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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)

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

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning JUL 1, 2009 ai	nd ending	JUN 30, 2010	
В	heck if pplicable	C Name of organization		D Employer Identific	eation number
	Addre	ss label or GREAT LAKES CHRISTIAN COLLEGE		1	
	Name change	type		38-6	080947
	Initial retum	[Cn-]	Room/suite	E Telephone number	•
	Tormir ated	Instruc- OZII WILLOW HIGHWAY		(517)321-0242
X	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,647,680.
L	Applic	E MANSING, MI 4031/-1233		H(a) Is this a group re	turn
	pendir	F Name and address of principal officer WILLIAM BROSSMANN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
<u></u>	ax exe	empt status X 501(c) (3	27	If "No," attach a	list. (see instructions)
<u>J \</u>	Vebsit	te: ► WWW.GLCC.EDU		H(c) Group exemption	number 🕨
KF	orm of	organization: X Corporation Trust Association Other ▶	L Year	r of formation: 1972 N	State of legal domicile MI
P	art I	Summary			
•	1	Bnefly describe the organization's mission or most significant activities: TO	PROVID	E BIBLE-ORIE	NTED
Governance		SYSTEMATIC TRAINING, RESULTING IN A TWO	OR FO	UR YEAR DEGR	EE.
ž	2	Check this box if the organization discontinued its operations or dis	posed of mor	e than 25% of its net as	sets
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>15</u>
ن	4	Number of independent voting members of the governing body (Part VI, line 1)	o) (-	1 4	15
Activities &	1	Total number of employees (Part V, line 2a)		5	172
ξį	6	Total number of volunteers (estimate if necessary)		6	190
5	7a	Total gross unrelated business revenue from Part VIII column (G); Ing 12, /		7a	0.
_	b	Total gross unrelated business revenue from Part VIII column 132 Net unrelated business taxable income from Form 990 T, line 34	<u></u> ,,]	7b	0.
		, o	NO.	Prior Year	Current Year
٥	8	Contributions and grants (Part VIII, line 1h) APR 0 5 .20	13 05	1,805,479.	1,589,825.
Š		Program service revenue (Part VIII, line 2g)	- Je	1,858,000.	1,967,086.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN,	JT L	90,146.	<u> <80,528.</u> >
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)		47,077.	61,357.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), Jine 12		3,800,702.	3,537,740.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	TE UNIT	\	
	14		EIVED		
es S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.1		<u>/ 1,954,162.</u>	1,910,717.
Ехрепѕеѕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1 8 2013/	<u> </u>	
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25) 1198	676		
Ш	17	Other expenses (Part) Column IA), lines 11a 11d 111 241 IPR E	RANCH_	<u>1,807,664.</u>	1,745,207.
	18		IDEN L	<u>3,761,826.</u>	3,655,924.
	19	Revenue less expenses Subtract line 18 from line 12		<u>38,876.</u>	<u><118,184.</u> >
200		APR 2 3 2013)	В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, lihe 16)		5,941,151.	5,836,781.
#F	21	Total liabilities (Part X line 26) QP's 1 Dept BB	<u></u>	2,924,167.	2,7 <u>58</u> ,938.
Ž	22	Net assets or fund balances I Subtractions by LibTAIHe 20 .		<u>3,016,984.</u>	3,077,843.
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of which preparer is	s and statements as any knowledg	i, and to the best of my knowled e	ge and bellef, it is true, correct,
		William & Brosman			2013
Şıg	n				2012
Hei	e	Signature of officer		Date	
		WILLIAM BROSSMANN, VP FINANCE & OPER	<u> ATIONS</u>		
		Type or print name and title	1A	haded 1 =	. 1 14 - 14
Pair	1	Preparer's Date	ره ا	elf- (see in	er's identifying number structions)
_	parer's	Signature Sun Sun 9/3			8550/00/
	Only	yours if MANER COSTERISAN PC		EIN ►	
	•	self-employed) 2425 E. GRAND RIVER, SUITE 1			
		ZIP+4 LANSING, MI 48912-3291		Phone no. ► 5	<u>17-323-7500</u>
Ma	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
9320	01 02-0	04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the	separate in	structions.	Form 990 (2009)·

