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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)

2009

OMB No 1545-0047

Open to Public

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

Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please GOSHEN COLLEGE INC use IRS label or Address change 35-2158366 Doing Business As E Telephone number print or type. See Name change (574) 535-7456 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 1700 SOUTH MAIN STREET Instruc-G Gross receipts \$ 45,536,047 Terminated tions. City or town, state or country, and ZIP + 4 GOSHEN, IN 46526 Amended return Application pending Name and address of principal officer Is this a group return for JAMES E BRENNEMAN affiliates? 1700 SOUTH MAIN STREET GOSHEN, IN 46526 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► WWW GOSHEN EDU K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► **L** Year of formation 1894 **M** State of legal domicile IN Part I Summary Briefly describe the organization's mission or most significant activities GOSHEN COLLEGE, INC. IS A LIBERAL ARTS COLLEGE DEDICATED TO THE DEVELOPMENT OF INFORMED, ARTICULATE, SENSITIVE, RESPONSIBLE CHRISTIANS Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 15 Total number of employees (Part V, line 2a) . . 1,120 140 Total number of volunteers (estimate if necessary) . 310,421 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. -58,711 Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 3,846,794 10,827,830 Program service revenue (Part VIII, line 2g) . 28,102,696 25,684,275 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -584,768 1,002,711 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,175,897 1,167,981 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 30,122,198 41,101,218 9,901,009 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 8,361,879 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 16,476,470 15,811,111 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 802,235 ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 13,456,464 13,389,660 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 38,294,813 39,101,780 Revenue less expenses Subtract line 18 from line 12 . -8,172,615 1,999,438 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 161,997,566 20 Total assets (Part X, line 16) . 151,536,353 21 Total liabilities (Part X, line 26) . 43,382,083 44,139,557 Net assets or fund balances Subtract line 21 from line 20 108,154,270 117,858,009 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian ***** 2011-02-28 Here Signature of officer JAMES L HISTAND VP FOR FINANCE Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours CROWE HORWATH LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 70 West Madison Street Suite 700 Phone no (312) 899-7000

Chicago, IL 606024903

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments

1	ı Brie	fly desc	ribe the	organization's	mission

GOSHEN COLLEGE, INC IS A LIBERAL ARTS COLLEGE DEDICATED TO THE DEVELOPMENT OF INFORMED, ARTICULATE, SENSITIVE, RESPONSIBLE CHRISTIANS (CONTINUED IN SCHEDULE O)

2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		rvices during the year	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service:	s on Schedule O			
3	Did the organization cease conducting services?	ng, or make significar	-	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achiev Section 501(c)(3) and 501(c)(4) org allocations to others, the total exper	janizations and section	on 4947(a)(1) trusts a	are required to report the	
4a	(Code) (Expenses	\$ 32,594,954	including grants of \$	9,901,009) (Revenue	\$ 27,988,723)
	GOSHEN COLLEGE, INC , A LIBERAL-ARTS E MENNONITE VISION OF THE CHURCH AS A SENSITIVE, RESPONSIBLE CHRISTIAN DISC: OPEN TO ALL STUDENTS INTERESTED IN AN BY JESUS CHRIST AS A MINISTRY OF THE IN THE WORLD BY TRANSMITTING AND EXPROFESSIONAL LIFE, BY ENCOURAGING ACLOVE AND PEACE, JUSTICE AND ORDER, ST	COMMUNITY OF FAITH FO IPLES A BACHELOR'S-DEG I EDUCATIONAL PROGRAM MENNONITE CHURCH, GO PLORING CHRISTIAN FAITH TIVE PARTICIPATION AND	OR THE WORK OF GOD IN T REE-GRANTING INSTITUTI I WHICH IS COMMITTED TO SHEN COLLEGE INTENDS T HAND DISCIPLESHIP, BY R LEADERSHIP IN CONGREG	THE WORLD, SEEKS TO DEVELO ON SPONSORED BY THE MENNO O BIBLICAL FAITH AND PRACTIC O ENRICH AND EXTEND THE LI ELATING CHRISTIAN PERSPECT ATIONS, AND BY EXPANDING T	P INFORMED, ARTICULATE, DNITE CHURCH, GOSHEN COLLEGE IS E AS REVEALED AND DEMONSTRATED FE OF THE CHURCH AND ITS MISSION IVES AND VALUES TO LEARNING AND
	(Code) (Expenses	\$ 930,440	including grants of \$	0) (Revenue	\$ 325,821)
4b	THE RESOURCES OF LAND AND PEOPLE AT PROVIDING A NATURAL SANCTUARY FOR N PROVIDING A SETTING FOR RE-CREATIN DISTURBING ITS ECOSYSTEMS GOSHEN CO HAS THE TEACHINGS OF JESUS AS A CENTE ENVIRONMENTAL PROGRAM THAT TEACHES MANAGEMENT, AND OWNERSHIP OF MERR' ARE ACCOUNTABLE FOR OTHER ASPECTS OUR NEIGHBORHOOD, REGION, OR COUNT EDUCATION AND MOTIVATION OF THOSE W MAKE APPROPRIATE CHANGES IN THEIR LY EDUCATIONAL PROGRAMS, AND THE RESTOR OF THE PLANT, MAINTAIN A VIGOROUS EDUCATION	THE MERRY LEA ENVIRON ORTHERN INDIANA'S PLAN IG OPPORTUNITIES THAT DILLEGE IS A FOUR-YEAR LEAL FOCUS GOSHEN COLLS ABOUT CHRISTIAN STEW Y LEA RECOGNIZE THAT WE FOUR LIVES WE RECOGNIZE THAT WE CHOOSE TO ADDEVINO VISIT US WE WILL NO VISIT US WE WILL NO VISIT OF TOUS AT MERIORATIVE PROPERTIES OF ISM, WE WILL ALSO EFFECTEM, WE WILL ALSO EFFECT	MENTAL LEARNING CENTEI ITS AND ANIMALS, PROV BENEFIT THE HUMAN BODY INDERGRADUATE INSTITUT LEGE AT MERRY LEA IS COI ARDSHIP OF NATURAL AND IZE WORLD ENVIRONMEN RESS THE ISSUES OF NATIC INTER ADVERSARIAL IN OUR RY LEA IS TO LOOK AFTER RECREATIONAL EXPERIENC ITVELY TEACH STEWARDSH	R OF GOSHEN COLLEGE (MERR I/DING ENVIRONMENTAL EDUCA AND SPIRIT WHILE NOT EXPLO I/ON WHERE STUDENTS STUDY MITTED TO THE DEVELOPMEN O HUMAN RESOURCES THOSE A GOD FOR OUR STEWARDSHIP O TAL ISSUES AND THEIR RELATI DNAL AND INTERNATIONAL SCAL R APPROACHES TO OTHERS, BU THE HEALTH OF MERRY LEA'S E ES AS WE ATTEND TO THE QU IP OF OUR EARTH WE WILL DE	Y LEA) ARE DEDICATED TO ATION FOR PEOPLE OF ALL AGES, AND DITING THE LAND OR EXCESSIVELY LIBERAL ARTS IN A SETTING THAT T OF A MULTIFACETED ASSOCIATED WITH THE CARE, IF RESOURCES IN THE SAME WAY WE ONSHIP TO ISSUES OF JUSTICE IN LE BY CONCENTRATING ON THE UT VISITORS WILL BE INVITED TO ECOSYSTEMS, THE QUALITY OF HER ALITY OF OUR SERVICES AND THE EVELOP AN APPROPRIATE PHYSICAL
4c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants of	f\$) (Revenue \$)
4e	Total program service expenses►\$	33,525,39	4		

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			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	Yes	
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? If "Yes," complete Schedule D, Part II	7		Νο
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	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	Yes	
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	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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? If "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 U S ? If "Yes," complete Schedule F, Part III	16	Yes	
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	Yes	
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

	,			· age
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	Yes	
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	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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
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? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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? If "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	Yes	
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		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance
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	Diatements Regarding Const. Like I mings and Tax Compilation		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 1a 1,208 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors 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			
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		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, 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		Νo
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?	5c		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
;	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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			
Ь	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1700 SOUTH MAIN STREET GOSHEN,IN 46562 (574) 535-7456

Part VI 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.

