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Form **990** 

Department of the Treasury

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

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

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

2009

OMB No 1545-0047

**Open to Public** 

		2000 1 1					Inspection	
			ear, or tax year beginning ( C Name of organization	05-01-2009 and ending 04-30-201	U	D Employer ider	ntification number	
	eck ıf a <sub>l</sub> dress ch	pplicable Please use IRS	ANDREWS UNIVERSITY			38-162760		
_		label or				E Telephone nu		
	me chai	type. Se				(269) 471-3	521	
Ind	ial retui	rn Specific Instruc-	_   Nullibel allu stieet (of P o	box if mail is not delivered to street addre	ess) Room/suite	<b>G</b> Gross receipts \$		
Tei	mınated		4150 Administration Drive			G Gloss receipts 4	, 54,717,550	
— Am	ended i	return	City or town, state or coun	try, and ZIP + 4				
— <sub>Арі</sub>	olication	pending	Berrien Springs, MI 49104					
		FN	ame and address of princip	al officer	H(a) Ta Ab		£	
			s-Erik Andreasen			ıs a group return ites?	⊤Yes ▼No	
			0 Administration Drive Ien Springs, MI 49104067	0				
		Delli	en 3pmgs, M1 49104007	0	1 ' '	ll affiliates include		
r Ta	x-exem	npt status 🔽 501	L(c) ( 3 ) ◀ (insert no )	47(a)(1) or		o," attach a list ip exemption nur	(see instructions)	
		: ► http://www			] H(c) G100	ip exemption har	ilber F	
			oration Trust Association	Other ►	L Year of fo	rmation 1874 M	State of legal domicile MI	
	rt I	Summary	racer, race, racedation,		12	1071   11	State of logal definions 111	
	_		the organization's mission	or most significant activities				
<b>01</b>		Education						
Governance								
Ē								
<u> </u>	2	Check this box	If the organization disc	ontinued its operations or disposed	of more than	25% of its net a	ssets	
5			•	g body (Part VI, line 1a)			3	
	4			the governing body (Part VI, line 11			3.	
Activities &			employees (Part V, line 2a		<i>y</i> ,		3,05	
			volunteers (estimate if nec				1	
্ ব				m Part VIII, column (C), line 12				
		<del>-</del>	usiness taxable income froi	•	7a 7b			
	"	Net amerated by	asiness taxable income noi	11101111 990-1, Time 34	Drie	or Year	Current Year	
	9 Contributions and grants (Part VIII line 1b)				Pilo	+		
₽		8 Contributions and grants (Part VIII, line 1h)				13,863,458	15,213,661	
ē	9	<b>-</b>	ζ		53,490,715	61,817,839		
Reveni	10			), lines 3, 4, and 7d )		-3,963,900	1,196,854	
	11			es 5, 6d, 8c, 9c, 10c, and 11e) ust equal Part VIII, column (A), lın	_	5,368,313	5,772,421	
	12		-add lines 8 through 11 (m	e	68,758,586	84,000,775		
	13		nilar amounts paid (Part IX,			0		
	14	Benefits paid t	o or for members (Part IX, o	column (A), line 4)			0	
	15	Salaries, other	compensation, employee b	enefits (Part IX, column (A), lines !	5 –			
\$		10)				33,792,232	42,376,299	
Expenses	16a	Professional fu	indraising fees (Part IX, col	umn (A), line 11e)			0	
ੜ	ь	Total fundraising e	expenses (Part IX, column (D), lıı	ne 25) 🕨 1,246,721				
_	17	O ther expense	s (Part IX, column (A), line	s 11a-11d, 11f-24f)		34,012,430	39,672,904	
	18	Total expenses	s Add lines 13-17 (must e	qual Part IX, column (A), line 25)		67,804,662	82,049,203	
	19	Revenue less	expenses Subtract line 18	from line 12		953,924	1,951,572	
<u>ያ</u>					Beginnin	g of Current	End of Year	
Net Assets or Fund Balances						'ear		
37.E	20					130,727,660	138,073,964	
38	21					28,041,614	25,761,017	
	22			21 from line 20		102,686,046	112,312,947	
Pai	rt II	Signature						
				amined this return, including accompanying ition of preparer (other than officer) is base				
				tion or preparer (earler than emission is base				
Sign 📗		l L			2010-	12-10		
Her	е	Signature of of	ficer		Date			
		Lawrence Scha	lk CFO					
		Type or print n	ame and title					
		Preparer's			Check If	Preparer's identify		
Paid		signature			self- empolyed 🕨 🦵	(see instructions)		
	arer's	Firm's name (or yo	ours <b>k</b>			756 1		
• •		If self-employed),	· <b>b</b>		EIN ▶			
Prepa Use (	Only		, T ———					
•	Only	address, and ZIP +	4			Phone no 🕨	_	

