer has any knowledge				
Sig	ın	A Chall		1,2	lielos					
He		Signature of officer ALURENCE E SCHALK JP		Date	/ '=a / = / -					
110		LAWRENCE E SCHALK JP								
			•			· · · · · · · · · · · · · · · · · · ·				
		Type or print name and title	ate Check	of I	Dropore-'-	tontifung number				
		Preparer's	self-	i	(see instruct	dentifying number ions)				
Paid	l	signature	emplo	yed ▶ ∐						
Pre	oarer's	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								
	Only	Firm's name (or yours if self-employed),		EIN	•					
		address, and ZIP + 4		Phone no	> ()				
Ма	y the	IRS discuss this return with the preparer shown above? (see instri	uctions) .			. Yes No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Form	990 (2008) Page
Pai	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Education
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ 55,922,135 including grants of \$) (Revenue \$ 68,758,586) Education
4b	(Code:) (Expenses \$ncluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$ 55,922,135 (Must equal Part IX, Line 25, column (B).)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	\	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	✓	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40		
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 13	✓	
13 14a	Is the organization a school described in section $170(b)(1)(A)(i)$? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the US?	14a	-	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		r
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u> </u>
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓

Pai	t IV Checklist of Required Schedules (continued)			_
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u>√</u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	•••	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		
	gaming (gambling) winnings to prize winners?	10		\vdash
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 2988			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2988 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	` `		
	Instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	> a •	ų	
	this return?	3a	✓	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
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	4a		1
	account)?	40	*	-
D	If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		÷	
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
	Regarding Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	*	4 4	* *
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	*	À	*
	\$75?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	. 7 %	* .
	in res, indicate the number of rorms ozoz med during the year		* * *	* *
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		L
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<u> </u>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	74		
	required?	7h ∜ ∛		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	-4 ×	* *	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	***************************************	
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	* 🛊	,	
	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	dross medite from members of shareholders	1		ĺ
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the		,	
	circumstances, processes, or changes in Schedule O. See instructions.	,		
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	0		
	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓_
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_		√
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	.30. 3	√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4	~a 4	A3 A
	the year by the following.	<u></u>		لــــا
а	The governing body?	8a	√	
b	· · · · · · · · · · · · · · · · ·	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9 a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	0.		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓_	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	√ _	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	* *	ş	»
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	45-	*	لــــــــــــــــــــــــــــــــــــــ
	The organization's CEO, Executive Director, or top management official?	15a	√	
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O (see instructions)		4 8	,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
	with a taxable entity during the year?	16a		
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		J
Sec	tion C. Disclosure	100		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply	,(0)3	ر ۱۰۰ ب	
	✓ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
. •	policy, and financial statements available to the public.	,,,,,		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization. ► Andrews University, Financial Records, 4150 Administration Drive, Berrien Springs, MI	1010		

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	mpensate	any o	offic	er,	dıre	ctor,	trus	tee, or key em	ployee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		_			that ap		Reportable compensation	Reportable compensation	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
See Attached - Schedule #2								-		
						_				
	<u>,</u>									

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key	Emp	Employees, and Highest				hest	Compensate	ontinu	∍d)		
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated at employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	cor a	estimate mount of other npensate from the ganization of relate ganization	of tion e ion ed
1b								▶					
2	Total number of individuals (including those organization ► 0	e in 1a) wh	o rec	eive	ed n	nore	e than	\$10	00,000 in repo	rtable compen	sation	from	the
	organization > 0								. ,,			Yes	No
•	Did the everyingtion list only former office	بر ماندمها در	~~ *~		ا م				. ar biabaat a	amagaatad	×>	* *	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							Jyee	s, or mignest c	ompensated	3		√
4	For any individual listed on line 1a, is the s							and	d other compe	nsation from	S. 40	*	ų.
	the organization and related organizations										4		1
5	individual	or accrue	Comi	hene	satio	on f	rom :	anv		anization for	-		
	services rendered to the organization? If "	Yes," comp	lete	Sch	edu	le J	for s	uch	person		5		✓
	ction B. Independent Contractors												
1	Complete this table for your five highest concentration from the organization.	ompensate	d ind	epe 	nde	nt c	contra	ctor	s that received	d more than \$1	00,00) of	
	(A) Name and business add	iress							(B) Description of se	ervices		C) ensation	1
	elton Construction Co.							-	neral Contrac	tor		1,170	
Ca	itlan's Catering							Ca	tering			133	,496
•	-							-					
					_								
2	Total number of independent contractors	(including t	hose	in '	1) w	ho	receiv	/ed	more than \$10	00,000 in			