Se	ction A. Governing Body and Management					
	etion A. Governing Body and Planagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	15			
b	Enter the number of voting members that are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its organizational documents sfiled?	ince t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	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 governing body?		r more members of the	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockhold		rother persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following					
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,					
	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)				W	
10-	December of the community of the communi			10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?		o of such chapters	10a		No
	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?					
11	Has the organization provided a copy of this Form 990 to all members of its governi	ng boc	y before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Fe	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually	ıntere	sts that could 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 revindependent persons, comparability data, and contemporaneous substantiation of the		• • •			
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 of taxable entity during the year?			16a		N o
ь	If "Yes," has the organization adopted a written policy or procedure requiring the org	anızat	ion to evaluate its	100		110
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed►IN					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	2), 990), and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ne orga	ınızatıor	n 🕨
	JAMES L HISTAND					

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	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) 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	•	337,056	0	5	6,680
----------	---	---------	---	---	-------

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

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
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	V	
		4	Yes	1
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 I for such person	_		N.o.

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
SODEXHO INC 1700 S MAIN ST GOSHEN, IN 46526	DINING & CATERING SERVICES	687,866
AVI 2590 ELM RD NE WARREN, OH 44483	DINING & CATERING SERVICES	506,557
MINDPOWER INC 337 GEORGIA AVE SE ATLANTA, GA 30312	ADVERTISING/MARKETING	359,516
ZEHR CONSTRUCTION 914 N 3RD ST GOSHEN, IN 465282648	CONSTRUCTION SERVICES	203,173
HAMILTON HUNTER BUILDERS 915 LAFAYETTE ST FORT WAYNE, IN 46802	CONSTRUCTION SERVICES	139,249
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►9) who received more than	

Page 8

41,101,218

28,314,544

Form 990 (2009) Page 10									
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
		complete columi	ns (B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 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	9,123,026	9,123,026						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	777,983	777,983						
4	Benefits paid to or for members	0	0						
5	Compensation of current officers, directors, trustees, and key employees	279,869	0	279,869	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	11,869,439	9,693,079	1,937,924	238,436				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,105,929	872,377	212,093	21,459				
9	Other employee benefits	1,625,575	1,234,260	346,253	45,062				
10	Payroll taxes	930,299	741,521	170,538	18,240				
11	Fees for services (non-employees)	330/233	7.17,521	17 3,333	10,2.0				
a	Management	0	0	0	0				
h	Legal	37,166	19,751	· ·					
c	Accounting	73,200	19,731		0				
d	Lobbying	73,200	0	,	0				
		0	_	20					
e	Professional fundraising See Part IV, line 17			70 704					
f	Investment management fees	70,794	0	' 	0				
g	Other	1,721,601	1,465,852	 	91,112				
12	Advertising and promotion	464,569	205,688	· · · · · · · · · · · · · · · · · · ·	200,827				
13	Office expenses	1,751,557		 	52,721				
14	Information technology	0		 	0				
15	Royalties	0		<u> </u>	0				
16	Occupancy	1,160,119	1,151,957	· · ·	0				
17	Travel	717,364	619,111	98,253	0				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings	143,021	127,366	15,655	0				
20	Interest	1,236,794	1,236,794	0	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization	2,371,029	2,039,422	258,933	72,674				
23	Insurance	75,621	38,026	37,595	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	EQUIPMENT AND MAINTENANCE	1,402,132	1,020,989	379,655	1,488				
ь	MERRY LEA LEARNING CENTER	930,440	930,440	0	0				
С	ENTERTAINMENT EXPENSES	398,804	132,084	217,176	49,544				
d	BOOKS AND PERIODICALS	319,629	312,104	6,888	637				
e	MEMBERSHIPS	129,843	52,615	67,193	10,035				
f	All other expenses	385,957	385,957	0	0				
25	Total functional expenses. Add lines 1 through 24f	39,101,780	33,525,394	4,774,151	802,235				
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	0	, ==,=.	0	0				
	campaign and fundraising solicitation		<u> </u>	<u> </u>	0				

Form 990 (2009) Page 11 Part X Balance Sheet (A) (B) Beginning of year End of vear 5.600 5.600 1 1 Cash—non-interest-bearing 2,748,185 2 2.193.770 2 485,400 3 390,000 3 4 228.741 477.754 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 2.831.510 7 2,527,861 0 0 8 127.091 354,751 9 Land, buildings, and equipment cost or other basis Complete 90.122.860 10a 10a Part VI of Schedule D 10b 32.681.607 59,469,192 **10c** 57.441.253 b Less accumulated depreciation 4.136.567 11 5,176,580 11 12 79.420.522 91,113,482 12 Investments—other securities See Part IV, line 11 οl 13 0 13 Investments—program-related See Part IV, line 11 . . 14 0 14 0 2.083.545 15 2.316.515 15 16 151,536,353 16 161,997,566 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1.406.833 17 1.431.872 17 Accounts payable and accrued expenses . 0 18 0 18 0 0 19 19 31,800,000 20 Tax-exempt bond liabilities 20 31,800,000 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 ol 0 23 23 Secured mortgages and notes payable to unrelated third parties . . ol 24 0 24 Unsecured notes and loans payable to unrelated third parties 10.175.250 25 10.907.685 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 43,382,083 44,139,557 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 29.296.813 33,490,438 27 27 Unrestricted net assets 28 20.996.145 28 17.848.484 Temporarily restricted net assets Fund 57.861.312 29 66.519.087 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 0 30 0 Capital stock or trust principal, or current funds . . . Assets 0 0 31 Paid-in or capital surplus, or land, building or equipment fund 31 0 32 0 32 Retained earnings, endowment, accumulated income, or other funds ¥ 108, 154, 270 33 Total net assets or fund balances 33 117,858,009 34 Total liabilities and net assets/fund balances 151.536.353 34 161,997,566

			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		Νo
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			
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