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

4e	Total program se	ervice expenses►\$	67,889,26	6								
	(Expenses \$	0 inc	luding grants o	of \$	0 ) (Revenue \$	0 )						
4d	Other program s	ervices (Describe in Sch	edule O )									
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)						
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)						
4a	(Code Education	) (Expenses \$	67,889,266	including grants of \$	) (Revenue \$	84,000,775 )						
4	Section 501(c)(3)		ions and section	on 4947(a)(1) trusts	e largest program services b are required to report the an service reported							
		these changes on Sched										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?											
		these new services on S				i res i no						
2	•	on undertake any signific 0 or 990-EZ?		• ,	r which were not listed on	┌ Yes ┌ No						

art IV	Che	cklist	of Re	auire	d S	che	dules

			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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🕏	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school 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 United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 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 $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
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		Νo
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		Νo
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

art V Statements Regarding Other IRS Filings and T	Гах Compliance
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			Yes	No
La	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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
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, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5с		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.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			

1450 Administration Drive Berrien Springs, MI 491040780

(269) 471-3521

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

<b>C</b> -	processes, or changes in Schedule O. See instructions.				
Se	ection A. Governing Body and Management		I	Yes	No
		Γ		1 63	140
1a	Enter the number of voting members of the governing body 1a	39			
b	Enter the number of voting members that are independent 1b	38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh other officer, director, trustee, or key employee?	nip with any	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other p		3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?	5		Νο
6	Does the organization have members or stockholders?	[	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more me governing body?	mbers of the	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken year by the following	during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reorganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the	_	I		
Re	evenue Code.)				
		г		Yes	No
	Does the organization have local chapters, branches, or affiliates?	-	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with those of the organization? .	' '	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				110
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	🕂	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould give rise			
	to conflicts?		12b	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 independent persons, comparability data, and contemporaneous substantiation of the deliberation at	•			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?		16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	luate its			
	organization's exempt status with respect to such arrangements?		16b		
	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you make these available. Check all that app				
19	Own website Another's website V Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of			
20	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	d records of the	oras	nization	<b>.</b>
20	State the name, physical address, and telephone number of the person who possesses the books and Sharyl Turon	u recorus or the	: orga	mzatiof	, p.

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	 569,415	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -0

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		N o	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				
		4		No	
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**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Allied Mechanical Services Inc PO Box 2587 Kalamazoo, MI 490032587	HVAC and other mechanical services and Equip Rental	714,190
The Troyer Group Inc 550 Union St Mishiwaka, IN 465442340	Architectural	341,473
Design Collaborative Inc 200 E Main St Ste 600 Fort Wayne, IN 468021900	Architect Engineering and Design	254,559
Hill Electrical Services Inc 622 Langley Ave Saint Joseph, MI 49085	Electrical	168,264
Associated Applications Inc 514 Spruce St Vicksburg, MI 490971112	Roofing Contractor	152,624
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►16	) who received more than	

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	art VIII Statement of Revenue										
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514			
2 2	1a	Federated camp	paigns 1a	0				514			
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>	0							
s, g	c	Fundraising eve	ents <b>1</b> c	0							
# <u>#</u>	d	Related organiz	ations 1d	11,939,887							
T, S,	e	Government grants	s (contributions) <b>1e</b>	173,620							
rtíor er s	f	All other contribution	ons, gifts, grants, and <b>1f</b> of included above	3,100,154							
돌	g	Noncash contri	butions included in								
멸		lines 1a-1f \$	- 1 - 1 -	▶	15,213,661						
Q a	h	lotal. A dd lines	3 1a-1f	• • •	13,213,001						
E E	2a	Tuition and Fees		Business Code 611,310	44,241,916	44,241,916	0				
eve	ь	Auxilliary Revenue		611,710	17,575,923	17,575,923	0				
ο. T		- idaminary revenue		011,710	17,373,323	17,373,323					
¥ 8	d										
å ⊆	e										
Program Serwce Revenue	f	All other progra	ım service revenue		0	0	0	0			
Š	g	Total. Add lines	s 2a – 2f		61,817,839						
	3		ome (including dividend		, ,						
			ar amounts)	-	860,770	860,770	0				
	4		tment of tax-exempt bond p		0	0	0				
	5	Royalties	() Park		0	0	0	0			
	6a	Gross Rents	(ı) Real 234,918	(11) Personal 381,923							
	ь	Less rental	0	214,584							
	c	expenses Rental income	234,918	167,339							
	d	or (loss) Net rental incor	me or (loss)		402,257	402,257	0	o			
			(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other	9,422,933	184,324							
	ь	than inventory Less cost or other basis and sales expenses	9,271,173	0							
	С	Gaın or (loss)	151,760	184,324							
	d 8a		s)		336,084	336,084	0	0			
Other Revenue		Gross income fi events (not incl \$ of contributions See Part IV, lin	luding <u> </u>								
눖	ь	Loos dime	a 	0							
Ě	c		penses <b>b</b> loss) from fundraising e	events ►	o	o	0	o			
•	9a		rom gaming activities								
	ь	Loca directions	a penses b	0							
	c		loss) from gaming activ	/ities	О	О	0	o			
	10a	Gross sales of returns and allo	wances .								
	b c		a   oods sold b   loss) from sales of inve	1,666,408 1,231,066	435,342	435,342	0	0			
	Ť	Miscellaneous		Business Code	.30,0 .2	5,5 .2					
	11a	Contract Incom		611,310	914,706	914,706	0	0			
	ь	Change in Valu Agreements	e Split Interest	525,920	291,659	291,659	0	0			
	c	Departmental I	ncom	611,710	3,367,092	3,367,092	0	0			
	d	All other revenu			361,365	361,365	0	0			
	e	Total. Add lines	s 11a-11d		4,934,822						
	12	Total revenue.	See Instructions	. ▶	84,000,775	68,787,114	0	0			