Form 9							Page 9
Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c			* ^	> _% >-	* ;
ions, gıft r similar	d e	Related organizations 1d Government grants (contributions). 1e	9,938,537 216,694	\$	*		
ontribut ind other	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	3,708,228	*	* *	. «	
	h	Total. Add lines 1a-1f	Business Code	13,863,458	* * * * * * * * * * * * * * * * * * *	* 4 *	, ,, ,
Program Service Revenue	_	Tuition and Fees (Net)	Busiliess Code	37,961,470	37,961,470		Y .
leve	2a	Auxilliary Revenue		15,529,244	15,529,244		
8	b			10,023,244	10,020,244		
Ž	ا د						
Š	d						
grai	f	All other program service revenue .					
P	g	Total. Add lines 2a-2f	. ▶	53,490,715	\$ 80 °	₩ '* .	4
	3	Investment income (including dividence other similar amounts)		836,887	836,887		
	4	Income from investment of tax-exempt both					
	5	Royalties					
		(i) Real	(II) Personal	₩ ₩			4 **
	6a	Gross Rents 204,069		* *		* * *	40. 44
	ь	Less rental expenses	158,902	* `	1		***
	С	Rental income or (loss) 204,069				* ``	
	d	Net rental income or (loss)		320,022	320,022		
	7a	Gross amount from sales of assets other than inventory (i) Securities 32,648,835	(ii) Other 344,794	* * .	* * * * *	* .	*
		Less. cost or other basis and sales expenses . 37,794,416		\$ \$4 44	× × × × × × × × × × × × × × × × × × ×	* * *	* 1, ,
	Ι.	Gain or (loss) (5,145,581	344,794	(4,800,787)	(4,800,787)	***	<u> </u>
a)	ď	Net gain or (loss)	· · · ·	(4,000,101)	(4,000,707)		
venue	8a	Gross income from fundraising events (not including \$		* *	* 5 %	,	
		of contributions reported on line 1c).					
Other Re		See Part IV, line 18 a			, ,,,		8 ,
þe	b	Less direct expenses k			<u>A</u>	<u> </u>	**
ō		Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities.	1		: \$ >		. **
	Ju	See Part IV, line 19	· [<i>≫</i> × ×	* * .	€.	* 5 %
		Less: direct expenses		* * * *	<u> </u>		> *>
	10a	Gross sales of inventory, less			1.2	-} ~s	* * .
	1	returns and allowances a		* * * *	* *		* `
		Less. cost of goods sold b		* 3 4 1	<u> </u>	*	*
	С	Net income or (loss) from sales of inven		311,941	311,941		
		Miscellaneous Revenue	Business Code		<u> </u>		*
	11a	Contract Income		979,450	979,450		-
	b	Change in value split Int. Agm		380,243	380,243		
	С	Departmental Income		3,088,422	3,088,422		
	I .		<u> </u>	288,234	288,234		
	е	Total. Add lines 11a-11d		4,736,350			
	12	Total Revenue. Add lines 1h, 2g, 3, 4 9c, 10c, and 11e	_	68,758,586	68,758,586		