CIS IMAGE DO NOT CORRESPOND FOR SIGNATURE

<u>Pa</u> ı	990 (2009) GREAT LAKES CHRISTIAN COLLEGE	<u> 38-6080947</u>	Page 2
	t III. Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
•	GREAT LAKES CHRISTIAN COLLEGE, AN INSTITUTION OF HIGHER I		
	GREAT LARES CHRISTIAN COLLEGE, AN INSTITUTION OF HIGHER I	EDUCATION	
	AFFILIATED WITH CHRISTIAN CHURCHES/CHURCHES OF CHRIST, SI		
	GLORIFY GOD BY PREPARING STUDENTS TO BE SERVANT-LEADERS 1	IN THE CHUR	CH
	AND WORLD.		
?	Did the organization undertake any significant program services during the year which were not listed on	 	
_		r	(
	the pnor Form 990 or 990-EZ?	LYes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
	-		
1	Describe the exempt purpose achievements for each of the organization's three largest program services by expension		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra	ants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
la	(Code:) (Expenses \$ 1,757,926 · including grants of \$) (Reve	nue \$ 1,146,	320.
	· · · · · · · · · · · · · · · · · · ·	EMPHASIS ON	
	——————————————————————————————————————		
	BIBLICAL STUDIES. 2009-2010 FALL SEMESTER ENROLLMENT WAS		i U
	STUDENTS. 2009-2010 SPRING SEMESTER ENROLLMENT WAS APPROX	C. 230	
	STUDENTS.		
		 	
lb		•	766.
	AUXILIARY SERVICES INCLUDING CAFETERIA, BOOKSTORE AND HOL	JSING	
	FACILITIES. FOR FALL SEMESTER, STUDENT HOUSING WAS PROVIDED	DED FOR 91	
	STUDENTS. FOR SPRING SEMESTER, STUDENT HOUSING WAS PROVIDED		
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łd	(Code:) (Expenses \$ including grants of \$) (Reverse to the content of the conte		

Form 990 (2009) GREAT LAKES CHRISTIAN COLLEGE
Part IV Checklist of Required Schedules

			Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 !	3	ľ	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- ' -		
•	Schedule D, Part III	8		X
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	-		
Ū	·	9		х
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		
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	40	X	
11		10	_	
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		v	
_	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		'	
_	Part VI		i	
•	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	}		Į
•	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		ļ	Ì
	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.			ĺ
•	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			1
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	 	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			l
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15_	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	[
	located outside the United States? If "Yes," complete Schedule F, Part III	16	L	X
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	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ł	ł	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1)
	complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

Form 990 (2009) GREAT LAKES CHRISTIAN COLLEGE

Part IV Checklist of Required Schedules (continued)

	- John Marie Company		·	
21 `	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Oid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	,	х
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 lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
q	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25₽	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		X
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		X
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		<u>X</u>
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		<u> X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			3 F
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>x</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	286		
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	125		
••	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	1		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
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	 	Х
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
30	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	 	X
38	Note, All Form 990 filers are required to complete Schedule O	38	x	}
	14010, 19-1 CHII DOD MOIS BID FORGING TO COMPLETE OCCIDENCE C		990 (20091
			- (,

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
			1	- 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				İ	
	U.S. Information Returns Enter -0- if not applicable	1a	17]		
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming	[
	(gambling) winnings to prize winners?			1c		
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•		ļ	
	filed for the calendar year ending with or within the year covered by this return	2a	172		i .	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. {see	ınstru	ctions)		ļ	}
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a	<u> </u>	X
b	If "Yes." has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O			3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	nty over, a		ļ	1
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	<u> </u>	X
þ	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 a	and			İ
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
p	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer			5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi	ardıng	Prohibited			
	Tax Shelter Transaction?			5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit		1	
	any contributions that were not tax deductible?			6a	 	X
Þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts		Į	
_	were not tax deductible?		,	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				İ	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	}		
	provided to the payor?			7a	 	X
	If "Yes." did the organization notify the donor of the value of the goods or services provided?			7b	 	├──
Ġ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was file from 20000	as red	juired			
~ 1	to file Form 8282?	1		7c_		X
	If "Yes." indicate the number of Forms 8282 filed during the year	7d		-		
ę	Old the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	persor	ıaı	1_	}	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confi			7e		X
ģ	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		••	71		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		Naturod?	7 <u>9</u> 7h	 	\vdash
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			 /" 	 	
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_			}	
	at any time during the year?			8	1	
9	Sponsoring organizations maintaining donor advised funds.			Ť	 	\vdash
a	Did the organization make any taxable distributions under section 4966?			9a	[ļ
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?		• • • • • • • • • • • • • • • • • • • •	9b		
10	Section 501(c)(7) organizations. Enter:	•				
8	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter			7	1	1
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against]	1	1
	amounts due or received from them)	11b]		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				Form	990	(2009)