Form 990 (2009) Page <b>10</b>									
Pari	IX Statement of Functional Expenses								
	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D)					
			(B)	(D).	(D)				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0						
4	Benefits paid to or for members	0	0						
5	Compensation of current officers, directors, trustees, and key employees	455,849	134,592	321,257	0				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0				
7	Other salaries and wages	29,484,389	24,909,064	4,575,325	0				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0				
9	Other employee benefits	12,436,061	10,374,752	2,061,309	0				
10	Payroll taxes	0	0	<del>                                     </del>	0				
11	Fees for services (non-employees)								
а	Management	0	0	0	0				
ь	Legal	131,256	0	131,256	0				
c	Accounting	108,865	0	<del>                                     </del>	0				
d	Lobbying	0	0	+,	0				
- -	Professional fundraising See Part IV, line 17	0	,						
f	Investment management fees	0	0	0	0				
	Other	1,535,389	_	1	0				
g 12	Advertising and promotion			<del>                                     </del>	0				
13	- · · · · · · · · · · · · · · · · · · ·	959,046	,	<del>                                     </del>	0				
	Office expenses	4,090,048		<del>                                     </del>					
14	Information technology	485,566		† · · · · · · · · · · · · · · · · · · ·	0				
15	Royalties	40,891	40,891	0	0				
16	Occupancy	0	0	<del>                                     </del>	0				
17 18	Travel	3,853,949	3,553,270		0				
	state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings	593,168	•	<u> </u>					
20	Interest	305,407	17,637	287,770					
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization	3,084,257	0	3,084,257	0				
23	Insurance	494,489	168,955	325,534	0				
24	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)								
а	Reduction of Accounts Receivable Allowance	-1,042,000	0	-1,042,000	0				
ь	Cost of Auxilliary Sales	17,581,603	17,581,603	0	0				
С	Allocation of Fund Raising Costs	0	0	-1,246,721	1,246,721				
d	Allocation of Ops and Maint	5,290,357	4,000,372	1,289,985	0				
e									
f	All other expenses	2,160,613	1,535,203	625,410	0				
25	Total functional expenses. Add lines 1 through 24f	82,049,203	67,889,266		1,246,721				
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	52,313,203	5.,555,250	22,525,220	1,2.3,721				
	campaign and fundraising solicitation								