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are no	ot required to com	piete columns (B),	
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	 		* · · · ·	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			. »	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			, , , , , , , , , , , , , , , , , , ,	; * * * * * * * * * * * * * * * * * * *
4	Benefits paid to or for members .			, ,	, • *
5	Compensation of current officers, directors, trustees, and key employees				
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	24,081,152	20,243,977	3,837,175	· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				
9	Other employee benefits	9,711,079	8,122,274	1,588,806	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	82,396		82,396	
c	Accounting	92,378		92,378	
ď	Lobbying				
	Professional fundraising services. See Part IV, line 17			¥	
f	Investment management fees				
-					
12	Advertising and promotion	825,172	430,456	394,716	
13	_ :	2,260,370			
	Office expenses	333,126		65,737	
14	Information technology	72,189	 	55,1.57	
15	Royalties	,	12,100		
16	Occupancy	1,345,974	1,086,273	259,701	
17	Travel	1,0 (0,0)	1,000,210	200,101	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	492,120	433,623	58,497	
19	Conferences, conventions, and meetings .	150,312	(77,007)	227,319	
20	Interest	100,012	(11,001)	221,010	
21	Payments to affiliates	2,622,113		2,622,113	
22	Depreciation, depletion, and amortization .	386,735		267,092	
23	Insurance	> × × *	110,040	207,032 * *	a 4 ~ .
24	Other expenses ltemize expenses not	* * * *			* * *
	covered above. (Expenses grouped together	e •	* 1 ' '	* * * * *	6
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	*		4 × ·	* * * *
	San Statements 1	25,349,544	<u> </u>		4 440 460
а		23,343,344	23,427,819	473,566	1,448,160
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	67,804,662	55,922,135	10,434,367	1,448,160
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
-					(A) Beginning of year		(B) End of year
T	1	Cash—non-interest-bearing .			891,608	1	15,425
	2	Savings and temporary cash investments			65,868	2	45,235
	3	Pledges and grants receivable, net	•		426,154	3	366,073
	4	Accounts receivable, net	• •	· · · · · ·	4,281,166		5,515,911
	5	Receivables from current and former officers employees, or other related parties Comple			<u> </u>	5	739,526
	6	Receivables from other disqualified persons	(as defin	ed under section	<i>*</i>	* *	
		4958(f)(1)) and persons described in section Part II of Schedule L	. 4950(6)	(S)(B). Complete	0	6	0
ets	7	Notes and loans receivable, net	•		2,749,781	7	2,697,833
Assets	8	Inventories for sale or use			3,356,425		3,751,831
1	9	Prepaid expenses and deferred charges	امدا	444 775 040	1,576,609	9	2,989,052
	10a	Land, buildings, and equipment. cost basis	10a	144,775,019	- (· · · · · · · · · · · · · · · · · ·	٨	*
	b	Less accumulated depreciation. Complete		22 222 245	75.040.074		70 440 075
		Part VI of Schedule D	10b	66,626,945	75,812,071	_	78,148,075
	11	Investments—publicly traded securities			39,206,466		9,561,358
	12	Investments—other securities. See Part IV, I				12	26,172,943
	13	Investments—program-related. See Part IV,	line 11	}		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			389,050		724,398
	16	Total assets. Add lines 1 through 15 (must	equal lin	e 34)	128,755,198		130,727,660
	17	Accounts payable and accrued expenses .			8,663,496		7,940,938
	18	Grants payable				18	
	19	Deferred revenue			1,865,813	19	5,789,282
	20	Tax-exempt bond liabilities				20	
es	21	Escrow account liability. Complete Part IV of	f Schedu	ıle D	× ***	21	
Ħ	22	Payables to current and former officers,	director	s, trustees, key 🏻	O Proparing A		. ,
Liabilities		employees, highest compensated employeesons Complete Part II of Schedule L	oyees, a	and disqualified	* *	22	
	23	Secured mortgages and notes payable to ur		hird parties	5,076,726	23	4,272,936
	24	Unsecured notes and loans payable				24	1,548,934
	25	Other liabilities Complete Part X of Schedul	e D		10,181,179	25	8,489,524
	26	Total liabilities. Add lines 17 through 25		[25,787,214	26	28,041,614
Balances		Organizations that follow SFAS 117, complete lines 27 through 29, and lines 3	check 3 and 34	here ▶ 🗌 and		, ,	# *
au	27	Unrestricted net assets		Ī	65,807,001	27	69,138,394
3al	28	Temporarily restricted net assets			15,958,786		12,029,652
0	29	Permanently restricted net assets			21,202,197	29	21,518,000
or Fund	20	Organizations that do not follow SFAS and complete lines 30 through 34.	117, ch	eck here ► 🗆	** * * * * * * * * * * * * * * * * * *	,	* *
	30	Capital stock or trust principal, or current fu	nde	Ī		30	
Set		Paid-in or capital surplus, or land, building,		mont fund		31	-
Aŝ	31					32	
Net Assets	32	Retained earnings, endowment, accumulated Total net assets or fund balances	u income	e, or other funds	102,967,984	33	102,686,046
z	33 34	Total liabilities and net assets/fund balances			128,755,198		130,727,660
Pa	rt XI	Financial Statements and Reportin			120,700,100	<u> </u>	
		Timanola Glatomonto una troportiri	. 5	 			Yes No
1	Δοοο	ounting method used to prepare the Form 990	۰. 🗆 ر	ash 🛮 Accrual	Other		
		e the organization's financial statements com				12	2a ✓
		e the organization's linancial statements comp e the organization's financial statements audit					2b ✓
		es the organization's infancial statements additionables. The organization have				· ·	
C		es to lines 2a or 2b, does the organization have ludit, review, or compilation of its financial state					
3а	As a	ludit, review, or compliation of its financial state result of a federal award, was the organization Single Audit Act and OMB Circular A-133?					
b		es." did the organization undergo the require	d audit d	r audits?	•	•	3b √

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

1627600 **Andrews University** Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) Я An organization that normally receives (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I c Type III-Functionally integrated d Type III-Other e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(ı) and (III) below, the governing body of the supported organization? 11g(II) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the organizations the organization supports. h (iii) Type of organization (i) Name of supported (iii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. **Public Support** (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 . . The portion of total contributions by each person (other than a governmental unit or Ą * publicly supported organization) included à 1 4 on line 1 that exceeds 2% of the amount 4 4 shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . ***** * Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box ▶ □ and stop here. The organization qualifies as a publicly supported organization 331/3 % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this . .▶ □ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the ▶ 🗆 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 🗌

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

500	tion A Public Support	d the box of	17 11110 3 01 1 0	.,									
	etion A. Public Support alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0) 20	200	(f) Total					
Ci	alendar year (or liscal year beginning in)	(a) 2004	(b) 2003	(0) 2000	(a) 2007	(e) 20	000	(i) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					ļ							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.												
3	Gross receipts from activities that are not an unrelated trade or business under section 513												
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
5	The value of services or facilities furnished by a governmental unit to the organization without charge												
6	Total. Add lines 1-5												
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000												
С	Add lines 7a and 7b												
8	Public support (Subtract line 7c from line 6)	^	* &	,	/ (j 🎉 😘	* *	· 🦚 .						
	Section B. Total Support												
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	800	(f) Total					
9	Amounts from line 6					ļ							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources												
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975												
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on												
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
13	Total support. (Add lines 9, 10c, 11, and 12)	* .	*	` \$		*							
14	First five years. If the Form 990 is for toganization, check this box and stop to		on's first, secor	nd, third, fourth	n, or fifth tax y	ear as a	sectio	n 501(c)(3) ▶ □					
Sec	tion C. Computation of Public Sup	port Percer	ntage										
15	Public support percentage for 2008 (line	e 8, column (f) divided by lin	e 13, column	(f)) .	15		%					
16	Public support percentage from 2007 S			⁷ g		16		%					
Sec	tion D. Computation of Investmen	t Income Po	ercentage			_							
17	Investment income percentage for 2008	•	• • •	•	olumn (f)) .	17		<u>%</u>					
18	Investment income percentage from 20					18		<u> </u>					
19a	33% % support tests – 2008. If the orga												
b	33\% \% support tests - 2007. If the organiline 18 is not more than 33\% \%, check this												
20	Private foundation. If the organization of	=	_				_	_					

