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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar vea	r, or tax year beginning 07-01	-2008 and ending 06-30-200	9		_
		plicable		C Name of organization			D Employer i	dentification number
_	dress ch		Please use IRS	LENAWEE CHRISTIAN MINISTRIES	5		38-2602	775
_		-	label or	Doing Business As			number	
_	me char	-	print or type. See				(517) 263	2 6222
Init	ıal retur	'n	Specific Instruc-		f mail is not delivered to street addre	ess) Room/suit		ipts \$ 9,328,618
Ter	mınatıo	n	tions.	1800 W US 223			u uross rece	.pt3 \$ 3,320,010
— Am	ended r	eturn		City or town, state or country, an	d ZIP + 4		-	
	alication	pending		ADRIAN, MI 49221				
, Api	Jication	pending						
				ne and address of Principal Of	ficer		hıs a group retu	
			RON E\ 1800 W	V A N S V U S 223		affıl	iates?	ΓYes Γ No
				N, MI 49221		H(h) Ara	all affiliates inclu	ided?
I Ta	x-exem	pt status	▽ 501(c)	(3) ◀ (insert no)	1) or 527			st See instructions)
			04/ THE GEN	LTDE INCO		7	up Exemption I	
א ר	eb site	e: F- vv vv	W THECEN	TIRE INFO		1(c) 313	ap Exemption	Tamber P
V T	6		<u> </u>	on trust association other	L	V		M Ctata of land decide MT
Кіур	e or org	anization	J♥ Corporati	ion trust association other	•	L Year of F	ormation 1985	M State of legal domicile MI
Pa	rt I	Sumi	mary					
	1	Briefly o	describe the	e organization's mission or mo	ost significant activities			
a		SEE ST	ATEMENT	1				
Ě								
₽								
<u> </u>	2	Check t	his box 🔽	if the organization discontinue	ed its operations or disposed o	of more than	25% of its ass	ets
Governance			,		y (Part VI, line 1a)			
			-		, , , , ,			
Activities &					overning body (Part VI, line 1	D)	. 4	
Ě				nployees (Part V, line 2a) .			5	293
듄	6	Total nu	ımber of vo	lunteers (estimate if necessa		6	110	
đ	7a	Total gr	oss unrelat	ted business revenue from Pa		7a	327,473	
	ь	Net unr	elated busı	ness taxable income from For	m 990-T, line 34 🔒 🔒		7t	-64,074
				ior Year	Current Year			
	8	Contri	butions and	grants (Part VIII, line 1h)			4,089,903	5,889,233
횰	9						1,900,716	
Revenu	10			ne (Part VIII, column (A), line			4,552	2,311
Ž	11			art VIII, column (A), lines 5,			239,446	
			•		_	239,440	409,207	
	12	12)	evenue—ac	id lines o through II (must e	qual Part VIII, column (A), lın	e	6,234,617	9,328,618
	13		and simila	ır amounts paıd (Part IX, colu	mn (A), lines 1-3)		727,000	752,000
	14			r for members (Part IX, colum			, , , , , ,	0
			•			_		
88	15	10)	es, other co	ompensation, employee benefi	ts (Part IX, column (A), lines	5-	2,573,986	3,720,404
Expenses	16a	,	sional fund	raising fees (Part IX, column	(A) line 11e)			0
<u>∓</u>								
五	b	•		penses, Part IX, column (D), line 25				
	17			Part IX, column (A), lines 11a			2,928,784	4,028,523
	18			add lines 13–17 (must equal			6,229,770	8,500,927
	19	Reven	ue less exp	enses Subtract line 18 from	line 12		4,847	827,691
ළුදී						Begin	ning of Year	End of Year
Net Assets or Fund Balances	20	Totala	assets (Par	t X, line 16)			25,708,267	26,402,961
See.	21		•	Part X, line 26)			656,677	523,680
38			-				· · · · · · · · · · · · · · · · · · ·	
	22			d balances Subtract line 21 f	rom line 20		25,051,590	25,879,281
Pai	rt II		ature Blo					
					d this return, including accompanying			
Dia -		l.	,	correct, and complete Declaration of	f preparer (other than officer) is base	1		dater has any knowledge
Please Sign		**** Sign:	*** ature of office	ar .		200 Dat	9-10-13	
Here		J Sign	ature or office			Dat	C	
			ALD EVANS PE or print nam					
		F ⊤ype	, от ринк пат	e and title				
		Preparer		= OWEN		Check If self-	Preparer's PTI	N (See Gen Inst)
Paid		signature	GARY I	E OWEN		seir- empolyed 🕨 🏲	-	
Prepa	arer's	Firm's na	ame (or yours	ROBERTSON EATON & OWEN PO	<u>l</u>	<u> </u>	<u> </u>	
Use (ıf self-er	nployed), and ZIP + 4)			- EIN ►	
	-	auuress,	anu ZIP + 4	121 NORTH MAIN STREET			Phone no	(517) 265-6154
				ADRIAN, MI 49221			. Holic no #	
May	the TD	Sidicone	e this retin	rn with the preparer shown abo	ova? (Saa instructions)			L vas L Na

Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission SEE STATEMENT 1				
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		ervices during the year v	which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new service: Did the organization cease conducting services?	ng or make significan	nt changes in how it cond	lucts any program	✓ Yes │ No
	If "Yes," describe these changes on				1es 110
4	Describe the exempt purpose achiev Section 501(c)(3) and (4) organizati others, the total expenses, and reve	ons and 4947(a)(1)	trusts are required to re	port the amount of grants	
4a	(Code) (Expenses LENAWEE CHRISTIAN SCHOOL, CODE SECT		including grants of \$	752,000) (Revenue \$) SEE STATEMENT 1
	LENAWEE CHRISTIAN SCHOOL, CODE SECT	10N 301 (C)(3) E1 NO 3	6-21004/0 - GENERAL SUPPO	ORT OF SCHOOL OPERATIONS- S	EE STATEMENT 1
	/C-1-	A 25005-	mahadan ta Ch		4.67.64.
4b	(Code) (Expenses CHRISTIAN FAMILY CENTRE - OPERATIONS		including grants of \$ (EEP - SEE STATEMENT 1) (Revenue \$	1,467,644)
		<u>'</u>			
 4с	(Code) (Expenses	\$ 2,182,076	ıncludıng grants of \$) (Revenue \$	1,827,636)
	MICHINDOH MINISTRIES CAMP AND CONFE) (Revenue y	1,027,030)
4d	Other program services (Describe	ın Schedule O)			
	(Expenses \$	including grants o	f\$) (Revenue \$)
4e	Total program service expenses \$	6,796.35	55 Must equal Part IX, L	 Line 25, column (B).	

art IV	Checklist of	Required	Schedules
	CHCCKHSCOL	iic quii c u	Scilcadics

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

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	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			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	Yes	
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	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	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent 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,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					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					
		1a	34			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	293			
ь	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?	• •		3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Refinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-			
	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	nums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	7h		N.a
8	required?	· ·	ction F00(a)/2)	7h		No
0	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		No
_	year?					<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		No
10	Section 501(c)(7) organizations. Enter	۔مد ا	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	TOB				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year		l .		I	I

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

Section A. Governing	Body and Management

			Yes	No					
	For each "Yes" response to lines 2-7 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 1a 7								
Ь	Enter the number of voting members that are independent 1b 5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo					
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
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	Yes						
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		No					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

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

PATRICK KAPLAN 1800 W US 223 ADRIAN, MI 49221 (517) 263-6232

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

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 compensate any officer, director, trustee or key employee												
		Posit tl	(C non (hat a	chec		I			(-)	(F)		
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Key employee Officer		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
RUTH MERILLAT , TRUSTEE		Х						0	0	0		
RICHARD MERILLAT , TRUSTEE		Х						0	0	0		
DR G BLAIR DOWDEN , TRUSTEE		Х						0	0	0		
CLARK MILLER , TRUSTEE		Х						0	0	0		
DICK ANDERSON, TRUSTEE		Х						0	0	0		
ED CANNON, TRUSTEE		Х						0	0	0		
STEVE SPOELHOF , TRUSTEE		Х						0	0	0		
RON EVANS, PRESIDENT	40			Х				142,269	0	17,308		
JIM MCCLELLAN , VICE PRES	40			Х				80,000	10,200	13,806		
-												

Part VII Continued

		Posi			y)			(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							•	222,269	10,200	31,114