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

Public Charity Status and Public Support

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Inspection

Name of the organization GOSHEN COLLEGE INC

Employer identification number

35-2158366

The	rganı	zatıon ıs	not a private	e foundation because	ıtıs (Forlı	nes 1 thro	ugh 11, check	only one bo	x)						
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of	churches	section 170(b)(1)(A)(i).							
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Sched	ule E)								
3	\sqcap	A hospı	tal or a coop	perative hospital serv	vice organiza	atıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).						
4	Γ			organization operate y, and state	ed in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	.)(A)(iii). Ente	rthe			
5	г	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ity owned or o	perated by a	a governmenta	al unit	describe	_ ed in			
	•	_	•	A)(iv). (Complete Pa	=			, , .	. .						
6	Г			local government or		al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).						
7		An orga describ	nızatıon tha ed ın	t normally receives a	a substantia					om the	general	public	:		
	_			A)(vi) (Complete Pa			manulata Daut II								
8	<u> </u>			described in section							. .				
9	ı			t normally receives											
		· ·		ties related to its ex	•	_									
				ss investment incom anization after June 3						ax) IIO	ili busili	esses			
10	_			anized and operated	•			•	•						
11	<u>'</u>	_	_	anized and operated	•					carry	out the	nurno	os of		
e f g	Γ	the box a	that describ Type I king this bo an foundation 509(a)(2) rganization i his box	y supported organizations the type of supported by Type II ox, I certify that the open managers and other received a written details.	orting organi c organization er than one of termination	zation and Type II Is not cont or more pul from the IR	complete line I - Functional rolled directly blicly support	s 11e throudly integrated or indirectled organizat	gh 11h d d y by one or mo nons describe	ore dis	Type II squalifie ection 50	I - Otl d pers 09(a)(ner ons 1) or		
			g persons?												
				ectly or indirectly co	•		-	persons des	cribed in (ii)			Yes	No		
				governing body of the			ation?				11g(i)		<u> </u>		
		• •	•	r of a person describ	• •						11g(ii)		<u> </u>		
				ed entity of a person							11g(iii)		<u></u>		
h		Provide	the followin	g information about t	ne supporte	d organizat	tion(s)								
	Name suppo	(ii) Type of Is the organization organization me of (ii) (described on col (i) list your gove docume			e Ion In ted In Erning	(v Did you n organiza col (i) c suppo	otify the ition in of your	(vi Is th organiza col (i) org	he ition ir ganize	on in (vii		vii) ount of oport?			
				(see instructions))	Yes	No	Yes	No	Yes	N	lo	1			
Tota															

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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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 stop here						-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
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	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						▶ ┌
10	Deiveta Farmdation Ifthe averagest	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			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
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) 2006	(c) 2007	(d) 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						
11	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 stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	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	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 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 stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chack - h	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

DLN: 93493062006021

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the Se Se If the Na		II-A Dor Part II-E e 35a (r	not co B Do i	omplete not cor ding	e Part II-B mplete Par	t ⊪A), th	
GO:	SHEN COLLEGE INC	35-215	0266				
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s				anizatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities in Par	t I V					
2	Political expenditures	•	•	\$			
3	V olunteer hours			· <u> </u>			
	t I-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955		•	\$ <u> </u>			
2	Enter the amount of any excise tax incurred by organization managers under section 4955		!-	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	Γ	No
4a	Was a correction made?				☐ Yes	Γ	No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the organization is exempt under section 501(c) except	section	า 50	1(c)((3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	•	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section sexempt funtion activities	527	-	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line :	.7b	F	\$			
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	Г	No
5	State the names, addresses and employer identification number (EIN) of all section 527 politica were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organizat fund or a political action committee (PAC). If additional space is needed, provide information in F	s Also e ion, such	nter	the an	nount of p	olitic	al

	(a) Name	(h) Address	(c) FIN	(d) A mount hald from	(e) A mount of politic
	were made For each organizati contributions received that wei	nd employer identification number (E1 ion listed, enter the amount paid from re promptly and directly delivered to a ittee (PAC) If additional space is ne	the filing organiz a separate politic	ation's funds Also enter t al organization, such as a	he amount of political
-	State the names addresses ar	id amniovar idantification niimhar (E.L.	NI) of all caction F	、// nolitical organizations	to which navments

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	Total lobbying expenditures (add lines 1a and 18	b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five			
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	• • • • • • • • • • • • • • • • • • • •	(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo]
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		20
j	Total lines 1c through 1i		•	20
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
ь	If "Yes," enter the amount of any tax incurred under section 4912		ı	1
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	+ TH-A. Complete if the organization is exempt under section $501(c)(4)$ section	501/6	1/51 /	or section

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Other lobbying activities		THE ORGANIZATION INDIRECTLY INFLUENCED LEGISLATION THROUGH ITS DUES PAID TO THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO) ONE PERCENT OF DUES PAID WERE USED FOR SPECIFIC LOBBYING PURPOSES, WHICH TOTALED \$20 FOR THE YEAR ENDED JUNE 30, 2010

1

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As Filed Data

DLN: 93493062006021

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** GOSHEN COLLEGE INC 35-2158366 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 for any other purpose conferring 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 a 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)? 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 (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

Par	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	storical Tre	eası	ures, or C	the	<u>r Simila</u>	r Ass	ets (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne following th	at a	re a significa	ant u	se of its c	ollectio	n	
а	▼ Public exhibition		d	┌ Loan or	exc	hange prog	rams				
b	Scholarly research		e	┌ Other							
С	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w they further	the	organızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Fo	rm 99	0,	
_	Part IV, line 9, or reported an an			•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for contributi	ons	or other ass	ets	not	Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng table		Г					
									A mo	unt	
C ~	Beginning balance					-	1c				
d	Additions during the year						1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fo		21?						ı	Yes	No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete in			warad IIVaal	!! 40	Farm 000	Day	+ T\/	10		
Рa	rt V Endowment Funds. Complete	(a)Current Year		o)Prior Year		FORM 990, Two Years Bac				e) Four Ye	ears Back
1a	Beginning of year balance	72,084,842		106,263,550	(0)	TWO TEATS BAC	(, mee reare	, Back (-	sars back
ь	Contributions	7,629,116		691,403							
c	Investment earnings or losses	8,307,068		-30,355,100							
d	Grants or scholarships	4,934,710		4,515,011							
e	Other expenditures for facilities and programs	0									
f	Administrative expenses	0					\top				
g	End of year balance	83,086,316		72,084,842							
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment	10 38 % %									
ь	Permanent endowment F 77 73 % %										
c	Term endowment ► 1189 % %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that are held a	and	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		•		3a(i)	Yes	
_	(ii) related organizations				•		•		3a(ii)	+	
	If "Yes" to 3a(II), are the related organizatio				•		•		3Ь	Yes	
4 Dat	Describe in Part XIV the intended uses of the rt VI Investments—Land, Buildings				Λ D	art V Juno	10				
r a	Description of investment	s, and Equipme	<u> </u>	(a) Cost or ot basis (investment	her	(b)Cost or o basis (othe	ther	(c) Accumi deprecia		(d) Boo	ok value
1a	Land				0	3,846	,537				 3,846,537
	Buildings				0	78,828	-	26.2	88,984		2,539,270
	Leasehold improvements				0	,	0	,-	0		0
	Equipment				0	7,249	,093	6,3	92,623		856,470
	Other				0	·	,976	,	0		198,976

57,441,253

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other		
MEA GROWTH POOL	66,295,338	F
FUNDS HELD BY OTHERS AND IRREVOCABLE TRUSTS	24,818,144	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	91,113,482	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation 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, lin		
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
ANNUITIES PAYABLE	776,655	
DEPOSITS RETIREMENT PLANS AND POSTRETIREMENT HEALTH	428,273	
CARE	2,829,122	
FAIR VALUE OF INTEREST RATE SWAPS	4,498,542	
U S GOVERNMENT LOAN FUNDS	2,375,093	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	46.55	
iotal. (Column (b) should equal Form 990, Part X, col (B) line 25)	10,907,685	