Schedule A (F	Form 990 or 990-EZ) 2008	age 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)	10;)
		·
		
		- -- -

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

Nam	e of the organization		Employer identification number
And	drews University		38 1627600
Pa	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Simila " to Form 990, Part IV, line 6.	r Funds or Accounts. Complete if
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		,
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, sub		
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?	for the benefit of the donor or donor adv	grant funds may be visor or other Yes No
Da		plete if the organization answered "Yes	
	·	· · · · · · · · · · · · · · · · · · ·	
2	Purpose(s) of conservation easements hel Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization he	g, recreation or pleasure)	tion of an historically important land area tion of certified historic structure
	on the last day of the tax year		Held at the End of the Yea
			2a
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation e		. 25 2c
C	Number of conservation easements on a		2d
д 3	Number of conservation easements include Number of conservation easements modified the Association of the As		• • • • • • • • • • • • • • • • • • • •
	the taxable year ►	to conceniation assembnt is located	
4			
5	Does the organization have a written police enforcement of the conservation easement	ts it holds?	
6	Staff or volunteer hours devoted to monitor		
7	Amount of expenses incurred in monitoring		
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	the text of the footnote to the organization	venue and expense statement, and n's financial statements that describes
Pa	rt III Organizations Maintaining Coll	ections of Art, Historical Treasures, wered "Yes" to Form 990, Part IV, line	or Other Similar Assets. 8.
1a	If the organization elected, as permitted u art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, o	r research in furtherance of public service
b	If the organization elected, as permitted u historical treasures, or other similar assets provide the following amounts relating to	s held for public exhibition, education, or these items:	research in furtherance of public service
	(i) Revenues included in Form 990, Part	VIII, line 1	> \$0
	(ii) Assets included in Form 990, Part X		. ▶ \$0
2	If the organization received or held works following amounts required to be reported		
а	Revenues included in Form 990, Part VIII,	line 1	
b	Assets included in Form 990, Part X		> \$ <u>0</u>

	_
D	-
Page	_

Par	rt III Organizations Maintaini	ng Collections o	of Art, His	storical	Treasures,	or O	ther Similar As	sets (continued)
3	Using the organization's accession a items (check all that apply):	and other records	, check a	ny of th	e following t	hat are	e a significant us	se of its collection
а	✓ Public exhibition		d	یا لیا	an or excha	nge pr	ograms	
b	Scholarly research		e		ther			
С	✓ Preservation for future generation	ions						
4	Provide a description of the organization Part XIV	ation's collections	and expla	aın how	they further	the or	ganızatıon's exe	mpt purpose in
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta	ined as pa	art of the	organization	s colle	ction? .	Yes V No
Pai	Trust, Escrow and Custo Part IV, line 9, or reported					n ansv	vered "Yes" to	Form 990,
	Is the organization an agent, trustee included on Form 990, Part X?		-			ns or	other assets no	Yes No
b	If "Yes," explain the arrangement in	Part XIV and com	iplete the	tollowin	ig table:	Γ	Δη	nount
						1c	70	lount
	Beginning balance		•			1d	· · · · · · · · · · · · · · · · · · ·	
d	Additions during the year		•			_		
е	• •					1e		
f			 D			<u> </u>	L	Yes No
b	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.			· · · ·			
Pai	rt V Endowment Funds. Cor							
	-	(a) Current year	(b) Prior		(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	28,994,463	*	7		2	· · · · · · · · · · · · · · · · · · ·	, x, X
b	Contributions	1,143,162	* *		* & *		* * * *	* * *
С	Investment earnings or losses .	(4,888,578)	, ,		<u> </u>	* · 4	·	* * *
d	Grants or scholarships	(766,578)	*/	v ** 4		** · · · · · · · · · · · · · · · · · ·	2 \ 3 &	* '
е		(000.050)	**	aa <i>p</i>	· ,	~		. 1. 4.
	and programs	(228,358)	, ~	4	, , ,		» · » » «	y ⊗
f		0	& & ~ _~ /		~ ~ ~ ~ ~ ~	* *	*	* *
g		24,234,111		j				
2	Provide the estimated percentage of			as:				
а	Board designated or quasi-endowm	ent ▶ <u>5.4</u>	%					
b								
С								
За	Are there endowment funds not in the organization by:	e possession of th	e organiza	ation tha	t are held and	d adm	inistered for the	Yes No
	(i) unrelated organizations							3a(i) ✓
	(ii) related organizations .							3a(ii) ✓
		anizations listed a	s required	on Sch	nedule R?		•	3b ✓
4	Describe in Part XIV the intended us						10	
Pai	rt VI Investments – Land, Bu							
	Description of investment	(a) Cost or oth (investme	1		t or other (other)	(c) D	epreciation	(d) Book value
1a	Land			4,15	8,389		87	4,158,389
b		1,224,8	169	85,32	20,657	26,	594,370	59,951,156
d	·				06,566		245,362	8,661,204
е	Other	65,35			92,847	5,2	280,878	5,377,326
ota	al. Add lines 1a-1e (Column (d) should e	qual Form 990, Pai	rt X, colum	ın (B), lın	e 10(c))		. ▶	78,148,075