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

			1 63	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
KRIEGHOFF OF LENAWEE PO BOX ADRIAN, MI 49221	BLDG RENOVATION	1,273,960
Total number of independent contractors (including those in 1)) who received more than \$100,000 in compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
nts Table	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	с	Fundraising events					
無った	d	Related organizations1d					
E 2	e	Government grants (contributions) 1e					
ution her si	f	All other contributions, gifts, grants, and similar amounts not included above	5,889,233				
事品	g	1f Noncash contributions included in					
동물	9	lines 1a-1f \$					
<u> </u>	h	Total (Add lines 1a-1f)		5,889,233			
			Business Code				
TI e	2a	GUEST ACCOMMODATIONS		926,995	926,995		
e Ke	ь	OUTDOOR EDUCATION		810,239	810,239		
a T	С	MEMBERSHIP FEES		492,164	492,164		
rws r	d	LEARNING CENTER & DAY CARE		272,811	272,811		
33	e	RECREATION PROGRAMS		254,717	254,717		
Program Serwce Revenue	f	All other program service revenue		210,881	210,881		
્રે	g	Total. Add lines 2a-2f					
	9	► \$ 2,967,807					
	3	Investment income (including divide	ends, interest				
		other sımılar amounts)		2,311			2,311
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties	*				
		(ı) Real	(II) Personal				
	6a	Gross Rents 118,228	` ,				
	ь	Less rental expenses					
	c	Rental income 118,228					
	d	or (loss) Net rental income or (loss)		118,228			118,228
	7a	(i) Securities Gross amount from sales of	(II) O ther				
	ь	assets other than inventory Less cost or other basis and					
		sales expenses Gain or (loss)					
	d d	Net gain or (loss)	•				
	8a	Gross income from fundraising events (not including					
Other Revenue		\$of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000 a					
Ē	ь	Less direct expensesb					
₹	С	Net income or (loss) from fundraisin	gevents ▶				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	·				
		a					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming ac	tivities ►				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of in					
	11-		Business Code 722,210	324,280		324,280	
	11a	CAFE	722,210	23,566		324,200	23,566
	Ь	OTHER REVENUE	512,000	3,193		3,193	
	С	VIDEO PRODUCTIONS	512,000	3,193		3,193	
	d	All other revenue					
	е	Total. Add lines 11a-11d	 \$ 351,039				
	12	Total Revenue. Add lines 1h, 2g, 3, 8c, 9c, 10c, and 11e	4,5,6d,7d,	9,328,618	2,967,807	327,473	144,105

Part IX Statement of Functional Expenses

1 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U S See Part IV, line 21 Grants and other assistance to individuals in the U S See Part IV, line 22	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 · · · · · · · · · · · · · · · · · · ·	in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the	752 000			Cxpc113C3
3 (4 (5 (, 52,000	752,000		
4 5 (·				
5 (Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	558,908	193,705	365,203	
1	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	2,547,431	2,110,624		
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	68,101	38,439	29,662	
9	Other employee benefits	316,300	168,372	147,928	
0	Payroll taxes	229,664	169,853	59,811	
1	Fees for services (non-employees)				
а	Management				
b	Legal				
c ,	Accounting				
d I	Lobbying				
	Professional fundraising See Part IV, line 17				
f :	Investment management fees				
	Other	126,817	6,619	120,198	
2 ,	Advertising and promotion	30,915	19,973	10,942	
3 (Office expenses	841,573	747,011	94,562	
	Information technology	·	•	,	
5	Royalties				
	Occupancy				
	Travel	8,018	3,797	4,221	
8	Payments of travel or entertainment expenses for any Federal, state or local public officials	3,323		,,	
	Conferences, conventions and meetings	555	214	341	
	Interest	190		190	
1	Payments to affiliates				
	Depreciation, depletion, and amortization	1,203,538	1,067,246	136,292	
	Insurance	160,779	83,358	77,421	
,	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		·		
	FOOD	649,685	649,685		
b	BUILDING & GROUNDS MAINT	265,503	239,493	26,010	
c	EQUIPMENT OPERATIONS & MA	150,230	141,747	8,483	
d	PROGRAM SUPPLIES	106,267	98,002	8,265	
e	MISCELLANEOUS	96,619	19,083	77,536	
f	All other expenses	387,834	287,134	100,700	
-	Total functional expenses. Add lines 1 through 24f	8,500,927	6,796,355	1,704,572	
:6	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	3,330,527	5,. 50,000	2,737,372	