	dule D (Form 990) 2009 T XI Reconciliation of	Change in Net Assets from	Form 99	0 to F	inancial Stateme	nts	Page 4
1	Total revenue (Form 990, Par		1 01111 99	<u> </u>	mancial Stateme	1	41,101,218
2	Total expenses (Form 990, P					2	39,101,780
3	Excess or (deficit) for the yea					3	1,999,438
4	Net unrealized gains (losses)	4	8,910,412				
5	Donated services and use of t	acılıtıes				5	0
6	Investment expenses					6	0
7	Prior period adjustments					7	0
8	Other (Describe in Part XIV)					8	-1,206,111
9	Total adjustments (net) Add					9	7,704,301
10	<u> </u>	r per financial statements Combine			ta With Bayanua r	10	9,703,739
1		Revenue per Audited Finand ner support per audited financial sta			ts with Revenue p	<u>1</u>	39,292,077
2	· -	out not on Form 990, Part VIII, line					
а	Net unrealized gains on inve	stments	[2a	8,910,412		
ь	Donated services and use of	facilities	[2b	0		
c	Recoveries of prior year grai			2c	0		
d	Other (Describe in Part XIV)	[2d	-1,206,111		
e	Add lines 2a through 2d					2e	7,704,301
3 4	Subtract line 2e from line 1					3	31,587,776
4 a		90, Part VIII, line 12, but not on lii cluded on Form 990, Part VIII, line	ı	4a	0		
ь	Other (Describe in Part XIV	·		4b	9,513,442		
c	Add lines 4a and 4b					4c	9,513,442
5	Total Revenue Add lines 3 a	ind 4c. (This should equal Form 990	, Part I, lır	ne 12)		5	41,101,218
Part	XIII Reconciliation of	Expenses per Audited Finar	ncial Sta	teme	nts With Expenses	per	Return
1	Total expenses and losses p	er audited financial				1	29,588,338
2		out not on Form 990, Part IX, line 25	5			<u> </u>	
а		facilities		2a	0		
ь	Prior year adjustments .			2b	0	1	
c	Other losses			2c	0		
d	Other (Describe in Part XIV)			2d	9,398		
e	Add lines 2a through 2d .					2e	9,398
3	Subtract line 2e from line 1					3	29,578,940
4		90, Part IX, line 25, but not on line		I .			
a b	Other (Describe in Part XIV)	cluded on Form 990, Part VIII, line	/b	4a 4b	9,522,840	-	
c	Add lines 4a and 4b					4c	9,522,840
5	Total expenses Add lines 3	and 4c. (This should equal Form 990	D, Part I, lı	ne 18)		5	39,101,780
Par	t XIV Supplemental Ir	nformation					
		escriptions required for Part II, line 8 , Part XII, lines 2d and 4b, and Pa					
	itional information	o, Fait All, illes 20 and 40, and Fa	iit AIII, iiii	ies zu a	and 40 Also complete	tilis pa	int to provide any
	Ident if ier	Return Reference			Explanat	ion	
	ctions of art - financial	Schedule D, Part III, Line 1a			LLEGE FOLLOWS A P		
state	ment footnote				LIZE ITS COLLECTIO L TREASURES AND S		•
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					N AND RESEARCH IN EDUCATIONAL AND		
					HE COLLECTIONS AF RESERVED SUBJECT T		PROPRIATELY CARED
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					, 2010, THERE WERE .E ACTIVITIES IN CO		
					TIVE FOR SCHEDULE		
	ctions of art - description of	Schedule D, Part III, Line 4		NAKKA		D, PA	
colle	ctions						
colle	•	Schedule D, Part III, Line 4 Schedule D, Part V, Line 4	THE	PURPO	SE OF THE ENDOWME	NT F	
colle	ctions		THE F FACI PROG	PURPO LITATE GRAMS	SE OF THE ENDOWME E DONORS' DESIRES OVER THE LONG RUI	NT FUTO SU	PPORT COLLEGE OOING SO, THE
collec	ctions		THE F FACI PROG ENDO	PURPO LITATE GRAMS DWMEN	SE OF THE ENDOWME E DONORS' DESIRES OVER THE LONG RUI	ENT FUTO SUN IN E	PPORT COLLEGE DOING SO, THE ECURE, LONG-TERM
colle	ctions		THE F FACI PROG ENDO SOUF (II) P	PURPO LITATE GRAMS WMEN RCE OF ROVID	SE OF THE ENDOWME E DONORS' DESIRES OVER THE LONG RUI T FUND WILL PROVIC FUNDS TO (I) ENSUR E FOR INTERGENERA	ENT FUTO SUN IN ENTER SERVICE A SERV	PPORT COLLEGE DOING SO, THE SECURE, LONG-TERM NG-TERM GROWTH, AL EQUITY, (III)
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Inten	ctions ded uses of endowment funds	Schedule D, Part V, Line 4	THE FFACI PROGENDO SOUF (II) PPO VE FUND ADMI APPR VE STAT POSI RETU	PURPO LITATE GRAMS DWMEN RCE OF ROVIDE ADING FO INISTR OPRIA GAAP P GUREM TION TA TAX PO AINED	SE OF THE ENDOWMED DONORS' DESIRES OVER THE LONG RUNT FUNDS TO (I) ENSURE FOR INTERGENERAL PERMANENT RESOUR STUDENTS, AND (ATIVE EXPENSES OF TE RESCRIBES RECOGNENT ATTRIBUTES FOR RECOGNITION AND TAKEN OR EXPECTED X BENEFITS WILL BE SITION IS MORE-LIFT IN A TAX EXAMINAT	ENT FUTO SUN IN	PPORT COLLEGE DOING SO, THE SECURE, LONG-TERM NG-TERM GROWTH, AL EQUITY, (III) DR SCHOLARSHIP JPPORT THE COLLEGE AS DEEMED N THRESHOLDS AND FINANCIAL SUREMENT OF A TAX E TAKEN IN A TAX GNIZED ONLY IF THAN-NOT WITH A TAX
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Inten	ctions ded uses of endowment funds	Schedule D, Part V, Line 4	THE FFACI PROGENDO SOUF (II) PPO VE FUND ADMI APPR VE STAT POSI RETUTE THE TEXAM AMOUTAXE	PURPO LITATE GRAMS DWMEN RCE OF ROVIDE ADING FO INISTR OPRIA GAAPP EMENT TION TA FAX PO AINED MINATI UNT RE BENEFI	SE OF THE ENDOWMED DONORS' DESIRES OVER THE LONG RUNT TFUND WILL PROVIDE FOR INTERGENERAL PERMANENT RESOUR STUDENTS, AND (ATIVE EXPENSES OF TERECOGNITION AND TAKEN OR EXPECTED X BENEFITS WILL BESTION IS MORE-LIFED IN A TAX EXAMINATION BEING PRESUMED COGNIZED WILL BEST THAT IS GREATER	ENT FUTO SUN IN IN INC. PERE LON. RCE FOR THE CONTRIBUTION, CONTRIBUTI	PPORT COLLEGE DOING SO, THE SECURE, LONG-TERM NG-TERM GROWTH, AL EQUITY, (III) OR SCHOLARSHIP JPPORT THE COLLEGE AS DEEMED N THRESHOLDS AND FINANCIAL SUREMENT OF A TAX E TAKEN IN A TAX GNIZED ONLY IF THAN-NOT WITH A TAX OCCUR THE ARGEST AMOUNT OF 50% LIKELY OF
Inten	ctions ded uses of endowment funds	Schedule D, Part V, Line 4	THE FFACION PROCESSOUF (II) PROCESSOUF (II) PROCESSOUF ADMILE ADM	PURPO LITATE GRAMS DWMEN RCE OF ROVIDE A DING FO INISTR OPRIA GAAP P EMENT TION TA FAX PO AINED MINATI UNT RE BENEFI G REAL	SE OF THE ENDOWMED DONORS' DESIRES OVER THE LONG RUNT T FUND WILL PROVIDE FOR INTERGENERAL PERMANENT RESOUR STUDENTS, AND (ATIVE EXPENSES OF TERESCRIBES RECOGNENT ATTRIBUTES FOR RECOGNITION AND TAKEN OR EXPECTED X BENEFITS WILL BESTION IS MORE-LIFED IN A TAX EXAMINATION BEING PRESUMED COGNIZED WILL BEST THAT IS GREATER LIZED ON EXAMINATION	ENT FUTO SUNTED EACH FOR THE CONTRACT OF CONTRACT ON THE LITHON FOR THE LITHON FO	PPORT COLLEGE DOING SO, THE SECURE, LONG-TERM NG-TERM GROWTH, AL EQUITY, (III) OR SCHOLARSHIP JPPORT THE COLLEGE AS DEEMED N THRESHOLDS AND FINANCIAL SUREMENT OF A TAX E TAKEN IN A TAX GNIZED ONLY IF THAN-NOT WITH A TAX OCCUR THE ARGEST AMOUNT OF 50% LIKELY OF
Inten	ctions ded uses of endowment funds	Schedule D, Part V, Line 4	THE FFACION PRODUCTION	PURPO LITATE GRAMS DWMEN RCE OF ROVIDE A DING FO INISTR OPRIA GAAP P GUREM EMENT TION TA FAX PO AINED MINATI UNT RE BENEFI G REAL MEETI BENEFI	SE OF THE ENDOWMED DONORS' DESIRES OVER THE LONG RUNT T FUND WILL PROVIDE FOR INTERGENERAL PERMANENT RESOUR STUDENTS, AND (ATIVE EXPENSES OF TERESCRIBES RECOGNENT ATTRIBUTES FOR RECOGNITION AND TAKEN OR EXPECTED X BENEFITS WILL BESTION IS MORE-LIKELY ON BEING PRESUMED THAT IS GREATER LIZED ON EXAMINATION THE MORE-LIKELY WILL BERESCRIBED WILL BEST THAT IS GREATER LIZED ON EXAMINATION THE MORE-LIKELY WILL BE RECORDER	ENT FUTO SUNTED FOR THE CONTRACT OF THE CONTRA	PPORT COLLEGE DOING SO, THE SECURE, LONG-TERM NG-TERM GROWTH, AL EQUITY, (III) OR SCHOLARSHIP JPPORT THE COLLEGE AS DEEMED N THRESHOLDS AND FINANCIAL SUREMENT OF A TAX E TAKEN IN A TAX GNIZED ONLY IF THAN-NOT WITH A TAX OCCUR THE ARGEST AMOUNT OF 50% LIKELY OF FOR TAX POSITIONS N-NOT TEST, NO NAGEMENT HAS
Inten	ctions ded uses of endowment funds	Schedule D, Part V, Line 4	THE FFACION FACION OF THE FFACION OF THE FACION O	PURPO LITATE GRAMEN RCE OF ROVIDE A PING FO INISTR OPRIA GAAP P GUREM EMENT TION TA FAX PO MINATI UNT RE BENEFI G REAL MEETI BENEFI BENEFI CLUDE	SE OF THE ENDOWMED DONORS' DESIRES OVER THE LONG RUNT T FUND WILL PROVIDE FOR INTERGENERAL PERMANENT RESOUR STUDENTS, AND (ATIVE EXPENSES OF TERESCRIBES RECOGNENT ATTRIBUTES FOR RECOGNITION AND TAKEN OR EXPECTED X BENEFITS WILL BESTION IS MORE-LIFED ON BEING PRESUMED COGNIZED WILL BEST THAT IS GREATER LIZED ON EXAMINATION THE MORE-LIKELY	ENT FUTO SUN IN ENTER THE CONTROL THE CONT	PPORT COLLEGE DOING SO, THE SECURE, LONG-TERM NG-TERM GROWTH, AL EQUITY, (III) OR SCHOLARSHIP JPPORT THE COLLEGE AS DEEMED N THRESHOLDS AND FINANCIAL SUREMENT OF A TAX E TAKEN IN A TAX GNIZED ONLY IF THAN-NOT WITH A TAX OCCUR THE ARGEST AMOUNT OF 50% LIKELY OF FOR TAX POSITIONS N-NOT TEST, NO NAGEMENT HAS RE OF ANY TAX