Schedule D (Form 990) 2008			rage C
Part VII Investments - Other Securities	s. See Form 990, Part X	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of vo	
		-	
Financial derivatives and other financial products Closely-held equity interests			
Other Equity Fund Trusts	20,361,259	LCM	
Fixed Income Fund Trusts	5,333,294	LCM	
Real Estate and other	478,390	Cost	
	-		
T. 1. (0.1		*	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)	ed Coo Form 000 Port \	/ line 12	4 4
Part VIII Investments – Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, P			
	(a) Description		(b) Book value
Beneficial Interest in Perpetual Trust			724,398
			-
Total. (Column (b) should equal Form 990, Part X, c		<u> </u>	•
Part X Other Liabilities. See Form 990	1		
(a) Description of liability	(b) Amount	· · · · · · · · · · · · · · · · ·	4) · 4 4 ×
Federal income taxes		* * * * * .	* *
Deposits	1,363,53	 ,	*
Annuity Payment Liability	268,33		" " ** ** **
Funds advanced for Student Loans	2,862,82		**
Funds held for others	1,522,79		
Liabilities under split interest agreements	2,472,03	** *	*
		,	,
	 		•
			>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	8,489,52	25 😺 🔻	*

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	(68,758,586
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	67,804,662
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	953,924
4	Net unrealized gains (losses) on investments	4	(1,235,863)
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	(74,728)
9	Total adjustments (net) Add lines 4-8	9	(1,291,595)
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(357,667)
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	
1	Total revenue, gains, and other support per audited financial statements	1	69,623,069
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	*	1
а	Net unrealized gains on investments		1
b	Donated services and use of facilities] 《	*
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	3	_
е	Add lines 2a through 2d	2e	(421,515)
3	Subtract line 2e from line 1	3	70,044,584
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	× 50	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		*
b	Other (Describe in Part XIV)) 🔏	
C	Add lines 4a and 4b	4c	(1,285,998)
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	68,758,586
Pai	T XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p	er Return
1	Total expenses and losses per audited financial statements	1	69,979,736
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*** \$*	*
а	Donated services and use of facilities	*	
b	Prior year adjustments	╛	
С	Losses reported on Form 990, Part IX, line 25	_ :	
d	Other (Describe in Part XIV)	<u> </u>	
е	Add lines 2a through 2d	2e	2,175,074
3	Subtract line 2e from line 1	3	67,804,662
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4	
а	Investment expenses not included on Form 990, Part VIII, line 7b] ž	
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5			1
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	67,804,662
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	67,804,662
Par Com	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	1 7	
Par Com and	t XIV Supplemental Information uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	nd 4;	Part IV, lines 1b
Par Com and Par	t XIV Supplemental Information splete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are 2b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	nd 4;	Part IV, lines 1b archaeological
Par Com and Par arti	Supplemental Information splete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar 2b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. It III, Line 4 - Collection 1: Horn Archaeological Museum. The University maintains a collection	nd 4;	Part IV, lines 1b archaeological
Par Com and Par arti	Supplemental Information splete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ai 2b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. It III, Line 4 - Collection 1: Horn Archaeological Museum. The University maintains a collection facts found at University archaeologicalarchaeological dig sites. These are used for research	nd 4; n of a	Part IV, lines 1b archaeological d education in
Par Com and Par arti	Supplemental Information splete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar 2b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. It III, Line 4 - Collection 1: Horn Archaeological Museum. The University maintains a collection facts found at University archaeologicalarchaeological dig sites. These are used for research archaeological studies program. The artifacts are housed a museum open to the public.	nd 4; n of a	Part IV, lines 1b archaeological d education in
Par Command Par arti	Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar 2b, Part V, line 4; Part X; Part XI, line 8, Part XIII, lines 2d and 4b; and Part XIII, lines 2d and 4b. It III, Line 4 - Collection 1: Horn Archaeological Museum. The University maintains a collection facts found at University archaeologicalarchaeological dig sites. These are used for research archaeological studies program. The artifacts are housed a museum open to the public. Illection 2: Center for Adventist Research. The University maintains a collection of books and	nd 4; n of a	Part IV, lines 1b archaeological d education in