Part X	Balance	Sheet

					(A)		(E	
	1	Cash—non-interest-bearing			Beginning of year 569,219		End of	266,538
	2	Savings and temporary cash investments	•		555,215	2		200,000
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			127,586	-		157,778
	5	Receivables from current and former officers, directors, trustees			127,000	+		107,770
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of $3000000000000000000000000000000000000$				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
÷	9	Prepaid expenses and deferred charges			67,509	9		88,128
Assets	10a	Land, buildings, and equipment cost basis	10a	50,345,238				
**	ь	Less accumulated depreciation Complete Part VI of Schedule D	10Ь	24,454,721		10c	2	5,890,517
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII o	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D .			13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	70,243	15				
	16	D			25,708,267	16		6,402,961
	17	Total assets. Add lines 1 through 15 (must equal line 34)			248,339			139,645
	18	Accounts payable and accrued expenses .	240,555	18		155,045		
	19	Grants payable	372,531	19		360,516		
	20	Deferred revenue	372,331			300,310		
Ø.		Tax-exempt bond liabilities				20		
Ĕġ	21	Escrow account liability Complete Part IV of Schedule D	•		21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		.				
=		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties		35,807	23		23,519	
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25	656,677	26		523,680		
S G G		Organizations that follow SFAS 117, check here ► and complete through 29, and lines 33 and 34.	ete lind	es 27				
Balance	27	Unrestricted net assets				27		
88	28	Temporarily restricted net assets				28		
돧	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ► ✓ and lines 30 through 34.	d compl	lete				
ō	30	Capital stock or trust principal, or current funds	_		500	30		500
Ğ	31	Paid-in or capital surplus, or land, building or equipment fund.			300	31		
Assets or	32	Retained earnings, endowment, accumulated income, or other ful		· •	25,051,090		2	25,878,781
Net 4	33	Total net assets or fund balances		25,051,590	_		5,879,281	
ž	34	Total liabilities and net assets/fund balances			25,708,267			6,402,961
	·				•			
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493161001090

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

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

Open to Public Inspection

LENAV		RISTIAN MINIS	TRIES						pioyer ide		abc.	
								38	-260277	5		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Г	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section :	170(b)(1)	(A)(i).			
2	Γ	A school d	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(l	b)(1)(A)(i	i ii). (Attac	h Schedu	le H)	
4	Γ	A medical	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	nter the	
	hospital's name, city, and state											
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	0(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	\sqcap	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public	С
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	\sqcap	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	▼	An organiza	ation that norm	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	s, and gro	SS
		receipts fro	om activities re	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331,	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)			
10	Г	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ect ion 509	(a)(4). (S	ee instruc	tions)	
11	Γ	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 T				- Function			d Type III - Other			
e	Г		• •	rtify that the organization is			, ,	•				
	·	•	- '	agers and other than one or						-	-	
_		section 50										
f		check this		d a written determination fro	om the IRS	s that it is	a Type I,	Type II o	r i ype III	supportin	ng organi:	zation,
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<u> </u>			'
		following pe										
				r indirectly controls, either a			th persons	describe	d ın (ıı)		Yes	No
				ng body of the the supported	_	ition?				11g		<u> </u>
			•	erson described in (i) above						11g(<u> </u>
				ty of a person described in (11g(iii)	
h		Provide the	e following infori	mation about the organizatio	ns the org	ganızatıon	supports					
		-	/··> = - · ·	· · · · · · · · · · · · · · · · · · ·							T	
		ame of oorted	(ii) EIN	(iii) Type of organization (described on lines 1-9		is the ation in		ou notify inization		is the ation in	supp	nount of
		nization		above or IRC section		listed in		i) of your		organized	347	, , , ,
	_			(See Instructions))		verning	supp	oort?	ın the	US?		
						ment?					4	
					Yes	No	Yes	No	Yes	No		
						ļ	-			ļ		
						-				-		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for Or				(2)		
	(Complete only if you check	ked the box or	line 9 of Part	: I.)			
	ction A. Public Support		(1-) 2005	(-) 2006	(4) 2007	(-) 2000	/£\ T - L - I
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	membership fees received (Do not include any "unusual grants")	1,081,669	413,566	360,469	4,089,903	5,889,233	11,834,840
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	415,458	591,685	598,546	1,900,716	2,967,807	6,474,212
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	1,497,127	1,005,251	959,015	5,990,619	8,857,040	18,309,052
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	852,000	186,000	108,000	3,329,533	4,632,000	9,107,533
b	A mounts 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	Total of lines 7a and 7b	852,000	186,000	108,000	3,329,533	4,632,000	9,107,533
8	Public Support (Substract line 7c from line 6)						9,201,519
To	tal Support		<u>.</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	1,497,127	1,005,251	959,015	5,990,619	8,857,040	18,309,052
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,294	92,589	134,834	109,444	120,539	556,700
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	99,294	92,589	134,834	109,444	120,539	556,700

carried on 12 Other income Do not include gain or loss 11,097 13,965 11,982 3,017 23,566 from the sale of capital assets

(Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 18,929,379 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 14

check this box and stop here

Computation of Public Support Percentage

Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))

Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16

15	48 609	%
16	55 371	%

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

17 2 940 % 7 456 %

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



▶▽

63,627

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 38-2602775

Name: LENAWEE CHRISTIAN MINISTRIES

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a GUEST ACCOMMODATIONS		926,995	926,995		
b OUTDOOR EDUCATION		810,239	810,239		
c MEMBERSHIP FEES		492,164	492,164		
d LEARNING CENTER & DAY CARE		272,811	272,811		
e RECREATION PROGRAMS		254,717	254,717		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

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.