Pa	rt X	Balance Sheet							
-					(A) Beginning of year		(B) End of year		
-	1	Cash—non-interest-bearing			15,425	1	368,939		
	2	Savings and temporary cash investments			45,235	2	77,490		
		, ,	•		366,073		399,361		
	3	Pledges and grants receivable, net	•		· · · · · · · · · · · · · · · · · · ·	3	<u>, , , , , , , , , , , , , , , , , , , </u>		
	4	Accounts receivable, net			5,515,911	4	6,122,510		
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and					
		Schedule L			739,526	5	679,857		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and					
		Schedule L			0	6	0		
stess	7	Notes and loans receivable, net			2,697,833	7	2,427,082		
Š	8	Inventories for sale or use			3,751,831	8	4,026,606		
۲	9	Prepaid expenses and deferred charges			2,989,052	9	1,297,386		
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D							
	ь	Less accumulated depreciation	10b	69,566,162	78,148,075	10c	80,419,037		
	11	Investments—publicly traded securities			9,561,358	11	5,828,664		
	12	Investments—other securities See Part IV, line 11	26,172,943	12	35,543,145				
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			724,398	15	883,887		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			130,727,660	16	138,073,964		
	17	Accounts payable and accrued expenses .			7,940,938	17	7,348,948		
	18	Grants payable	0	18	0				
	19	Deferred revenue	5,789,282	19	650,795				
	20	Tax-exempt bond liabilities			0	20	0		
es es	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		0	21	0		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Lià		persons Complete Part II of Schedule L			О	22	0		
	23	Secured mortgages and notes payable to unrelated third parties			4,272,936	23	3,761,713		
	24	Unsecured notes and loans payable to unrelated third parties			1,548,934	24	5,783,203		
	25	Other liabilities Complete Part X of Schedule D			8,489,524	25	8,216,358		
	26	Total liabilities. Add lines 17 through 25			28,041,614	26	25,761,017		
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27					
Fund Balances		through 29, and lines 33 and 34.							
lan	27	Unrestricted net assets			69,138,394	27	72,007,528		
Ва	28	Temporarily restricted net assets			12,029,652	28	18,271,809		
рu	29	Permanently restricted net assets		21,518,000	29	22,033,610			
Fu		Organizations that do not follow SFAS 117, check here ► ┌ ar	nd con	nplet e					
2		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31				
	32	Retained earnings, endowment, accumulated income, or other fu			32				
Net	33	Total net assets or fund balances			102,686,046		112,312,947		
<u> </u>	34	Total liabilities and net assets/fund balances	130,727,660	34	138,073,964				

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

Inspection **Employer identification number** 

		e organızatı IIVERSITY	on		Employer identification number				
ANDR	LWSON	IIVENSIII					38-1627600		
Pa	rt I	Reason	for Pul	olic Charity Stat	<b>us</b> (All organizatio	ns must complete this pa		ctions	
The	organız					ough 11, check only one box			
1	<u>  -                                   </u>	A church,	conventio	on of churches, or as:	sociation of churches	section 170(b)(1)(A)(i).			
2	$\sqcap$	A school d	escribed	ın <b>section 170(b)(1)</b>	(A)(ii). (Attach Sche	dule E )			
3	Γ	A hospital	or a coop	perative hospital serv	/ice organization des	cribed in <b>section 170(b)(1)(</b>	A)(iii).		
4	Γ			organization operate y, and state	ed in conjunction with	a hospital described in <b>sect</b>	ion 170(b)(1)(A	)(iii). Enter the	
5	Г	_	-		=	sity owned or operated by a	governmental un	it described in	
_	_			<b>A)(iv).</b> (Complete Pa	•				
6	<u> </u>	•	-	=	=	scribed in <b>section 170(b)(1)</b>			
7		described	ın	t normally receives a <b>A)(vi)</b> (Complete Pa	·	s support from a governmen	tal unit or from t	he general public	
8	$\vdash$				170(b)(1)(A)(vi) (C	omplete Part II)			
9	Ė		•			6 of its support from contrib	utions, members	hip fees, and gross	
	•	_		· ·		ect to certain exceptions, an	•	· · · · · · · ·	
		•				ness taxable income (less s	. ,		
acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )									
10	Г		-			r public safety See <b>section 5</b>			
11	Γ	one or mor	e publicly	supported organiza	tions described in se	enefit of, to perform the funct ction 509(a)(1) or section 5 d complete lines 11e throug	09(a)(2) See <b>se</b>		
		а Г⊺	ype I	<b>b</b> Type II	<b>c</b>	II - Functionally integrated	d ∫	Type III - Other	
e	Γ	other than	foundation	•	•	ntrolled directly or indirectly ublicly supported organization	•		
f		section 50		eceived a written det	termination from the 1	RS that it is a Type I, Type	II or Tyne III si	innorting organization	
•		check this		cccived a written de		into that it is a Type 1, Type	11 0, 1, pc 111 5		
g		following p	ersons?	,		ıft or contribution from any o			
				•	•	r together with persons desc	rıbed ın (ıı)	Yes No	
					the supported organ	ızatıon?		11g(i)	
			•	r of a person describ	• •			11g(ii)	
				•	described in (i) or (ii)			11g(iii)	
h		Provide th	e followin	g information about t	he supported organız	ation(s)			
	(i)			(iii) Type of organization	(iv) Is the	(v) Did you notify the	(vi) Is the		