TO EXAMINATION BY THE U S FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2006 AND FOR ALL STATE INCOME TAXES THROUGH 2006 THE COLLEGE

UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY
CHANGE IN THE NEXT 12 MONTHS THE COLLEGE WOULD
RECOGNIZE INTEREST AND PENALTIES RELATED TO
UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME
TAX EXPENSE, RESPECTIVELY THE COLLEGE HAS NO
AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF

UNREALIZED LOSS ON INTEREST RATE SWAP - -1068573,

UNREALIZED LOSS ON INTEREST RATE SWAP - -1068573,

ACTUARIAL ADJUSTMENT OF ANNUITIES - -137538,

ACTUARIAL ADJUSTMENT OF ANNUITIES - -137538,

TUITION DISCOUNTS AND SCHOLARSHIPS - 9522840,

FUNDRAISING EVENT EXPENSES - -9398, OTHER - 0,

FUNDRAISING EVENT EXPENSES - 9398, OTHER - 0,

TUITION DISCOUNTS AND SCHOLARSHIPS - 9522840,

DOES NOT EXPECT THE TOTAL AMOUNT OF

JUNE 30, 2010 AND 2009

OTHER - 0, TOTAL - -1206111

OTHER - 0, TOTAL - -1206111

OTHER - 0, TOTAL - 9522840

TOTAL - 9513442

TOTAL - 9398

Schedule D, Part XI, Line 8

Schedule D, Part XII, Line 2d

Schedule D, Part XII, Line 4b

Schedule D, Part XIII, Line 2d

Schedule D, Part XIII, Line 4b

Other changes in net assets

statements not in form 990

audited financial statements

audited financial statements

Other revenues in audited financial

Other revenues in form 990 not in

Other expenses in audited financial statements not in form 990

Other expenses in form 990 not in

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

GOSH	IEN COLLEGE INC	. ,					
		35-2158366					
				YES	NO		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes			
2	2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?						
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain	gram, ın a way	3	Yes			
	THE ORGANIZATION'S NONDISCRIMINATORY POLICY IS PUBLISHED IN THE STUDENT OF ALSO INCLUDED IN ALL RECRUITMENT AND APPLICATION MATERIALS	CATALOG, AND IS					
4	Does the organization maintain the following?						
ā	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes			
ı	• Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes			
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	ıblıc dealıng	4c	Yes			
•	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No		
	Admissions policies?		5b		No		
•	Employment of faculty or administrative staff?		5c		Νo		
•	Scholarships or other financial assistance?		5d	Yes			
•	e Educational policies?		5e		Νo		
1	Use of facilities?		5f		No		
g	g Athletic programs?		5g		No		
ı	Other extracurricular activities?		5h		No		
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule A DONOR MAY REQUIRE THAT THE SCHOLARSHIP DONATED BY THEM BE AWARDED TO A COLLEGE HONORS THE DONORS' STIPULATIONS						
	a Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes			
ı	has the organization's right to such aid ever been revoked or suspended?		6b		Νo		
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Sc	-	7	Yes			

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DLN: 93493062006021

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization GOSHEN COLLEGE INC **Employer identification number**

35-2158366

Part I	General Information or	Activities Outside the United States. Complete if the organization a	inswered
	"Yes" to Form 990, Part IV	line 14b.	