Supplemental Financial Statements

Employer identification number Name of the organization LENAWEE CHRISTIAN MINISTRIES 38-2602775 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ✓ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and √ No

- enforcement of the conservation easements it holds?

- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

┌ Yes √ No

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Co	•			•			ontinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	-	_	se of its collection	on	
а	Public exhibition	d	Γ	Loan or excha	inge programs			
b	Scholarly research	е	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIV	ollections and explain hov	w the	y further the org	ganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicit	or receive donations of ar	t, hıs	torical treasure	es or other sım		_	_
	assets to be sold to raise funds rather than	<u> </u>					Yes	V No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ai				ization answ	erea "Yes" to I	-orm 9	990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?			•	other assets r	not	Yes	✓ No
b	If "Yes," explain why in Part XIV and compl	ete the following table						
						A mo	unt	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	form 990, Part X, line 21?				Γ	Yes	✓ No
	If "Yes," explain the arrangement in Part XI							
Pai	Endowment Funds. Complete)Prior				(a)Four \	'ears Back
1a	Beginning of year balance	(a)Current fear (b)	PHOL	rear (c) i wo	rears back (u)	Tillee fears back	e)rour r	ears back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
•	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
За	Are there endowment funds not in the posse	ssion of the organization	thata	are held and adı	mınıstered for	the		
	organization by					- m	Yes	No
	(i) unrelated organizations		•			3a(i)		No
ь	(ii) related organizations					3a(ii 3b	' 	No No
4	Describe in Part XIV the intended uses of the							1 110
	t VI Investments—Land, Building				t X. line 10.			
					b) Cost or other			
	Description of investment			is (investment)	basis (other)	(c) Depreciation	(d) Bo	ook value
1a l	and							
	Buildings							
c l	_easehold improvements							
	Equipment							
	7 4 h a u				50,345,238	24,454,721	;	25,890,517
	l. Add lines 1a-1e <i>(Column (d) should equal F</i>), line	10(c).)				25,890,517
	·					Schedule D	Form 9	990) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of C	<u>hange in Net Assets from Fori</u>	n 990) to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	9,328,618
2	Total expenses (Form 990, Par	2	8,500,927				
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	827,691
4	Net unrealized gains (losses) o					4	
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	205 4 - 8				9	
10	• • •			٠,		10	827,691
		per financial statements Combine line evenue per Audited Financial			ts With Revenue		·
1		r support per audited financial	<u> </u>	,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	to with Revenue	Jer Ke	9,328,618
	statements					1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12	1				
а	Net unrealized gains on invest	ments	.	2a			
b	Donated services and use of fa	acılıtıes	.	2b			
c	Recoveries of prior year grants	s		2c			
d	Other (Describe in Part XIV)		[2d		1	
e	Add lines 2a through 2d .					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	9,328,618
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a			
b	Other (Describe in Part XIV)		. [4b			
c	Add lines 4a and 4b					4c	
5		d 4c. (This should equal Form 990, Par				5	9,328,618
		xpenses per Audited Financia		eme	nts With Expense	т т	
1	·	r audited financial statements				1	8,500,927
2		t not on Form 990, Part IX, line 25		1 .	ı		
а	Donated services and use of fa	acilities		2a		4	
Ь	Prior year adjustments			2b		4	
c		Part IX, line 25		2c		4	
d			•	2d		4	
e	Add lines 2a through 2d					2e	
3			•			3	8,500,927
4		0, Part IX, line 25, but not on line 1:			1		
а	,	uded on Form 990, Part VIII, line 7b		4a		4	
b	Other (Describe in Part XIV)		•	4b		4	
С	Add lines 4a and 4b		•			4c	
5	<u> </u>	nd 4c. (This should equal Form 990, Pa	rt I, lır	ne 18)		5	8,500,927
	t XIV Supplemental Inf						
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				Part XIV	, lines 1b and 2b,
	Ident if ier	Ret urn Reference	,		Explana	t ion	
			•				

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DLN: 93493161001090 OMB No 1545-0047