Schedule D (Form 990) 2008	Page 5
Part XIV Supplemental Information (continued)	
Part V, Line 4- Earnings on endowments are used mostly for scholarships given to students as scholarships).
Other endowment earnings are used to support facilities, operations, academic chairs, lectureships and other	er
University programs.	
Part XI, Line 8-Net Revenue University Retirement Center and Andrews Broadcasting Corporation. Both are	wholly
owned subsidiaries of Andrews University filing individual 990 returns.	
Day VIII de la California de la	······································
Part XII, Line 2d-Revenue included in University audited financial statements for wholly owned subsidiaries v	which is
reported on separate 990 returns.	
Part XII, Line 4b - Expenses for COGS included in expenses on the audited financial statement but netted again	ainst
revenue in the 990 on Part VIII, Line 6b and 10b.	
Part XIII, Line 2d - Includes \$889,076 of expenses from wholly owned subsidiaries reported on separate 990 r	returns.
The remaining \$1,285,998 is expenses netted against revenue for 990 purposes. See explanation Part XII, Liu	ne 4b.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

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

OMB No 1545-0047

	e organization s University							38 :	er iden		52760		
Part I	Excess Benefit Transactions						ızations (only).					
	To be completed by organizations	that ansv	wered "\	es" on For	m 990, Par	t IV, line 25	a or 25b,	or For	m 990	-EZ, F	Part V,	$\overline{}$	
1	(a) Name of disqualified person				(b) [Description of	transaction	n					rected?
												Yes	No
													
·													
	r the amount of tax imposed on ter section 4958	the orgai	nızatıon	managers 	or disqu	alified pers	sons duri	ng the	e year			<u> </u>	
3 Ente	r the amount of tax, if any, on lin	e 2, abo	ve, rein	nbursed by	the orga	ınization			•	▶ \$			
Part II	Loans to and/or From Interes												
	To be completed by organizations					i		T		l			
(a) Na	ame of interested person and purpose		to or from inization?	(c) Ori principal		(d) Balan	ce due	(e) In	default?	by bo	proved pard or nittee?		Intten ment?
		To	From					Yes	No	Yes	No	Yes	No
Lawrenc	e Schalk	-	✓		700,000		739,526	-	✓	√		✓	
						_							
		-						-					
Total .					▶ \$			 	l		I		L
Part III	Grants or Assistance Benefit To be completed by organizati				on Form	990, Part I	V, line 27	7					
	(a) Name of interested person	(b) Re	elationship	between into		on and the	(c) A	mount	of grant	t or typ	e of a	ssistanc	e
						-							
		+				 							
											<u>-</u>		
		 											
Part IV	Business Transactions Involv To be completed by organizati				on Form	990, Part I	V, line 28	 3a, 28	b, or	28c	•		
(a)	Name of interested person	(b) R	elationshi	p between on and the	(c) An	nount of saction		escription			on	organiz	aring of zation s nues?
		-										Yes	No
		 											
									/-				

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection Employer identification number 1627600

An	drews University				38	1€	27600)	
	Types of Property						-		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, I		Method o	(d) of dete venues		g
1	ArtWorks of art								
2	Art—Historical treasures								
3	Art—Fractional interests	1	1	900	ĺ				
4	Books and publications	1	* <: *	5,282		_			
5	Clothing and household		* * *						
Ū	goods	1	v •	3770					
6	Cars and other vehicles	1	2	737					
7	Boats and planes								
8	Intellectual property	,							
9	Securities—Publicly traded .								
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC,								
•	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution (historic								
	structures)								
14	Qualified conservation								
	contribution (other)								
15	Real estate—Residential							_	
16	Real estate—Commercial .								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .	✓	1	100		 			
21	Taxidermy .								
22	Historical artifacts	ļ							
23	Scientific specimens , , ,								
24	Archeological artifacts .								
25	Other ▶ (personal papers)	✓	2	2,500					
26	Other ► (.Instructional Sup)	✓	6	11,318					
27	Other ► (.Fruit Trees)	✓	1	20,000					
28	Other ► (.Instruments)	✓	1	354					
29	Number of Forms 8283 receive	d by the or	ganization during the tax	year for contribution	s for	_			
	which the organization complet	ed Form 82	83, Part IV, Donee Acknov	wledgement	. 🗳	9		¥	N-
							7	Yes	No
30a	During the year, did the organiz								
	it must hold for at least three ye			oution, and which is	not requir	ed to be		··········	
	used for exempt purposes for t		- ·				30a		V
b	If "Yes," describe the arrangem								
31	Does the organization have a	ı gift accej	otance policy that requir	es the review of a	iny non-s	standard			
	contributions?						31		
32a	Does the organization hire or u	se third par	ties or related organizatio	ns to solicit, proces	s, or sell	noncash	00-		,
							32a	-	
b	If "Yes," describe in Part II.						1 ^		
33	If the organization did not report	revenues in	column (c) for a type of pro	operty for which colu	mn (a) is o	hecked,			

Schedule M (F	om 990) 2008
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
•	