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

3 Activites per Region (U	se Scheaule F-1	(Form 990) If add	ditional space is needed)						
(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising, program services, graphs to recipions located in		(f) Total expenditures for region				
	region	agents in region	grants to recipients located in the region)	service(s) in region					
CENTRAL AMERICA AND	1	1	PROGRAM SERVICES	HIGHER	81,710				
THE CARIBBEAN			NOGRAM SERVICES	EDUCATION/STUDY	31,/10				
THE CANIDDLAN				ABROAD PROGRAMS					
SUB SAHARAN AFRICA	1	1	PROGRAM SERVICES	HIGHER	129,667				
30B SAHARAN ATRICA		_	ROGRAM SERVICES	EDUCATION/STUDY	123,007				
				ABROAD PROGRAMS					
SOUTH AMERICA	1	1	PROGRAM SERVICES	HIGHER	301,898				
300111 AMERICA		1	ROGRAM SERVICES	EDUCATION/STUDY	301,090				
				ABROAD PROGRAMS					
EAST ASIA AND THE	1	1	PROGRAM SERVICES	HIGHER	103,079				
PACIFIC		1	NO GRAIN SERVICES	EDUCATION/STUDY	103,079				
I ACTITE				ABROAD PROGRAMS					
EUROPE (INCLUDING	1	1	PROGRAM SERVICES	HIGHER	68,301				
ICELAND AND GREENLAND)		1	NO GRAPI SERVICES	EDUCATION/STUDY	00,301				
ICELAND AND GREENLAND,				ABROAD PROGRAMS					
				ABROAD I ROGRAMS					
-									
				+					
Totals ▶	5	5			684,655				
For Privacy Act and Paperwork R	r Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009								

Part IV	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000											
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►					
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule	<u>e F-1 (Form 990) if ad</u>	<u>ditional space</u>	ıs needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
NEED-BASED SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	6	82,573	CREDIT STUDENT ACCOUNT	0	N/A	N/A
MERIT-BASED SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	1	7,956	CREDIT STUDENT ACCOUNT	0	N/A	N/A
NEED-BASED SCHOLARSHIPS	SOUTH ASIA	6	70,316	CREDIT STUDENT ACCOUNT	0	N/A	N/A
MERIT-BASED SCHOLARSHIPS	SOUTH ASIA	1	2,000	CREDIT STUDENT ACCOUNT	0	N/A	N/A
NEED-BASED SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	1	17,212	CREDIT STUDENT ACCOUNT	0	N/A	N/A
NEED-BASED SCHOLARSHIPS	SOUTH AMERICA	6	89,936	CREDIT STUDENT ACCOUNT	0	N/A	N/A
MERIT-BASED SCHOLARSHIPS	SOUTH AMERICA	1	7,956	CREDIT STUDENT ACCOUNT	0	N/A	N/A
NEED-BASED SCHOLARSHIPS	NORTH AMERICA (CANADA & MEXICO ONLY)	9	168,305	CREDIT STUDENT ACCOUNT	0	N/A	N/A
MERIT-BASED SCHOLARSHIPS	NORTH AMERICA (CANADA & MEXICO ONLY)	6	41,500	CREDIT STUDENT ACCOUNT	0	N/A	N/A
NEED-BASED SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	50,613	CREDIT STUDENT ACCOUNT	0	N/A	N/A
NEED-BASED SCHOLARSHIPS	SUB SAHARAN AFRICA	15	197,398	CREDIT STUDENT ACCOUNT	0	N/A	N/A
MERIT-BASED SCHOLARSHIPS	SUB SAHARAN AFRICA	6	26,774	CREDIT STUDENT ACCOUNT	0	N/A	N/A
NEED-BASED SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	1	15,444	CREDIT STUDENT ACCOUNT	0	N/A	N/A

Part IV Supplemental Info	ormation o provide the information requ	ured in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedures for monitoring use of grant funds	Schedule F, Part I, Line 2	GRANT FUNDS/SCHOLARSHIPS ARE CREDITED DIRECTLY TO THE STUDENTS' ACCOUNTS TO ENSURE THE APPROPRIATE USE OF FUNDS

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DLN: 93493062006021

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

	ne of the organization SHEN COLLEGE INC						Employer ider	tification number		
							35-2158366			
Pa	Fundraising Act Form 990-EZ filer				tion answered "Yes" is part.	to Form	990, Part IV	, line 17.		
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Place Solicitation of non-government grants Internet and e-mail solicitations Special fundraising events In-person solicitations In-person solicitations Internet and e-mail solicitations Intern										
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No						
Tot:	al				1					

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organizati 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, lii eipts greater than \$5,	ne 18, or rep ,000.	orted
			(a) Event #1 MAPLE LEAF GOLF OUTING (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total E (Add col (a) col (c	through
₽	1	Gross receipts	26,040				26,040
Revenue	2	Less Charitable	18,55	L			18,55
	3	Gross income (line 1 minus line 2)	7,489	9			7,489
	4	Cash prizes					(
မွာ	5	Non-cash prizes	1,914	1			1,91
Expenses	6	Rent/facility costs	4,710				4,710
	7	Food and beverages	2,774	1			2,774
Direct	8	Entertainment					(
Δ	9	Other direct expenses .					(
	10	Direct expense summary Add line	es 4 through 9 in column	(d)			9,398
	11	Net income summary Combine lir	nes 3, column d, and line	10			-1,909
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more th	nan
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total g (Add col (a) col (c	through
_	1	Gross revenue					
မှာ လူ	2	Cash prizes					
sesuedt	3	Non-cash prizes					
Direct Ex	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	✓ Yes% ✓ No	│ Yes% │ No	Г Yes% Г No		
	7	Direct expense summary Add lines	2 through 5 in column ((d)			
	8	Net gaming income summary Com	oine lines 1, column d, a	nd line 7	<u> ▶</u>		N-
9 a b	Is ti	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	es No
10a b		e any of the organization's gaming l fes," Explain	censes revoked, susper	nded or terminated during	g the tax year?	10a	
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	up or other entity	. 12	2000

		Yes	No					
13	Indicate the percentage of gaming activity operated in							
а	The organization's facility							
b	An outside facility							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name 🟲							
	Address -							
15a	Does the organization have a contract with a third party from whom the organization receives gaming							
	revenue?	,						
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+						
	amount of gaming revenue retained by the third party 🟲 \$							
c	If "Yes," enter name and address							
	Name 🟲							
	Address •							
16								
16	Gaming manager information							
	Name 🟲							
	Name F							
	Gaming manager compensation 🕨 \$							
	Description of services provided -							
	Director/officer Employee Independent contractor							
	I Independent contractor							
.7	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?	<u> </u>						
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
	in the organization's own exempt activities during the tax year ▶ \$	1						

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DLN: 93493062006021

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

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

Open to Public **Inspection** Employer identification number

GOSHEN COLLEGE INC						35-2158366	
Part I General Info	rmation on Grant	s and Assistance				'	
the selection criteria i	sed to award the grants	stantiate the amount of t or assistance? ures for monitoring the us			•	•	ע Yes Γ
Form 990, Pa	t IV, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal,	, . . ,	(h) Purpose of grant or assistance

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule 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
NEED-BASED SCHOLARSHIPS	584	1,734,065	0	N/A	N/A
MERIT-BASED SCHOLARSHIPS	445	7,388,961	0	N/A	N/A
See Additional Data Table					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.							
Ident if ier	Return Reference	Explanation					
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	GRANT FUNDS/SCHOLARSHIPS ARE CREDITED DIRECTLY TO THE STUDENTS' ACCOUNTS TO ENSURE THE APPROPRIATE USE OF FUNDS					

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DLN: 93493062006021

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	orga	ıniza	t ion
GOSHEI	٧C	OLLE	GE IN	C	

Employer identification number

35-2158366

Pa	art I Questions Regarding Compensation			
			Yes	Νο
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments F Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	☐ Independent compensation consultant ☐ 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 VII, Section A, line 1a with respect to the filing organization	ion		
а	Receive a severance payment or change-of-control payment?	4a		No
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
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, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
ь	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	on (ii) Bonus & (iii) Concentive report compensation compens		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
JAMES E BRENNEMAN	(1) (11)	89,292 0		45,799 0	12,519 0	5,900 0	153,510 0	o 0	