Form 990 (2009) GREAT LAKES CHRISTIAN COLLEGE 38-6080947 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> 260</u>	tion A. Governing Body and Management			
4-	Enter the second action many to second action and the second action and the second action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action act	1 -	Yes	No
_	Enter the number of voting members of the governing body 1a	75		
ь	Enter the number of voting members that are independent	15		ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	١,,
•	officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	_	1	_U
	of officers, directors or trustees, or key employees to a management company or other person?	. 3	+-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	· · 4	- 	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	- -	X
6	Does the organization have members or stockholders?	8	<u> </u>	├─-
7a		1_	1	
	governing body?	7a		X_
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1	1	1
	by the following:		٠.	ŀ
а	The governing body?	8a		├
Ь	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ц	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		T.,	T
_		[.a	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	400		
	and branches to ensure their operations are consistent with those of the organization?	· · 10t		├
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	. 11	├ ^	├
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40.	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12:	-	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	121	x	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	120		<u> </u>
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		İ	
а	The organization's CEO, Executive Director, or top management official	15		<u> </u>
b	Other officers or key employees of the organization	15	<u>ь X</u>	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ľ		1
	taxable entity during the year?	16	a	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		,	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16	b	ــــــــــــــــــــــــــــــــــــــ
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Chapter III that each in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	iable for		
	public inspection, Indicate how you make these available. Check all that apply.			
, -	Own website X Another's website X Upon request	a aad s	nor-:-1	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest poli	cy, and fi	nancial	
~~	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the org.	anization:		
20	WILLIAM D. BROSSMANN - (517) 321-0242	ai ii Zd UON	_	
	6211 W. WILLOW HIGHWAY, LANSING, MI 48917			
	VILL III III III III III III III III III	Fo	m 990	(2009)
		_		

932006 02-04-10

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

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

- 1a Complete this table for all persons required to be listed. 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
	hours	(check all that apply)				ly)	compensation	compensation	amount of	
	per week	Individual trustes or director	institutional trustee	Officer		Highest compensated emptoyee		from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. JERRY CRIST										
TRUSTEE	5.00	X	L					0.	0.	0
SIDNEY BANVALLET		l	1							
TRUSTEE	5.00	X			_			0.	0.	0
TODD LACKIE										
TRUSTEE	5.00	X			<u> </u>		<u> </u>	0.	0.	0
TY STEWART		ľ	ľ		ì	<u> </u>	Ì			_
TRUSTEE	5.00	X				ļ		0.	0.	0
ROBERT PRATER			ĺ		ĺ					
TRUSTEE	5.00	X	<u> </u>		L.	<u> </u>	<u> </u>	0.	0.	0
BRIAN WOOD	_							_		_
TRUSTEE	5.00	X	Ļ		ļ	ļ	_	0.	0.	0
FRED ZIMMERMAN								_	_	
TRUSTEE	5.00	X	┡	<u> </u>	_	<u> </u>	<u> </u>	0.	0.	0
BILL MEICE					ļ		ļ			
TRUSTEE	5.00	X	├	-		 	<u> </u>	0.	0.	0
JAMES A. LOCKWOOD										
TRUSTEE	5,00	X	 	-	-	-		0.	0.	0
DÉNISE TIMM	F 00	١,,				l			^	_
TRUSTEE	5.00	A	╀	<u> </u>	-	-	-	0.	0.	0
KEITH TUTTLE	E 00	l.					l	0.	0.	0
TRUSTEE	5.00	1	-		 	├	 			
JOHN PIERCEPIELD CHAIR	5.00	v		х	ŀ			0.	0.	0
JOSEPH CLARK	3.00	^	-	^	-	╁	-	0.		
VICE CHAIR	5.00	x		x				0.	0.	0
JOSEPH SOLITRO	3,00	-	\vdash			1				
TREASURER	5.00	x	{	X	1		1	0.	0.	0
LARRY LONG					-	-				
SECRETARY	5.00	x		x				0.	0.	0
LAWRENCE L. CARTER		† "			-		_			
PRESIDENT	40.00	1		\mathbf{x}				92,525.	_ 0.	6,283
WILLIAM D. BROSSMANN			1	<u> </u>						
VP PINANCE & OPERATIONS	40.00		1	x	İ		Ì	54,065.	0.	5,724

	S. Irustees. Nev Er	מומת	VEE	R. AI	nd H	liahı	tee	Compensated Employ	ees (continued)			
Part VII Section A. Officers, Director (A) Name and title	(B) Average hours	(cl	(C Posri (check all ti		(C) Position heck all that apply)			(D) Reportable compensation	(E) Reportable compensation		(F) Estima	ated nt of
	per week	Individual costee or director	ומאלעים המסמש אוצה!	Offices	Key tanplayee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o:	from rganiz and rel	sation the ation
DAVID J. RICHARDS	40.00			x				37,672.	<u> </u>		11	247
VP OF ACADEMIC APPAIRS PHILIP E. BEAVERS	30.00			A				37,072.		1	<u> </u>	347.
VP_OF INST ADVANCEMENT	40.00			Х			_	24,504.	0		40,	593.
							_					
				_								
1b Total			14-		<u></u>	<u> </u>		208,766.			<u>53,</u>	947.
2 Total number of individuals (including compensation from the organization			uste	o ac	JOV6	2) WII	O IE	ceived more trials \$100	,000 in reportable			C
											Ye	s No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule		stee			ploy	yee, (or h	lighest compensated er	nployee on	3		x
4 For any individual listed on line 1a, is	the sum of reportab		mpe						the organization		1	
and related organizations greater than 5 Did any person listed on line 1a received.									,	. 4	-	X
the organization? If "Yes," complete S	•				any	unit	sia i	ed organization for serv	Ces landaled to	5		x
Section B. Independent Contractors												
Complete this table for your five higher the organization	est compensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsatio	1 from	1
(4	A) siness address							(B) Description of s	envices	Comp	(C)	*100
CREATIVE DINING SERVIO				P.	ARI	K	-	FOOD SERVICE				442
										· ·-		
2 Total number of independent contract	المستحدد والمحدد والمحدد المستحدد	-4.4		- 4 1	41	a a 1		حادر امروطها	ore than			