(i) Name of supported organization	(ii) EIN	(iii)  Type of  organization  (described on  lines 1- 9 above  or IRC section  (see	(iv) Is the organization organization (i) lise your gove documents.	ie tion in ted in erning	organization in col (i) of your support?		(vi) Is the organization organization (i) organization or	ion in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)			
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/					
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual									
_	grants ") Tax revenues levied for the									
2	organization's benefit and either									
	paid to or expended on its									
	behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the									
	amount shown on line 11, column									
_	(f) <b>Dublic Support</b> Subtract line F from									
6	<b>Public Support.</b> Subtract line 5 from line 4									
S	ection B. Total Support	1		-						
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total			
7	A mounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
9	sources Net income from unrelated									
9	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income (Explain in Part									
	IV ) Do not include gain or loss									
	from the sale of capital assets									
11	Total support (Add lines 7									
4.5	through 10)	/5								
12	Gross receipts from related activities	,	•			12				
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□			
	check this box and <b>stop here</b>						-1			
S	ection C. Computation of Pub	lic Support P	ercentage							
14	Public Support Percentage for 2009			11 column (f))		14				
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15				
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox			
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □			
ь	b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this									
	box and <b>stop here.</b> The organization				,		▶			
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14				
	is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain									
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp				
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□			
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_								
	Explain in Part IV how the organizat						clv			
	supported organization						<b>▶</b> ┌			
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•			

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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OMB No 1545-0047

DLN: 93493347007070

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ 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

Jillui	Neverlae estitle		21113	pection
	ne of the organization REWS UNIVERSITY		Employer identification n	number
_			38-1627600	
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts. Cor 	mplete if the
		(a) Donor advised funds	(b) Funds and other a	ccounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the			Yes
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		· <u> </u>	Yes
20.	impermissible private benefit?	if the organization answered "Voc" t	<u> </u>	
'all	t II Conservation Easements. Complete		o roi iii 990, Pait IV, iiile	<del>: /.</del>
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati	•	n historically importantly lan	d area
	Protection of natural habitat		ertified historic structure	a area
	Preservation of open space	,		
	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ıfıed conservatıon contrıbutıon ın the form	ı of a conservatıon easemen	t
	on the last au, or the tax year		Held at the E	nd of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easement	· c	2b	
c	Number of conservation easements on a certified hi		2c	
d		• •	2d	
	Number of conservation easements included in (c)	•		
	Number of conservation easements modified, transfe	errea, releasea, extinguisnea, or terminate	ed by the organization during	)
	the taxable year ▶			
•	Number of states where property subject to conserve	ation easement is located 🟲		
1	Does the organization have a written policy regarding enforcement of the conservation easements it holds?			Yes
1	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year <b>⊫</b>	
'	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$	
,	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2 (d) above satisfy the requirements of sec		Yes
1	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia	•	
ar	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Asse	ts.
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public se	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i		•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	0
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	0
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		- 4	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	0
ь	Assets included in Form 990, Part X		<b>▶</b> -\$	0

'ar	<b>Titl</b> Organizations Maintaining Co	illections of Art,	<u>, His</u>	tori	<u>cal Treas</u>	sures, or C	<u> </u>	<u>r Similar As</u>	sset	<b>S</b> (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e foll	owing that	are a signific	ant u	se of its collec	tion		
а	<b>▼</b> Public exhibition		d	$\vdash$	Loan or ex	change prog	rams				
b	Scholarly research		e	Γ	Other						
С	▼ Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	v the y	further the	organizatioi	n's ex	cempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	<b>┌</b> ʏ	es	√ No
Pai	t IV Trust, Escrow and Custodial					ganızatıon a	answ	ered "Yes" to	For	m 99	₹0,
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ııan or other ınterme	diary	for c	ontributions	or other as:	sets	not	<b>┌ Y</b>	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е			г					
						-		Aı	moun	<u>t                                    </u>	
С	Beginning balance					-	<b>1</b> c				
d	Additions during the year					]	1d				
e	Distributions during the year					]	1e				
f	Ending balance						<b>1</b> f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/									
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(b	<b>)</b> Prior	Year (c)	Two Years Back	(d)	Three Years Back	(e)F	our Ye	ars Back
.a	Beginning of year balance	24,254,111					-				
b	Contributions	286,421					_				
C	Investment earnings or losses	8,490,554									
d	Grants or scholarships	576,419									
e	Other expenditures for facilities and programs	987,902									
f	Administrative expenses	0									
g	End of year balance	31,466,765									
2	Provide the estimated percentage of the yea	r end balance held a	s		I				ı		
а	Board designated or quasi-endowment	16 %									
ь	Permanent endowment ► 80 %										
	1.24										
c Ba	Term endowment  4 %  Are there endowment funds not in the posses	ssion of the organiza	ition t	thata	re held and	administere	d for	the			
_	organization by	zoron or the organiza				44			Γ	Yes	No
	(i) unrelated organizations							За	(i)	Yes	
	(ii) related organizations							3a	(ii)	Yes	
	If "Yes" to 3a(II), are the related organizatio	•					•	3	ь	Yes	
_	Describe in Part XIV the intended uses of th										
a l	t VI Investments—Land, Buildings	s, and Equipmer	nt. S	<u>ee F</u>	orm 990,	Part X, line	10.	I			
	Description of investment				Cost or other (investment			(c) Depreciation	۱ (	<b>d)</b> Boo	ok value
a	Land					0 4,03	8,336			4	1,038,336
b	Buildings				1,224,86	9 88,73	9,725	28,645,68	38	61	1,318,906
c	Leasehold improvements					0	0		0		C
d	Equipment					0 46,10	8,933	35,453,53	19	10	),655,414
e	Other				65,35	7 9,80	7,979	5,466,95	55	4	1,406,381