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
Housing allowance or residence for personal use	Part I, Line 1a	THE PRESIDENT OF THE COLLEGE IS A MINISTER AND IS THUS ELIGIBLE FOR A MINISTER'S HOUSING ALLOWANCE EACH YEAR THE BOARD OF DIRECTORS TAKES ACTION TO DESIGNATE THE HOUSING ALLOWANCE AMOUNTS FOR THE PRESIDENT, AS WELL AS SEVERAL OTHER STAFF MEMBERS WHO ARE ALSO MINISTERS THE HOUSING ALLOWANCE IS PROPERLY REPORTED AS TAXABLE COMPENSATION ON THE EMPLOYEES' FORMS W-2
	'	THE ORGANIZATION PROVIDES FOR PAYMENT OF SOCIAL CLUB DUES FOR ITS INTERESTED PERSONS SINCE PAYMENTS ARE ONLY FOR BUSINESS PURPOSES, THE AMOUNTS ARE NOT INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION

Schedule J (Form 990) 2009

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(Form 990)

DLN: 93493062006021

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number GOSHEN COLLEGE INC 35-2158366 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No TO FINANCE CAPITAL CITY OF GOSHEN INDIANA 35-6001045 383259BC1 05-09-2007 31.800.000 PROJECTS AND REFUND PRIOR Χ Х **BOND ISSUES** Proceeds Α В C D Ε Total proceeds of issue 31,967,272 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 194,314 Working capital expenditures from proceeds Capital expenditures from proceeds 6,062,497 Year of substantial completion 2007 Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No No Yes No No Yes Yes Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use?

Schedule K	(Form 990)	2009		
Part III	Private	Business	Use	(Continued)

				Α		В		С		D	E	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	o the	Х									
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		X								
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or reseagreements relating to the financed property?		X									
4	Enter the percentage of financed property used in a private bus by entities other than a section $501(c)(3)$ organization or a stagovernment			0 %)							
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your /		0 %)							
6	Total of lines 4 and 5			0 %)							
7	Has the organization adopted management practices and proce ensure the post-issuance compliance of its tax-exempt bond li		Х									
Par	IV Arbitrage		Α		В		С		D		E	
		Yes	A No	Yes	В No	Yes		No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	ies		les	No	Tes		140	res	110	Tes	NO
			Х									
2	Is the bond issue a variable rate issue?	Х										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and											
	records?		Х									
ь	Name of provider	NA										
С	Term of hedge			0 0								
4a	Were gross proceeds invested in a GIC?		X									
b	Name of provider	NA										
с	Term of GIC			0 0								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		x									
6	Did the bond issue qualify for an exception to rebate?	Х										
										C - L - J - I -	V (Farm 000) 2	~~~

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DLN: 93493062006021

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization GOSHEN COLLEGE INC

Employer identification number

35-2158366

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of det revenu		g	
1	Art—Works of art	Х	2	-	MARKET VALUE			
	Art—Historical treasures .			313	MARKET VALUE			
4	D 1 11 1							
_	Clothing and household							
,	goods	X		1,679	соѕт			
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	7	85,764	MARKET VALUE			
	Securities—Closely held stock			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	1	800	OPINIONS OF EXPE	RTS		
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	MUSIC							
	Other \blacktriangleright (EQUIPMENT)	X	1	3,500	MARKET VALUE			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()				T			
29	Number of Forms 8283 received for which the organization comp				29			0
						Ye	es	No
30a	During the year, did the organize							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the ent					30a	_	No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gr					31 Y 6	es	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i		32a Y 6	es	
ь	If "Yes," describe in Part II				F		\neg	
33	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II				·			

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.

Ident if ier	Return Reference	Explanation
Third parties used to solicit, process, or sell noncash contributions	, ,	THE ORGANIZATION USES THIRD PARTY BROKERS TO SELL DONATED STOCKS OR SECURITIES THAT ARE RECEIVED

Schedule M (Form 990) 2009

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Supplemental Information to Form 990

DLN: 93493062006021

Open to Public Inspection

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury

Name of the organization GOSHEN COLLEGE INC

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Internal Revenue Service ► Attach to Form 990.

Employer identification number

35-2158366

	_	
ldentifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	MENNONITE EDUCATION AGENCY, INC , A RELATED ORGANIZATION, HAS THE POWER TO APPOINT 75% OF GOSHEN COLLEGE'S BOARD OF DIRECTORS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A FINAL DRAFT OF THE FORM 990, EXCLUDING SCHEDULE B, IS PRESENTED TO THE ORGANIZATION'S COMPLIANCE COMMITTEE BY OUR TAX ADVISORS A FINAL COPY OF THE FORM 990, EXCLUDING SCHEDULE B, IS THEN PROVIDED TO EACH BOARD MEMBER FOR THEIR REVIEW PRIOR TO FILING THE FORM WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ANNUAL DISCLOSURE IS PROVIDED TO EACH OFFICER, BOARD MEMBER, AND ADMINISTRATIVE STAFF EACH PERSON COMPLETES AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE ONCE THE QUESTIONNAIRES ARE COMPLETED, THE CONTROLLER REVIEWS THE RESPONSES AND DETERMINES WHETHER OR NOT THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE PRESIDENT, TREASURER, AND CONTROLLER REVIEW THE CORRESPONDING ISSUE AND DETERMINE IF THERE IS AN ACTUAL CONFLICT OF INTEREST IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT PERSON IS EXCLUDED FROM ANY DISCUSSIONS CONCERNING THE CONFLICTING ISSUE AND IS NOT PERMITTED TO VOTE ON ANY DECISIONS REGARDING THE CONFLICTING ISSUE ANY PURCHASES AND/OR BIDDING PROPOSALS ARE ALSO REVIEWED FOR ANY POTENTIAL CONFLICTS OF INTEREST PRIOR TO SUBMITTING BIDS OR MAKING PURCHASES
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, WHICH CONSISTS OF INDEPENDENT PERSONS THE BOARD OF DIRECTORS USES COMPARATIVE DATA FROM A BENCHMARK SET OF INSTITUTIONS DEVELOPED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) TO DETERMINE THE AMOUNT OF COMPENSATION THIS PROCESS WAS DOCUMENTED IN THE BOARD MEETING MINUTES AND WAS LAST UNDERTAKEN IN MAY 2010
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND/OR KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, WHICH CONSISTS OF INDEPENDENT PERSONS THE BOARD OF DIRECTORS USES COMPARATIVE DATA FROM A BENCHMARK SET OF INSTITUTIONS DEVELOPED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) TO DETERMINE THE AMOUNT OF COMPENSATION THIS PROCESS WAS DOCUMENTED IN THE BOARD MEETING MINUTES AND WAS LAST UNDERTAKEN IN MAY 2010
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON THE VP OF FINANCE'S WEBSITE (WWW GOSHEN EDU/FINANCEVP) GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM GOVERNMENTAL AGENCIES IN THE FORM OF SCHOLARSHIP AND GRANT FUNDS FOR STUDENTS' TUITION AND RELATED EXPENSES
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) AS A MINISTRY OF THE MENNONITE CHURCH, WE SEEK TO INTEGRATE CHRISTIAN VALUES WITH EDUCATIONAL, SOCIAL, AND PROFESSIONAL LIFE AS A COMMUNITY OF FAITH AND LEARNING, WE STRIVE TO FOSTER PERSONAL, INTELLECTUAL, SPIRITUAL, AND SOCIAL GROWTH IN EVERY PERSON WE VIEW EDUCATION AS A MORAL ACTIVITY THAT PRODUCES SERVANT-LEADERS FOR THE CHURCH AND THE WORLD AT GOSHEN COLLEGE WE INTEND TO CREATE A COMMUNITY OF FAITH AND LEARNING BUILT ON FIVE CORE VALUES CHRIST-CENTEREDNESS, PASSIONATE LEARNING, SERVANT LEADERSHIP, COMPASSIONATE PEACEMAKING, AND GLOBAL CITIZENSHIP GOSHEN COLLEGE'S ACADEMIC PROGRAM IS INTEGRATED INTO ALL ASPECTS OF COLLEGE LIFE, CURRICULAR AND CO-CURRICULAR WE ENCOURAGE STUDENTS TO LEARN AND GROW BEY OND THE PARAMETERS OF THEIR DISCIPLINE-BASED TRAINING, TO RECOGNIZE THE POWERFUL CONNECTION BETWEEN THE DISCIPLINES, AND BETWEEN THE EDUCATION OF THE MIND, BODY AND SPIRIT