	990 (2009) GREAT Statement of Rever	LAKES C	HRISTIAN	COLLEGE		38-6080	947 Page 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
윤환	1 a	Federated campaigns	1a					
ga	b	Membership dues	1b					
a, E	c	Fundraising events	. 1c					
<u>a</u> g		Related organizations	. 1d					
Sim		Government grants (contribut		755,351.				}
ig gr	T	All other contributions, gifts, gran		024 474				
Contributions, gifts, grants and other similar amounts	~	similar amounts not included abo		834,474.				
a Č		Noncash contributions included in lines Total, Add lines 1a-1f	118-11-5		1589825.			
- 		Total, Add lines (a.1)		Business Code	1303023.			
9	2 a	TUITION AND FEE	2.5	611600	923,812.	923,812.		
, <u>Ş</u>	b	N 		900099	834,566.			· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	c	REGISTRATION &		611600	208,708.	208,708.		
eve	d							
<u>6</u>	е							
۱	f	All other program service reve	enue					
	g	Total, Add lines 2a-2f		.	1967086.			
	3	Investment income (including	dividends, inter	est, and	00 440	1		20 412
		other similar amounts)			29,412.			29,412.
	4	Income from investment of ta	x exempt bond (proceeds >				-
	5	Royalties .	(2 Davi	. (a Darsenel				
	6 a	Gross Rents	(i) Real 47,557	(ii) Personal				
]		Less rental expenses	37,337	•]		
٠,		Rental income or (loss)	47,557					
		Net rental income or (loss)			47,557.			47,557.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
İ	b	Less cost or other basis						
		and sales expenses .	109940					
		Gain or (loss)	<109,940		<109,940.	{		<109940.>
ų į		Gross income from fundraising		. •	<109,940.	2	**	<u> </u>
Other Revenue		including \$	-	}				
å.		contributions reported on line	∍ 1c). See					
ğ		Part IV, line 18 Less, direct expenses						
õ		Net income or (loss) from fun	j strava naisierh	`L				
		Gross income from gaming a	_			<u> </u>		
		Part IV, line 19		.				
- (b	Less direct expenses	t			{		
	c	Net income or (loss) from gar	ming activities	•				
	10 a	Gross sales of inventory, less	returns					
	_	and allowances	ā					
		Less cost of goods sold		·				
ł	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Rusiness Cods				
1	11 a	CELL TOWER INCO		Business Code 517000	13,800.	ļ		13,800.
}	b			31,000	13,000.		_ 	1 20,000
ŀ	C							
	d	All other revenue	,					
	е	Total, Add lines 11a-11d	•		13,800.			
- 1		Total revenue See instructions.			3537740.	1967086.		. <19,171.>

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

	All other organizations must complinctude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to governments and anizations in the U.S. See Part IV, line 21				
2 Gra	ants and other assistance to individuals in U.S. See Part IV, line 22				
	ants and other assistance to governments,				
	ganizations, and individuals outside the U.S.				
Sec	e Part IV, lines 15 and 16				
4 Be	nefits paid to or for members				
5 Co	mpensation of current officers, directors,				
trus	stees, and key employees	274,461.	175,733.	83,783.	14,945
6 Cor	mpensation not included above, to disqualified				
per	sons (as defined under section 4958(f)(1)) and				
per	sons described in section 4958(c)(3)(B)				
	ner salaries and wages	868,000.	551,329.	268,268.	48,403.
8 Pen	ision plan contributions (include section 401(k)				
	section 403(b) employer contributions)	10,128.	5,458.	3,974.	696.
9 Oth	ner employee benefits	667,470.	458,130.	180,227.	29,113.
	yroll taxes	90,658.	59,721.	28,864.	2,073.
11 Fee	es for services (non-employees).				
а Ма	nagement				
b Leg		1,754.		1,754.	
	counting	33,350.		33,350.	
	bbying				
	ntessional fundraising services. See Part IV, line 17				
	estment management fees	17,403.		17,403.	
g Oth	· · · · · · · · · · · · · · · · · · ·	15,912.	2,790.	13,122.	
_	vertising and promotion	45,764.	1,581.	42,320.	1,863.
	ice expenses	227,610.	86,002.	111,982.	29,626.
14 info	ormation technology				
	yalties				
	cupancy	150,627.	150,627.		
	avel	93,436.	60,269.	24,430.	8,737.
18 Pa	yments of travel or entertainment expenses				
for	any federal, state, or local public officials				
19 Co	inferences, conventions, and meetings	111,059.	111,059.		
	erest	67,329.	67,329.		
21 Pa	yments to affiliates ,				
22 De	preclation, depletion, and amortization	385,905.	385,905.		
23 Ins	surance	48,510.	29,116.	18,647.	747
abo mis	ner expenses. Itemize expenses not covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the covered by the c				
	AFETERIA	265,681.	265,681.		
	ISCELLANEOUS	152,918.	78,280.	43,525.	31,113.
	OOKSTORE-COST OF GOODS	65,793.	65,793.		
_	EGISTRATION & MEMBERS	41,215.	6,925.	2,930.	31,360
	THLETICS	20,941.	20,941.		<u> </u>
	other expenses				
	laf functional expenses. Add lines 1 through 241	3,655,924.	2,582,669.	874,579.	198,676
-	nt costs. Check here If following	-,,			
	P 98-2. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	<u>icational</u> campaign and fundraising solicitation				