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990

2008

OMB No 1545-0047

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Open to Public Inspection

Employer identification number

Andrews University 38 1627600 Part VI, Section A, Line 10: The University makes the 990 available on the web to the Member of the Board of Trustees. Part VI, Section B, Line 12c: The Members of the Board of Trustees, Officers, and Key Employees are required to sign conflict of interest statements indicating any known conflicts yearly. Part VI, Section B, Line 15b: The market wages for each position are monitored continuously by the Human Resources department. This information and actual wages paid are reviewed at least annually by the Compensation Committee of the Board

Statement 1

Andrews University 38-1627600 Form 990 Schedule 1 Part IX, Line 24

		a	b	С	d
			Program	Management	
		Total	Service	and Gen	Fundraising
а	Student Activities	346,879	346,879	_	
b	Workshop/Tour/Extensions Exp	644,085	640,460	3,624	
С	Duplicating	168,681	135,594	33,087	
d	Postage/Shipping	249,364	137,336	112,028	
e	Contract Services	1,366,619	1,204,120	162,498	
f	Telephone	500,810	272,916	227,895	
g	Equip Maint and repair	667,829	358,364	309,465	
h	Subscriptions/Memberships	99,538	38,888	60,649	
i	Library media purchases	1,048,550	1,048,550	-	
j	Misc Instructional Equip/Supplies	547,296	547,296	-	
k	Allocation of Ops and Maint	4,885,060	4,000,372	884,688	
1	Cost of Auxilliary Sales	13,977,496	13,977,496	-	
m	Allocation of Fund Raising Costs	-		(1,448,160)	1,448,160
n	Misc	847,338	719,547	127,791	
		25,349,544	23,427,819	473,566	1,448,160

Andrews University 38-1627600 Form 990 Part VII Section A

	Ą	Ιā	Ins	Officer	Key	프	Former			
	Average hours per week	Individual Trustee or Director	Institutional Trustee	ြင်	YE	Highest Compensated	∄			
	ge	ا <u>ش</u>	₹	٦	[\frac{\frac{1}{2}}{2}]	iš.	4			Estimated
	ਨ	🖺	nal		Employee	8				amount of
	SIL	S	I∄		/ee	ᇢ				other
	þ	fe	รูร			g			Reportable	compensatio
	Ä ≨	g	e) at			Compensatio	
	' ее	₽				٦			n from	organization
	~	l e							related	and related
		₫							organization	organization
Name and Title					1			Compensatio	s	s
Elder Gerry D Karst (Chair)	0	х			1			0	0	0
Vice President, General Conf. of SDA 🕝 🐉 ; 🧸					,	3 ,				
Elder Don Livesay (Vice-chair)	0	х	Ì					0	0	0
President, Lake Union Conf of SDA		†		1	1			· 		
Elder Matthew A Bediako	0 :	x	1	1 -	\	, ,	-	0	0	0
Secretary, General Conf of SDA		† ·	<u> </u>	1	1	1				
Elder Don Corkum	0	x	<u> </u>		†	1		0	0	-
President, Wisconsin Conf of SDA		r —	 		 	+	i			
Pastor Jerome Davis	0	x	 		+	+-	 	0	0	<u> </u>
President, Lake Region Conf of SDA		 ^	*	1	 			0		<u> </u>
Elder Ken Denslow	0		13	*	┼	+	- 4	0	0	0
President Illinois Conf of SDA		 ^	<u> </u>	-	-	<u> </u>	-	U		<u> </u>
		ļ.,	-	ļ.,	 .	. 	 		0	
Elder O Gariana Balan,	0 *,	×	*	*	2 2	<u> </u>	- %	0		, O
Director, Education Dept Gen Conf of SDA		ļ	ļ	 -	 	<u> </u>				
Elder Jay Gallimore	0	×		ļ	<u> </u>	<u> </u>		0	0	0
President, Michigan Conf of SDA		ļ	<u> </u>	ļ	↓	<u> </u>				
Dr Cletus R Georges	0	x	<u> </u>	<u> </u>	<u> </u>	 		0	0	0
Urologist, Mid Florida Urologist Assn				ļ		<u> </u>				
Dr Lynn S Gray	0	×	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0
Physician, Lakeland Regional Health Syst		<u> </u>								
Mr Rodney A Grove	0	×						0	0	0
Executive Secretary, Lake Union Conf. of SDA		<u> </u>				ł				
Dr Loren Hamel	0	×						0	0	0
Executive VP, Lakeland Healthcare								•		
Dr Edwin I Hernandez	0	х						0	0	0
Foundations Research Director, DeVos Family Foundations		*	1					. *		
Elder Roscoe Howard III	0	×						0	0	0
President, Mid America Union Conf of SDA				1	1					
Elder Van G Hurst 4 4 4	* 0	x				4	,	` 0	0	C
President, Indiana Conf of SDA		1	 	<u> </u>	1	1		·		
Sandra K Johnson	0	x			—	1		0	0	0
Senior VP, Adventist Health System		 			+-	<u> </u>				
Elder Robert E Lemon	0	x	 	 	t	1		0	0	0
Treasurer, General Conf of SDA ***		 		*	+	+	-			
Mr Fred Manchur	0	x		<u> </u>	+	 		0	0	0
President, Kettering Medical Ctr		 ^	┼─-	 	+	\vdash		<u>_</u>	<u>_</u>	
Ms Margaret McFarland	0	x	\vdash	,	\vdash	+	 	0	0	0
Professor of Practice, Univ of MD		 	 	\vdash	+	+	 	 	<u> </u>	
Ms Naomi McKenzie	0	×	├	\vdash	+	+		0	0	0
Senior VP-Emeritus, Sodexo Services	<u> </u>	 ^	 	-	\vdash	+-	-	<u> </u>		ļ
		 _	├	 	┼─-	┼	 	ļ <u>-</u>	<u> </u>	
Dr William G C Murdoch, Jr	0	<u> ×</u>	 	-	┼—	+	<u> </u>	0	0	<u> </u>
Chair, Dept of Psychiatry, Medical Director LLU Behavoiral Mi			-	 	 	 				ļ
Elder Jan Paulsen	0	×	<u> </u>	<u> </u>	-	ـ	ļ	0	0	0
Presdident, General Conf of SDA		L	1	<u> </u>						L