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

nternal Revenue Service	Complete i	f the organization ansv	vered "Yes," on Form 99	0, Part IV, lines 21 or	22. Attach to Form 990.		Inspection
lame of the organization .ENAWEE CHRISTIAN MINIS	TRIES						tification number
						38-260277	
Part I General Information Does the organization mathe selection criteria use Describe in Part IV the of Part II Grants and Ot	aintain records to su d to award the gran rganization's proce her Assistance	ubstantiate the amount ts or assistance? dures for monitoring the to Governments a	of the grants or assista	ne United States in the United State	tes. Complete if the	organization answei	red "Yes" on
Part IV and Sch	edule I-1 ıf addıtı	onal space is			If no one recipient re	·	5,000. USE
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LENAWEE CHRISTIAN SCHOOL111 WOLF CREEK HWY ADRIAN,MI 492218479	38-2166478		752,000				OPERATIONS/CAP PROJ
2 Enter total number of sec	tion 501(c)(3) and	government	l		I	I.	
organizations					•		

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	1	LENAWEE CHRISTIAN MINISTRIES OVERSEES THE OPERATIONS OF LENAWEE CHRISTIAN SCHOOL AND MONITORS THE USE OF GRANT FUNDS

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DLN: 93493161001090

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization LENAWEE CHRISTIAN MINISTRIES **Employer identification number**

38-2602775

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		No

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name			W-2 and/or 1099-MIS		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form	
		(i) Base compensation	incentive compensation	(iii) Other compensation	compensation	bellettes	(5)(1) (5)	990 or Form 990-EZ	
RONEVANS	$\Xi\Xi$	131,306	10,963			17,308	159,577	141,913	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 7	RON EVANS RECEIVED A BONUS BASED ON MEETING PREDETERMINED GOALS

	le GRAPHIC print - DO N			1 4: 0: :	e (4 0.44	. N . 4 E 4	- 004	,
SCHEDULE N		Liquidation, Termination, Dissolution or Significant Disposition of Assets						OMB No 1545-0047		
(Fc	orm 990 or 990-EZ)	To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions or plans.						open to Public Inspection		
Department of the Treasury Internal Revenue Service Name of the organization LENAWEE CHRISTIAN MINISTRIES Part I Liquidation, Termination or Dissolu			► Attach to Form 990 or 990-EZ.							
	3	F.C.					Employer identifica	tion numbe	er	
LEIN	AWEE CHRISTIAN MINISTRI	ES					38-2602775			
1	36. (Use Schedule N-1 if additional space is needed.)		(e)EIN of recipient	(f)Name and ac	d address of recipient (g)IRC recipient		C Code section ipient(s) (if tempt) or type			
									Yes	No
2	, ,	, , , , , ,	-					22		
а			•					26	<u> </u>	
Ь	• • • •	. ,		-				•	<u> </u>	
С		ributed or transaction expenses paid distribution expenses distributed or expenses paid distribution expenses distributed or expenses distributed or expenses distributed or expenses distributed or transaction e								
d	d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?						. 2a	1	I	

26	Liquidation, Termination			000 Dt Vl	(D) - b 0				Yes	No
_	Note. If the organization distruibuted all			·			Г	3	103	140
3	Did the organization distribute its assets		5	•			•			
4a	Did the organization request or receive a			_			_	4a		
b	(If "Yes," provide the date of the letter _	-	<u>)</u>							
5a	Is the organization required to notify the	attorney genera	al or other appropriate sta	ate official of its intent to	dissolve, liquidate, oi	r terminate?	.	5a		
b	If "Yes," did the organization provide suc	ch notice? .					.	5b		
6	Did the organization discharge or pay all	liabilities in acc	ordance with state laws?					6		
7a	Did the organization have any tax-exem	pt bonds outstan	nding during the year?					7a		
b	Did the organization discharge or defeas	e tax-exempt bo	ond liabilities in accordar	nce with the Internal Rev	enue Code and state l	aws?		7b		
c	If "Yes," describe in Part III how the org	anızatıon defeas	ed or otherwise settled t	hese liabilities If "No," e	explain in Part III					
	"Yes" to Form 990, Part IV, II	· ·	· 1	Ī	· 					
1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	' '	(e)EIN of recipient	(f)Name and address of recipient	1	of recip x-exen	Code se pient(s) npt) or entity	(ıf
	ICHINDOH ASSETS	06-01-2009	6,543,593	BOOK VALUE	27-0209917	MICHINDOH CONFERENCE CENTER 106 EAST MAIN ST SPRING ARBOR, MI 49283	501(0	C) (3))	
Se	e Additional Data Table									
							г		Yes	No
2	Did or will any officer, director, trustee, o	or key employee	of the organization							ļ
а	Become a director or trustee of a succes	ssor or transfere	e organization?				. [2a		
b	Become an employee of, or independent	contractor for, a	successor or transferee	organization?			. L	2b		
c	Become a direct or indirect owner of a su	accessor or trans	sferee organization? .					2c		
d	Receive, or become entitled to, compens	sation or other si	mılar payments as a res	ult of the organization's s	significant disposition	ofassets?	[2d		
_	If the organization answered "Yes" to an						_			