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	54,319.	1	132,072
2	Savings and temporary cash investments	727,691.	2	732,951
3	Pledges and grants receivable, net	24,079.	3	
4	Accounts receivable, net	20,093.	4	37,301
5	Receivables from current and former officers, directors, trustees, key			
i	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			· · · · · · · · · · · · · · · · · · ·
1	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventore forest sure	55,606.	8	53,906
9	Prepard expenses and deferred charges	33,000.	9	33,300
10a	- · · · · · · · · · · · · · · · · · · ·		-	
108	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
.	basis Complete Part VI of Schedule D 10a 8,924,340.	5,059,363.	40-	4 000 EE1
1	Less. accumulated depreciation 10b 4,043,789.	5,055,365.	10c	4,880,551
11	Investments publicly traded securities		11	
12	Investments other securities. See Part IV, line 11		12	
13	Investments program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	F 041 151	15	F 036 701
16	Total assets, Add lines 1 through 15 (must equal line 34)	5,941,151.	16	5,836,781
17	Accounts payable and accrued expenses	23,551.	17	52,120
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	2,585,502.	23	2,446,674
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	315,114.	25	260,144
26	Total liabilities. Add lines 17 through 25	2,924,167.	26	2,758,938
	Organizations that follow SFAS 117, check here X and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2, <u>4</u> 70,352.	27	<u>2,498,583</u>
28	Temporarily restricted net assets	131,178.	28	146,882
29	Permanently restricted net assets	415,454.	29	432,378
	Organizations that do not follow SFAS 117, check here and		I	
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
	· "	2 016 004	22	2 077 942
33	Total net assets or fund balances	3,016,984.	33	3,077,843

		Yes	No
Accounting method used to prepare the Form 990. Cash X Accrual Cother			
If the organization changed its method of accounting from a pnor year or checked "Other," explain in Sched	tule O.]
ta Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	if the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	20	X	<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain in S	Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss	sued on a		1
consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis	ì	1	ł
a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audıt		
Act and OMB Circular A 133?	. <u>3a</u>	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired audit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		X	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

UMB NB 1545-004

2009

Open to Public Inspection

Name of t	he organizati	on						E	mployer i	dentificati	on nur	nber
	-	GREAT I	AKES CHRISTI	AN CO	LLEGE			1	_38	-6080	947	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
The organ	ization is not a	Private foundation	because it is (For lines	1 through	11, check o	only one b	ox.)					
1 🖳	A church, cor	vention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2 <u>X</u>	A school des	onbed in section 17	'0(b)(1)(A)(ii), (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hosp	tal service organization (described	n section	170(b)(1)	A)(iii).					
4	A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital	's nam	е,
	city, and state	B										
5 🔲	An organizati	on operated for the	benefit of a college or us	niversity ov	wned or op	erated by	a govern	nental un	it describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 📙	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 📖			eives a substantial part	of its supp	ort from a	governme	intal unit o	r from the	general p	ublic desc	nbed i	n
		b)(1)(A)(vi). (Comple										
8 🖳			section 170(b)(1)(A)(vi).									
9 []		-	eives. (1) more than 33							-		
	activities relat	led to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2	?) no more	than 33 1	/3% of its	s support f	rom gross	invest	ment
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anization a	fter June 3	0, 197	5
		509(a)(2). (Complet										
10		_	perated exclusively to te		•			-			_	
11		_	perated exclusively for the									or
		=	ations described in secti				() See sec	tion 509	(a)(3). Che	CK the box	เกลเ	
			organization and compl		e III - Func		ooratod		dП	Type III - 0	Thor	
e 🗀			_ Type II	/-		•	•	more dis		,.		n
-		-	than one or more publicl		-							.,
1		=	tten determination from		-				5(4)(1) 01 0		(4)(4)	
•		ganization, check t				PO ., ., po	., ., .,					
g		-	organization accepted a	nv aift or c	ontribution	from any	of the folk	wing per	rsons?	•		
•			firectly controls, either a			-					Yes	No
			upported organization?	•				. , ,		11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	,						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) abov	e?						<u> </u>	
h	Provide the fe	ollowing information	about the supported or	ganization	(s).							
		_		- 		, -		,				
(i) Name	of supported	(si) EIN	(iii) Type of organization		organization			(vi) l organizat	s the	(vii) An	10unt o	f
orga	anization		(described on lines 1-9		sted in your document?		ion in col. r support?	l(i) organı	zed in the	sup	port	
	i		above or IRC section						5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
		!]			
				 			 		+ +			
						Į						
		<u> </u>			1		 		+			
						j			1			
									1	-		
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							l					
				1	<u> </u>]		-		
Total		<u> </u>			<u> </u>			<u> </u>				
I WA EAR D	Privacy Act on	d Danamusel, Back			Ain 4			C-had-	1- A /Fa		W 671	2000