Andrews University 38-1627600

Form 990 Part VII Section A

Part VII Section A									,	
Mr Juan R. Prestol	0	x			l			0	0	0
Undertreasurer, General Conf of SDA									·	
Ms Barbara J Randall	0	x						0	0	0
Owner, Randall Residence										
Mr David R. Rowe	0	x						0	0	0
President, NetVision										
Elder Don C Schneider	0	х						0	0	0
President, North American Divison, General Conf of SDA										
Mr Glynn C W Scott	0	х						0	0	0
Treasurer, Lake Union Conference of SDA *					3		,		`	
Mrs Dolores E Slikkers	0	х	ĺ	1	1			0	0	0
Secretary of the Board (retired) S2 Yachts, Inc	-				İ					
Mr Paul A Stokstad	0	х	1	<u> </u>	1			0	0	0
President, Pasco Scientific					1					
Elder Garry Sudds	0	x						0	0	0
Director, Office of Education Lake Union Conf		T		 	t					
Elder Max Torkelson	0	x ,				!		* · 0	0	0
President, North Pacific Union Conf of SDA		+	† · · · · · · · · · · · · · · · · · · ·	-		tŤ		* -	*	
Elder Max Trevino	0	x	_					0	0	0
President Southwestern Unoin Conference of SDA		1		-	 					-
Mrs Lynne Waihee	0 .	x	« «	 	3 1.	"	-	~ * ° >.·O	", O	›
President, Read To Me Intl. Foundation		<u> </u>	 		 * · · ·		\vdash	*		
Mr Dana L Wales	0	x		- *			\vdash	0	Ô	0
Managing Principal, Wales & Associates		<u> </u>	<u> </u>		╁	 	\vdash			
Dr Rebekah Wang Cheng	0	x	 		 			0	0	* 0
Medical Director for Clinical Quality, Kettering Medical Center	_	 ^	1	,				v. 2)	
Elder Dave Weigley	0	x	 				\vdash			· ½ '_ 0
President, Columbia Union Conf of SDA		 	 	\vdash			\vdash			
Atty Danielle Wuchenich	0	х	 	 	*	**		0	0	0
Self Employed		 ^	<u> </u>		 		, -	* *		
Mr E Edward Zinke	0	x	 	 			\vdash	0	0	0
Retired		l`	1	╁	 		\vdash			<u>-</u>
Dr Niels-Erik Andreasen (Secretary)	40	+	×	 	-			71,611	0	<u> </u>
President, Andrews University	40			<u> </u>				71,011	-	——————————————————————————————————————
Lawrence E Schalk	40	1		×	 	 		64,186	0	0
	40	-	-	 ^ —	 -	 		04,100	-	
Vice President, Finance, Andrews University	40	-	<u> </u>	ļ.,	-	-	\vdash	67 244	0	0
Heather J Knight Provost, Andrews University	40	-		×	<u> </u>	├	L	67,311		
	40	 	1	 	 	ļ		CO 207		
David Faehner	40	 -	 	×	ļ			60,327	0	0
Vice President, Advancement, Andrews University		<u> </u>	<u> </u>		ļ					
Frances Faehner	40	_	<u> </u>	×				60,327	0	0
Vice President, Student Life, Andrews University	* >	ļ	<u> </u>		<u> </u>		\bigsqcup	ý		
Stephen Payne	40	<u> </u>	<u> </u>	×			Ш	60,327	0	0
Vice President, IMC & Enrollment Services, Andrews Univers	ıty									
Merle Bascom	40			x				42,459	0	0
Treasurer, Andrews University	*					×	,	* "	7	
Glenn A Meekma, Jr	40				х			53,414	0	0
Controller, Andrews University			İ					·	-	
Duane McBride	40	†	†			x		83,654	0	0
Chair Dept of Behavioral Science, Andrews University					1	—				
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