80,419,037

Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products	0		
Closely-held equity interests	0		F
Other			
Equity Fund Trusts	29,070,529		F_
Fixed Income Fund Trusts	6,064,467		F
Real Estate and other	408,149		С
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	35,543,145		
Part VIII Investments—Program Related. Se		3.	
(a) Description of investment type	(b) Book value		d of valuation
(4, 2 333, 3	(=, ===================================	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip			(b) Book value
Beneficial interest in perpetual trust	otion		883,887
beneficial interest in perpetual trust			003,007
<b>Part X</b> Other Liabilities. See Form 990, Part X, col.(B) line 3			883,887
(a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes	0		
Deposits	1,439,558		
Funds Advanced for Student Loans	2,891,434		
Funds held for others	1,059,354		
Liabilities under split interest agreements	2,826,012		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	8,216,358		
	1 0,210,330		

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	84,000,775
Total expenses (Form 990, Part IX, column (A), line 25)	2	82,049,203
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	1,951,572
4 Net unrealized gains (losses) on investments	4	7,886,519
5 Donated services and use of facilities	5	0
6 Investment expenses	6	0
7 Prior period adjustments	7	0
8 Other (Describe in Part XIV)	8	1,973,945
9 Total adjustments (net) Add lines 4 - 8	9	9,860,464
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	11,812,036
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1 Total revenue, gains, and other support per audited financial		100,167,637
statements	1	
A mounts included on line 1 but not on Form 990, Part VIII, line 12	_	
a Net unrealized gains on investments	-	
b Donated services and use of facilities		
c         Recoveries of prior year grants		
e Add lines 2a through 2d	2e	14,721,212
3 Subtract line 2e from line 1	3	85,446,425
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	<u> </u>	03,440,423
<b>b</b> Other (Describe in Part XIV)		
c Add lines <b>4a</b> and <b>4b</b>	4c	-1,445,650
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	84,000,775
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expens	s per	Return
1 Total expenses and losses per audited financial statements	1	88,355,601
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	0	
<b>b</b> Prior year adjustments	0	
c Losses reported on Form 990, Part IX, line 25	0	
d Other (Describe in Part XIV) 2d 6,306,39	8	
e Add lines 2a through 2d	2e	6,306,398
3 Subtract line <b>2e</b> from line <b>1</b>	3	82,049,203
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u> </u>	
b Other (Describe in Part XIV)	0	
c Add lines 4a and 4b	4c	0
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	82,049,203

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Ident if ier	Return Reference	<b>Explanat ion</b>					
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Collection 1 Horn Archaeological Museum the University maintains a collection of archaeological artifacts found at University archaeological dig sites. These are used for research and education in our archaeological studies program. The artifacts are housed in a museum open to the public. Collection 2. Center for Adventist Research. The University maintains a collection of books and historical documents related to the history of the Seventh-Day Adventist Church. This collection used primarily for scholarly research by students of the Andre University Theological Seminary.					
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Earnings on Endowments are used mostly for scholarships given to students. Other endowment earnings are used to support facilities, operations, academic chairs, lectureships and other University programs					
SchD_P10_S00_L00	Schedule D, Part X	Not Applicable					
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Net revenue for University Retirement Center, Andrews Broadcasting Corporation and Center for Youth Evangelism All wholly owned subsidiaries of Andrews University filing individual 990 returns					
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Revenue Included in University audited financial statements for wholly owned subsidiaries which is reported on separate 990 returns					
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Expenses for COGS included in expenses on the audited financial statement but netted against revenue in the 990 Part VIII, Line 6b and 10b					
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Expenses from wholly owned subsidiaries reported on separate 990 return as well as COGS expenses netted against revenue for 990 purposes See explanation Part XII, Line 4b					