Schedule N (Form 990 or 990-EZ) 2008	Page 3
Part III Supplemental Information. Complete this part to provide t	the information required by Part I, lines
2e, 7c; or Part II, line 2e; and any additional information.	
Explanation	

Schedule N (Form 990 or 990-EZ) 2008

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SCHEDULE 0

Department of the Treasury

(Form 990)

Internal Revenue Service

Supplemental Information to Form 990

► 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.

OMB No 1545-0047

DLN: 93493161001090

2008

Open to Public Inspection

Name of the organization LENAWEE CHRISTIAN MINISTRIES Employer identification number

38-2602775

ldentifier	Return Reference	Explanation
ANY SIGNIFICANT CHANGES IN CONDUCT FOR PROGRAM SERVICES	FORM 990, PAGE 2, PART III, LINE 3	LENAWEE CHRISTIAN MINISTRIES EXPANDED ITS MINISTRIES LAST FISCAL YEAR BY TAKING OVER OPERATONS OF MICHINDOH MINISTRIES CAMP AND CONFERENCE CENTER LOCATED IN HILLSDALE, MICHIGAN ("CAMP MICHINDOH") CAMP MICHINDOH WAS PREVIOUSLY OPERATED AS PART OF THE UNITED BRETHREN IN CHRIST CHURCH THE CHURCH DONATED THE CAMP FACILITIES TO LENAWEE CHRISTIAN MINISTRIES CAMP MICHINDOH INCLUDES CAMPING FACILITIES AND A CONFERENCE CENTER IT PROVIDES PROGRAMS AND ACTIVITIES FOR SCHOOL SYSTEMS, CHURCHES AND NONPROFIT ORGANIZATIONS, AS WELL AS FAMILIES AND YOUTH ITS PROGRAMS AND ACTIVITIES INCLUDE CONFERENCES, RETREATS, SEMINARS, CAMPING, OUTDOOR EDUCATION AND NATURE PROGRAMS AND RECREATIONAL OPPORTUNITIES EFFECTIVE JUNE 1, 2009, LENAWEE CHRISTIAN MINISTRIES DONATED ALL THE ASSETS OF MICHINDOH MINISTRIES CAMP AND CONFERENCE CENTER TO MICHINDOH CONFERENCE CENTER, A WHOLLY-OWNED SUBSIDIARY OF SPRING ARBOR UNIVERSITY, LOCATED IN SPRING ARBOR, MICHIGAN SPRING ARBOR OPERATES A UNIVERSITY AFFILIATED WITH THE FREE METHODIST CHURCH CAMP MICHINDOH WILL CONTINUE TO BE OPERATED AS A CAMP AND CONFERENCE CENTER AS PART OF THE UNIVERSITY'S EDUCATIONAL MINISTRY THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT BOTH SPRING ARBOR UNIVERSITY AND MICHINDOH CONFERENCE CENTER ARE EXEMPT UNDER CODE SECTION 501(C)(3)

ldentifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE	RUTH MERILLAT RICHARD MERILLAT MOTHER AND SON

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE BOARD OF TRUSTEES CONSTITUTES BOTH THE MEMBERS AND THE GOVERNING BODY OF LENAWEE CHRISTIAN MINISTRIES PURSUANT TO ITS BY-LAWS

ldentifie	r	Return Reference	Explanation
ELECTION OF M AND THEIR RIGH		FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF TRUSTEES CONSTITUTES BOTH THE MEMBERS AND THE GOVERNING BODY OF LENAWEE CHRISTIAN MINISTRIES PURSUANT TO ITS BY-LAWS, AND ELECTS FELLOW BOARD MEMBERS

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 6, PART VI, LINE 7B	THE BOARD OF TRUSTEES CONSTITUES BOTH THE MEMBERS AND THE GOVERNING BODY OF LENAWEE CHRISTIAN MINISTRIES PURSUANT TO ITS BY-LAWS, AND APPROVES ALL ITS DECISIONS

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	LENAWEE CHRISTIAN MINISTRIES HAS ADOPTED A POLICY PROVIDING EACH MEMBER OF ITS BOARD OF TRUSTEES WITH THE OPPORTUNITY TO REVIEW ITS ANNUAL FORM 990 BEFORE FILING AFTER THE RETURN HAS BEEN REVIEWED INTERNALLY BY ACCOUNTING PERSONNEL AND BY COUNSEL TO LENAWEE CHRISTIAN MINISTRIES