932021 02-08-10

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009			,			Page 2
PE	rt II. Support Schedule for				l(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)	•			
	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	,	,			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and]			ļ	
	membership fees received. (Do not	1					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to				}	1	
	or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge				ļ		
4	Total. Add lines 1 through 3						
5	The portion of total contributions					1	
	by each person (other than a					ì	
	governmental unit or publicly			ļ		i	
	supported organization) included			ĺ			
	on line 1 that exceeds 2% of the					ļ	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4					I	
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			}			
	dividends, payments received on			•		1	
	secunties loans, rents, royalties		ĺ			1	
	and income from similar sources						
9	Net income from unrelated business	i					
	activities, whether or not the		ļ	1			1
	business is regularly carried on						
10	Other income, Do not include gain			{		[[
	or loss from the sale of capital		ļ				
	assets (Explain in Part IV)			<u> </u>	ļ <u></u>		
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	 	
	Gross receipts from related activities					12	
13	First five years, If the Form 990 is fo		s first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
<u> </u>	organization, check this box and sto	p here					
Se	ction C. Computation of Pub		· 			TI	
14			=	column (f))		14	%
15	Public support percentage from 2008				14 00 1 (00/	15	%
16a	33 1/3% support test - 2009. If the C				14 IS 33 1/3% OF F	nore, check this bo	x and
	stop here. The organization qualifies						P L
t	33 1/3% support test - 2008. If the c				100 15 IS 33 1/39	or more, check tr	lis dox ▶ [
	and stop here. The organization qua				. 10 16e 10t	and has 14 is 100/	▶ □
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fa					an iv now the orga	INZACION
-	meets the "facts-and-circumstances"					17a and line 15 :-	►L
ı	10% -facts-and-circumstances tes						
	more, and if the organization meets t						. [
	organization meets the "facts-and-cir						
<u>18</u>	Private foundation, If the organization	on did not check a	box on line 13, 16	oa, 100, 17a, or 17			
					Sch	eddie A (rorm 99	0 or 990-EZ) 2009

check this box and stop here		<u> </u>
Section C. Computation of Public Support Percentage		
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%
16 Public support percentage from 2008 Schodule A, Part III, line 15	. , 18_	%
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported or		∋ 17 is not ▶

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pai	 -	Funds or Other Similar Fund	s or Accounts. Comple	180947 ete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other	accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	sed funds	
	are the organization's property, subject to the organization's e			es No
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
				es No
a	t II Conservation Easements. Complete if the orga			0.5
 1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or ple		storically important land are	22
			tified historic structure	oa
	Protection of natural habitat	Preservation of a cer	tilled historic structure	
	Preservation of open space			
5	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	or a conservation easeme	nt on the last
	day of the tax year		II. II. AAN OF	
				d of the Tax Yea
а	Total number of conservation easements		. 2a	
b	Total acreage restricted by conservation easements		2b	 -
С	Number of conservation easements on a certified historic structure.		. 2c	
d	Number of conservation easements included in (c) acquired af		2d	
3	Number of conservation easements modified, transferred, rele year	ased, extinguished, or terminated by the	ie organization during the ta	ax
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the pend			
	violations, and enforcement of the conservation easements it			'es 🔲 No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		during the year	
7	Amount of expenses incurred in monitoring, inspecting, and e			
B	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			es N
•	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expens		
•	include, if applicable, the text of the footnote to the organization			
	conservation easements		tille organization o account	ang ioi
20	t III Organizations Maintaining Collections of	Art. Historical Treasures, or 0	Other Similar Assets	
-	Complete if the organization answered "Yes" to Form 9			'
_	Complete if the digalization answered Test to Form of		···	<u>-</u>
	Make an acceptant alasted as a semitted under CCAC 11C and	to report to its review to statement and	halaman aband	5
la	If the organization elected, as permitted under SFAS 116, not	•	•	
	treasures, or other similar assets held for public exhibition, ed		ublic service, provide, in Pa	in XIV, the text
	the footnote to its financial statements that describes these its			
b	If the organization elected, as permitted under SFAS 116, to re			
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	ce, provide the following am	ounts relating t
	these items			
	(i) Revenues included in Form 990, Part VIII, line 1		S	·
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical trea-	sures, or other similar assets for financ		
	the following amounts required to be reported under SFAS 11	6 relating to these items.		
а	Revenues included in Form 990, Part VIII, line 1		> \$	
b	Assets included in Form 990, Part X		. > \$	
IA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D	(Form 990) 200