DLN: 93493347007070

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

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

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

OMB No 1545-0047

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						-		dent if ica		
							8-16276			
rt I Excess Benefit Tra Complete if the organiza		•				_			ıne 40h	
(a) Name of disc		(c) (sion of transaction								
(a) mame or allow	quaou p			(b) Desc	i i ption o	i tialis	action		Yes	No
Enter the amount of tay impo				diagnalified name	na dumin					
Enter the amount of tax impos section 4958	sea on the	organ	ization managers or	aisquaimed perso	ns aurir	ig the y	rear unde ••••••••••••••••••••••••••••••••••••	r · \$		
Enter the amount of tax, if any	y, on line 2	2, abov	e, reimbursed by the	e organization .			🕨	\$		
rt III Loans to and/or										
Complete if the organ  Name of interested person and  purpose	<b>(b)</b> Loa	n to the	(c)Original principal amount	, Part IV, line 26,  (d)Balance due	or Form (e) I defau	n	Z, Part V (f) A ppro by boai commit	ved rd or	( <b>g)</b> Writ	
Name of interested person and purpose	( <b>b)</b> Loa or from organiza	n to the	(c)O riginal		(e) I	n	<b>(f)</b> Appro by boai	ved rd or	<b>(g)</b> Writ	
Name of interested person and purpose rence Schalk	( <b>b)</b> Loa or from organiza	in to the tion?	(c)O riginal		<b>(e)</b> I defau	n lt?	(f) A ppro by boai commit	ved rd or tee?	<b>(g)</b> Writ	ent?
Name of interested person and purpose ence Schalk	( <b>b)</b> Loa or from organiza	in to the tion? From	(c)O riginal principal amount	(d)Balance due	<b>(e)</b> I defau	n It? <b>No</b>	(f) Appro by boar commit <b>Yes</b>	ved rd or tee?	(g)Writ agreeme Yes	ent?
Name of interested person and purpose rence Schalk	( <b>b)</b> Loa or from organiza	in to the tion? From	(c)O riginal principal amount	(d)Balance due	<b>(e)</b> I defau	n It? <b>No</b>	(f) Appro by boar commit <b>Yes</b>	ved rd or tee?	(g)Writ agreeme Yes	ent?
Name of interested person and purpose rence Schalk	( <b>b)</b> Loa or from organiza	in to the tion? From	(c)O riginal principal amount	(d)Balance due	<b>(e)</b> I defau	n It? <b>No</b>	(f) Appro by boar commit <b>Yes</b>	ved rd or tee?	(g)Writ agreeme Yes	ent?
Name of interested person and purpose rence Schalk rgage-Bridge Loan	( <b>b)</b> Loa or from organiza	in to the tion? From	(c)O riginal principal amount	( <b>d)</b> Balance due	<b>(e)</b> I defau	n It? <b>No</b>	(f) Appro by boar commit <b>Yes</b>	ved rd or tee?	(g)Writ agreeme Yes	ent?
Name of interested person and purpose  rence Schalk rgage-Bridge Loan  t III Grants or Assista	(b) Loa or from organiza To	rin to the tion? From X	(c)Original principal amount 738,575	(d)Balance due 390,737 390,737 Persons.	(e) I defau Yes	n It? <b>No</b> No	(f) Appro by boar commit <b>Yes</b>	ved rd or tee?	(g)Writ agreeme Yes	ent?
Name of interested person and purpose rence Schalk tgage-Bridge Loan	(b) Loa or from organiza To 	in to the tion? From X	(c)Original principal amount 738,575	( <b>d)</b> Balance due  390,737  390,737  Persons. rm 990, Part IV	(e) I defau Yes	n No No	(f) A ppro by boai commit Yes Yes	ved rd or tee? <b>No</b>	(g)Writ agreeme Yes	No

### Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No

## **SCHEDULE M** (Form 990)

## **NonCash Contributions**

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name of the organization ANDREWS UNIVERSITY

**Employer identification number** 

WORL	WS ONIVERSITY				38-1627600			
Pai	TI Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		1,435	donor estimate			
5	Clothing and household goods	х		6,763	donor estimate			
6	Cars and other vehicles	Х	1	800	estımate-blue book			
7	Boats and planes	Х	3	140,167	Aircraft Blue Book/0	O nline	sales	
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
<b>L2</b>	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
L6	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory	X	3	1,409	donor estimate			
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
<b>.</b>	personal	×	8	3 700	Donor Estimate			
25	Other ► ( <u>papers</u> ) Plants/Fruit		•	3,700	Donor Estimate			
26	Other • (Trees )	X	2	31,964	  Appraisals/Estimat	es		
	Musical				Donor Estimate or o	nline		
27	O ther ▶ ( <u>Instruments</u> )	Х	3	3,400	comparisons			
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			3
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year							1
	for exempt purposes for the entire	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif	tacceptan	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell	non-cash	32a		No
h	If "Yes," describe in Part II							
	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a	) is checked.			1
	describe in Part II		, , , , , , , , , , , , , , , ,	. ,	,,			1

Page 2

#### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

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OMB No 1545-0047

2009

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# SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization ANDREWS UNIVERSITY