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	LENAWEE CHRISTIAN MINISTRIES REQUIRES THAT EACH TRUSTEE, OFFICER AND KEY EMPLOYEE COMPLETE AN ANNUAL QUESTIONNAIRE REGARDING GOVERNANCE RELATIONSHIPS WITH EACH OTHER AND TRANSACTIONS WITH LENAWEE CHRISTIAN MINISTRIES TO INCLUDE BUSINESS RELATIONSHIPS, LOANS AND FINANCIAL ASSISTANCE LENAWEE CHRISTIAN MINISTRIES ALSO REQUIRES THAT TRUSTEES, OFFICERS AND KEY EMPLOYEES SIGN AN ANNUAL CONFLICTS DISCLOSURE STATEMENT

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	LENAWEE CHRISTIAN MINISTRIES A DOPTED A COMPENSATION POLICY WHICH REQUIRES THAT THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES BE APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES BASED ON COMPARABLE DATA WITH THE APPROVAL PROCESS BEING CONTEMPORANEUSLY DOCUMENTED

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE PROCEDURES DESCRIBED IN LINE 15A ABOVE

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	l ' '	UPON REQUEST OF A MEMBER OF THE THE PUBLIC , THE MINISTRIES WILL MAKE AVAILABLE THE REQUESTED DOCUMENT OT POLICY

I Identifier	Return	Explanation
Identifier Ref	CHEDULE	Explanation FORM 990, PART I, SUMMARY, LINE I, PART II, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LDIAWIE OHRSTIAN MINISTRES (LOM) WAS INCORPORATED ON JUNE 29, 1995 LCM HAS BEEN RECOONZED BY THE MITERIAL REVENUE SERVICE AS AN EXEMPT ORGANIZATION LINEER INTERNAL, REVENUE CODE SECTION 50 (1003) AND IS CLASSED AS A PRISE OF CHARTITY LIDER CODE SECTION 50 (1003). AND IS CLASSED AS A PRISE OF CHARTITY LIDER CODE SECTION 50 (1004), AND IS CLASSED AS A PRISE OF CHARTITY LIDER CODE SECTION 50 (1004). AND IS CLASSED AS A PRISE OF CHARTITY LIDER CODE SECTION 50 (1004). AND IS CLASSED AS A PRISE OF CHARTITY LIDER CODE SECTION 50 (1004). AND IS CLASSED AS AN EXPLANATION WHICH MAINTAINS A RESULAR THAT SCHOOL FOR GRADES PRISE OF CHARTY LIDER CODE OF STUDENTS IN A TENDANCE OF THE SECTION OF CALIFOLY. AND CHARTITY LIDER CODE OF CORP. THE SECTION 50 (1004) AND CRIMALITY IN CARSON CONTROL OF THE SECTION 50 (1004) AND CRIMALITY LIDER CODE SECTION 50 (1004). AND CARBON CONTROL OF THE SECTION 50 (1004) AND CARBON CONTROL OF THE SECTION

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

DLN: 93493161001090

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

ENAMEE CUKISI IAN MINIZI KIES				38-2602775	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions		_		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity state (if section 501(c)(:	(F) US Direct controlling (3)) entity
LENAWEE CHRISTIAN SCHOOLS					
111 WOLF CREEK HWY ADRIAN, MI492218479	PRE K-12	MI	501	2	LEN C M

Cat No 50135Y

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Yes No

Part V Transactions with Related Organizations

Note. Complete line 1	1 if any entity is listed in Parts I	II, III or IV	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- i Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

(A)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	Name of other organization(s)	Transaction type(a-r)	Amount Involved
(1)	LENAWEE CHIRISTIAN SCHOOL	В	752,000
(2)	LENAWEE CHIRISTIAN SCHOOL	I	360,000
(3)	LENAWEE CHIRISTIAN SCHOOL	к	1,078,730
(4)	LENAWEE CHIRISTIAN SCHOOL	М	
(5)	LENAWEE CHIRISTIAN SCHOOL	N	
(6)			

1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
11		No
1m	Yes	
1n	Yes	
10		No
1р		No
1q		No
		No

(C)

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

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DLN: 93493161001090

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Business or activity to which this form relates Name(s) shown on return LENAWEE CHRISTIAN MINISTRIES INDIRECT DEPRECIATION 38-2602775 Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 1,203,538 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more . **⊳** l Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 1,203,538 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the

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Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44