Schedule D (Form 990) 2009

932051 02-01-10

	dule D (Form 990) 2009 GREAT L rt III Organizations Maintaining C	AKES CHRIS	TIAN COL	LEGE	or Oth	38	-608094	7 Pa	age 2
3	Using the organization's acquisition, access	on and other record	e check any of	the following the	21 272 2 6	er Sillina A	of to collection	inueo)	
•	(check all that apply)	on, and other record	is, check any or	are ronowing tria	at ale a s	ngnincant use t	OI II'S COHECTIC	n item	S
а	Public exhibition	_		exchange progr					
b	Scholarly research								
_		е	U Other_	·					
C	Preservation for future generations								
4	Provide a description of the organization's of						n Part XIV.		
5	During the year, did the organization solicit of				ier simila	r assets		_	,
D -	to be sold to raise funds rather than to be m						Yes Yes		No
Fal	t IV Escrow and Custodial Arran		ete if organizatio	n answered "Ye	s" to For	ரு 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa								
1a	is the organization an agent, trustee, custod	ian or other intermed	liary for contribu	tions or other a	ssets not	included		_	_
							. L Yes	L	No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table			, ,			
							Amour	ıt	
C	Beginning balance	***				10			
d	Additions during the year					1d			
е	Distributions during the year			·	•	1e			
f	Ending balance		•	•	•	11			
₹a	Did the organization include an amount on F	orm 990. Part X. line	217	,			Yes	\top	No
	If "Yes," explain the arrangement in Part XIV								, ,,,
Par			swered "Yes" to	Form 990 Part	IV line 1	10			
		(a) Current year	(b) Pnor year			(d) Three years	hack (e) For	r years	hack
1-2	Beginning of year balance	415,454.	389,43		13 DUOK	Taj mice jears	OBON (C). OC	7 70013	Duon
1a									
D	Contributions	16,924.	26,02	4.•					
C.	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			l l			}		
	and programs								
f	Administrative expenses								
g	End of year balance	432,378.	415,45	4.					
2	Provide the estimated percentage of the year	ar end balance held a	is						
а	Board designated or quasi endowment		%						
b	Permanent endowment ► 100.00	%							
c	Term endowment >	%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	ld and administ	ered for t	the organizatio	n		
	by·							Yes	No
	(i) unrelated organizations		,	_			3a(i)		X
	(ii) related organizations					_	3a(ii)	1 1	X
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?				3b		
_4	Describe in Part XIV the intended uses of the	e organization's endo	owment funds.				-		
Pa	rt VI Investments - Land, Building			990, Part X, line	10.				
	Description of investment	(a) Cost or o		ost or other		ccumulated	(d) Boo	ok valu	е
	·	basis (investr	, , ,	sis (other)		preciation	,,,,,,		
1a	Land			146,700.		·	1 4	6,7	00.
	Buildings	.,	5	041,181.	2	224,972			
	Leasehold improvements			519,684.		299,478		0,2	
d	Equipment		1	312,982.		$\frac{253,478}{163,979}$		9,0	
	Other			903,793.		355, <u>3</u> 60		8,4	
		augl Farr 200 St. 1	V ash(=== (2) 1			222,200			
<u>-ota</u>	. Add lines 1a through 1e (Column (d) must e	i quai rom 990, Part	A, COIUMN (B), li	18 IU(C))			4,88	<u> </u>	<u> </u>

Schedule D (Form 990) 2009

(a) Decomption of excusty or actorios	Form 990, Part X, line		shoul of valuation
(a) Description of security or category (including name of security)	(b) Book value		thod of valuation: d-of year market value
ancial derivatives			
sely-held equity interests			
ser			
			· · · · · · · · · · · · · · · · · · ·
		 	
		·	
tal (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line		hod of valuation:
(a) Description of investment type	(b) Book value		floo of valuation; f-of-year market value
		·····	

otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)		_ - 	
Part IX Other Assets. See Form 990, Part X, line	16		
	Description		(b) Book value
(a)	Description	<u></u>	(B) BOOK VAIGO
			