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) AS A LIBERAL-ARTS COLLEGE, GOSHEN STRIVES TO BE A COMMUNITY OF EDUCATORS AND STUDENTS PROVIDING A LEARNING ENVIRONMENT WHICH FOSTERS PERSONAL, SOCIAL, INTELLECTUAL AND SPIRITUAL GROWTH, NURTURES THOSE SKILLS, PROCESSES, DISCIPLINES AND METHODOLOGIES REQUIRED FOR SYSTEMATIC STUDY AND PROBLEM SOLVING, PROVIDES SUFFICIENT KNOWLEDGE IN ONE SUBJECT AREA AS A BASE FOR ADVANCED TRAINING OR PROFESSIONAL WORK, DEVELOPS AN APPRECIATION FOR AND CRITICAL UNDERSTANDING OF HUMAN EXPERIENCE AND CULTURAL VARIETY, AND BUILDS CONFIDENCE, ACCEPTANCE AND IDENTITY NECESSARY FOR PURPOSEFUL LIVING IN CHURCH AND SOCIETY AS A CENTER OF CONTINUING STUDY AND RESEARCH ON ISSUES OF IMPORTANCE TO THE CHURCH AND LARGER SOCIETY AND AS A CENTER FOR CONTINUING EDUCATION AND PUBLIC SERVICE, GOSHEN COLLEGE EXPECTS TO ASSIST MENNONITE CONGREGATIONS AND AGENCIES AND THE COMMUNITY OF ELKHART AND SURROUNDING COUNTIES THROUGH THE INCREASE AND DISSEMINATION OF KNOWLEDGE IN RESEARCH, WRITING AND PUBLICATIONS, BY PROVIDING LIFE-LONG EDUCATIONAL AND CULTURAL ACTIVITIES, AND BY ENCOURAGING EXPANDED AWARENESS AND MORE RESPONSIBLE SERVICE IN THE WORLD DURING THE 2009-2010 ACADEMIC YEAR, THE ORGANIZATION HAD A FULL-TIME EQUIVALENT OF 934 7 UNDERGRADUATE AND 36 4 GRADUATE STUDENTS FROM MORE THAN 37 STATES AND 27 COUNTRIES GOSHEN COLLEGE OFFERS STUDENTS 36 MAJORS AND 37 MINORS, AS WELL AS RIGOROUS PRE-PROFESSIONAL AND CERTIFICATE PROGRAMS GOSHEN COLLEGE IS ALSO HOME TO ONE OF THE TOP-RANKED STUDY ABROAD PROGRAMS IN THE

ISSUANCE COSTS FROM PROCEEDS SCHEDULE K, PART II, LINE 5 PROCEEDS USED FOR BOND ISSUANCE COSTS (INCLUDING UNDERWRITERS' DISCOUNT) - \$139,318 PROCEEDS USED FOR CREDIT ENHANCEMENT - \$54,996

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

Cat No 51056K

Schedule O (Form 990) 2009

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DLN: 93493062006021

OMB No 1545-0047

2009

SCHEDULE R (Form 990)

Department of the Treasury

GOSHEN, IN 46528 35-2154781

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

> **Open to Public** Inspection

Employer identification number

GOSHEN COLLE	EGE INC				35-2158366		
Part I	Identification of Disregarded Entities (Compl	ete ıf the organızatıor	n answered "Yes" on	Form 990, Part IV	', lıne 33.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	(f) Direct controlling entity	
Part II	Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	zations (Complete ıf he tax year.)	the organization an	swered "Yes" on F	orm 990, Part IV,	line 34 because it ha	ıd one
	(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 status (if section 501(c)(3))	(f) Direct controlling entity	
MENNONITE E	DUCATION AGENCY INC						
63846 COUNT	Y ROAD 35 SUITE 1	EDUCATION	IN	501(C)(3)	7	NA	

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	, Part IV,	, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?

Yes No

Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

Sche	dule R (Form 990) 2009		Рa	ige 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
Ь	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gıft, grant, or capıtal contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	1р	Yes	
q	O ther transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No
	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 thresh	olds		
	(a) Name of other organization (b) Transaction type(a-r)		(c) t involv	ed ·
(1) (2)				

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 35-2158366

Name: GOSHEN COLLEGE INC

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

(A) Name and Title	(B) Average hours	Posi	((tion (that a	c) (che	cka	II		(D) Reportable compensation	(E) Reportable compensation	(F) 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
RICK STIFFNEY CHAIR	1	X		X				0	0	0
PHILIP E BONTRAGER VICE CHAIR	1	Х		X				0	0	0
KAREN THOMSON SECRETARY	1	Х		X				0	0	0
CARLOS ROMERO MEA REPRESENTATIVE	1	X						0	0	0
LONNIE SEARS DIRECTOR	1	X						0	0	0
TIMOTHY J OYER DIRECTOR	1	X						0	0	0
MIRIAM F BOOK DIRECTOR	1	X						0	0	0
ROBERT BONTRAGER DIRECTOR	1	X						0	0	0
KAREN WEAVER DIRECTOR	1	X						0	0	0
ROSE GILLIN DIRECTOR	1	X						0	0	0
KEN HOCHSTETLER DIRECTOR	1	X						0	0	0
FAITH PENNER DIRECTOR	1	Х						0	0	0
PAUL BAST DIRECTOR	1	Χ						0	0	0
IVORIE G LOWE DIRECTOR	1	X						0	0	0
FELIPE HINOJOSA DIRECTOR	1	X						0	0	0
JAMES E BRENNEMAN PRESIDENT	65			X				135,091	0	18,419
JAMES L HISTAND VP FOR FINANCE/SECRETARY	65			Х				98,920	0	23,994
ANITA K STALTER VP FOR ACADEMIC AFFAIRS/ACADEMIC DEAN	65					Х		103,045	0	14,267

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
TUITION AND FEES		22,672,509	22,672,509	0	0
AUXILIARY ENTERPRISES		4,735,055	4,735,055	0	0
PERFORMING ARTS AND MUSIC CENTER		369,311	369,311	0	0
MERRY LEA ENVIRONMENTAL LEARNING CENTER		325,821	325,821	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EQUIPMENT AND MAINTENANCE	1,402,132	1,020,989	379,655	1,488
MERRY LEA LEARNING CENTER	930,440	930,440	0	0
ENTERTAINMENT EXPENSES	398,804	132,084	217,176	49,544
BOOKS AND PERIODICALS	319,629	312,104	6,888	637
MEMBERSHIPS	129,843	52,615	67,193	10,035