 ${\bf Employer\ identification\ number}$ 

38-1627600

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The University will post the 990 on the University Web site for board members and notify governing board members that is is available for viewing
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The University has never had a compliance issue but if one were to arise the University would enforce policy
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	All University compensation is approved by the Compensation Committee of the Board once a year
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	These documents are available on request

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

Cat No 51056K

Schedule O (Form 990) 2009

## Software ID: Software Version:

**EIN:** 38-1627600

Name: ANDREWS UNIVERSITY

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours	Posit	(C tion ( hat a	chec	)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) emp	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
		tiustee "	d Trustee	<u> </u>	employee	npensated	ler"				
Gerry D Karst Vice President, General Conference of SDA	0	Х						0	0	0	
Don Livesay Presdient, Lake Union Conference of SDA	0	Х						0	0	0	
Matthew Bediako Secretary, General Conference of SDA Don Corkum	0	Х						0	0		
President, Wisconsin Concerence of SDA	0	Х						0	0	0	
Jerome Davis President, Lake Region Conference of SDA	0	Х						0	0	0	
Ken Denslow Presdient, Illinois Conference of SDA C Garland Dulan	0	Х						0	0	0	
Director, Education Dept Gen Confof SDA	0	Х						0	0	0	
Jay Gallimore President, Michigan Conference of SDA	0	Х						0	0	0	
Dr Cletus R Gaorges Urologist, Mid Florida Urologist Assn Dr Lynn S Gray	0	Х						0	0	0	
Physician, Lakeland Regional Health System	0	Х						0	0	0	
Rodney A Grove Executive Secretary, Lake Union Conf of SDA	0	X						0	0	0	
Dr Loren Hamel Executive VP, Lakeland Heathcare	0	X						0	0	0	
Dr Edwin I Hernadez Foundations Research Director, DeVos Family Foundations	0	X						0	0	0	
Roscoe Howard III Predisent, Mid America Union Confof SDA	0	Х						0	0	0	
Van G Hurst President, Indiana Conference of SDA	0	Х						0	0	0	
Sandra K Johnson Senior VP, Adventist Health System	0	Χ						0	0	0	
Robert E Lemon Treasurer, General Conference of SDA	0	Х						0	0	0	
Fred Manchur President, Kettering Medical Ctr	0	Χ						0	0	0	
Margaret McFarland Professor of Practice, Univ of MD	0	Χ						0	0	0	
Naomi McKenzie Senior VP-Emeritus, Sodexo Services	0	Х						0	0	0	
William G C Murdoch Jr Chair, Dept of Psychiatry, Medical Director LLU Behavioral Medicine Ctr	0	X						0	0	0	
Jan Paulsen President, General Conference of SDA	0	Χ						0	0	0	
Jaun R Prestol Undertreasurer, General Conference of SDA	0	Х						0	0	0	
Barbara J Randall O wner, Randall Residence	0	Х						0	0	0	
David R Rowe President, Net vision	0	Х						0	0	0	
·											

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

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		tion that a					(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Don C Schneider President, North American Division, General Conf of SDA	0	×						0	0	0
Gynn C W Scott Treasurer, Lake Union Conference of SDA	0	x						0	0	0
Dolores E Slikkers Secretary of the board, S2 Yachts, Inc	0	X						0	0	0
Paul A Stockstad President, Pasco Scientific Garry Sudds	0	Х						0	0	0
Director, Office of Education Lake Union Conf of SDA	0	X						0	0	0
Max Torkelson President, North Pacific Union Conf of SDA	0	X						0	0	0
Max Trevino President, Southwestern Union Conf of SDA	0	X						0	0	0
Lynne Waihee President, Read To Me Intl Foundation	0	X						0	0	0
Dana L Wales Managing Principal, Wales & Associates	0	X						0	0	0
Rebekah Wang Cheng Medical Director for Clinical Quality, Kettering Medical Center	0	Х						0	0	0
Dave Weigley President, Columbia Union Confof SDA	0	Х						0	0	0
Attny Daneille Wuchenich Self-Employed	0	X						0	0	0
E Edward Zinke Retired	0	Χ						0	0	0
Niels Erik Andreasen President, Andrews University	40		Х					85,430	0	0
Lawrence E Schalk Vice President for Finance, Andrews University	40			X				76,672	0	0
Bill Richardson Provost, Andrews University	40			X				56,024	0	0
David Faehner Vice President, Advancement, Andrews University	40			X				67,296	0	0
Frances Faehner Vice President, Student Life, Andrews University	40			X				67,296	0	0
Stephen Payne Vice President, IMC & Enrollment Services, Andrews University	40			X				67,296	0	0
Glenn A Meekma Jr Controller, Andrews University Duane McBride	40				X			59,359	0	0
Chair, Dept of Behavioral Science, Andrews University	40					X		90,042	0	0