		······································	
otal. (Column (b) must equal Form 990, Part X, col (B) line			
Part X Other Liabilities. See Form 990, Part X,	line 25.	(h) Amount	
(a) Description of liability		(b) Amount	
ederal income taxes		60 710	
TUDENT DEPOSITS		69,719.	
NNUITY LIABILITY		190,425.	
	L.		
otal. (Column (b) must equal Form 990, Part X, col (B) line	25)	260,144.	

	dule 0 (Form 990) 2009 GREAT LAKES CHRISTIAN COLLEG	Hi .dia_d Fi-		38-	6080947	Page
	t XI Reconciliation of Change in Net Assets from Form 990 to Au	Jaitea Fir	nancial Sta	temen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	_	3,537	
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	2		<u>3,655</u>	<u>,924</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. 3		<118	, 184
4	Net unrealized gains (losses) on investments		4		179	.04
5	Donated services and use of facilities		5			
6	Investment expanses	• ••	6		-	-
7	Pnor penod adjustments	• •	···			
		• •	7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		. 9		179	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10			<u>, 85</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statements	s With Re	venue per	Return	1 _	
1	Total revenue, gains, and other support per audited financial statements			1	3,716	,78
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	1	2a	179,043			
b	_	2b	1.0,010	'		
	· '''			-{		
С		2c				
d		2d		⊣ i		. .
е	Add lines 2a through 2d			. 2e	179	
3	Subtract line 2e from line 1			3	3,537	74
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	· · · · · · · · · · · · · · · · · · ·	4a		- -		
b		4b		⊣		
-	Add lines 4a and 4h	40		ا . ا		
C	•			4c	2 527	7.4
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. \A/'AL F		5	3,537	, /4
Pa	t XIII Reconciliation of Expenses per Audited Financial Statement	ts with E	xpenses pe	er Hetu		
1	Total expenses and losses per audited financial statements		**** ** ****	. 1	3,655	<u>, 924</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1		
a	Donated services and use of facilities	2a				
ь	f-	2b				
c		2c		_		
d	· _ · · · · · · · · · · · · · · ·	2d		┥		
-		20		┥		
е	Add lines 2a through 2d			2e	3 655	
3	Subtract line 2e from line 1			3	3,655	,94
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,655	
	rt XIV Supplemental Information	 -	<u> </u>		3,033	1.2.5
-						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, hi					4; Pa
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete					
<u>'Al</u>	RT V, LINE 4: THE INTEREST FROM PERMANENTLY	RESTRI	CTED FU	NDS	IS USED	
					· · · · · · · · · · · · · · · · · · ·	_
O	R STUDENT SCHOLARSHIPS. OTHER ENDOWNMENT FU	INDS AF	RE USED	FOR	OPERATION	ONA
E	ZENUES.					
		 		_		
						
					tula D (Earm 0	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

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

Schedule E (Form 990 or 990-EZ) 2009

lam	e of the organization	Employer ident	tificati	อก กม	mber
	GREAT LAKES CHRISTIAN COLLEGE	38-6080947			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byte	aws,			
	other governing instrument, or in a resolution of its governing body?		1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brook	hures,	1		
	catalogues, and other written communications with the public dealing with student admissions, programs, and	scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media du	ring the	l		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that	it makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please expl	aın			{
	If you need more space, use Schedule O (Form 990)		3	X	
	THE COLLEGE'S POLICY IS INCLUDED IN ALL COURSE CATALOGS	THE		i	
	EMPLOYEE HANDBOOK AND THE BOARD OF TRUSTEES HANDBOOK.		•		
					ł
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	, , , ,	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimina		4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	with student	1		}
	admissions, programs, and scholarships?		4c	Х	L
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	X	
	If you answered "No" to any of the above, please explain, If you need more space, use Schedule O (Form 990)				
5	Does the organization discriminate by race in any way with respect to.			i	
а	Students' rights or privileges?	•	5a		X
b	Admissions policies?		<u>5</u> b		X
C	Employment of faculty or administrative staff?		_5c	<u></u>	X
d	Scholarships or other financial assistance?		5d		X
е	Educational policies?		5e		X
f	Use of facilities?		5f	ļ	X
g	Athletic programs?		59_	ļ	X
h	• • • • • • • • • • • • • • • • • • • •		5h_		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 996)	0)			
вa	Does the organization receive any financial aid or assistance from a governmental agency?		6a	x	
b	Has the organization's right to such aid ever been revoked or suspended?		6b_		X
	if you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			1	ľ
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.	05 of			

SEE SCHEDULE O FOR LINE 6 STATEMENT

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

Rev. Proc. 75-50, 1975-2 C B. 587, covening racial nondiscrimination? If "No," explain on Schedule O (Form 990)

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

GREAT LAKES CHRISTIAN COLLEGE

Employer identification number 38-6080947

Grant Billio Civil Dillion 30 0000747
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS PER THE BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11: THE VICE PRESIDENT OF FINANCE AND
OPERATIONS RECEIVES AND REVIEWS FORM 990. THE 990 CAN BE PROVIDED
ELECTRONICALLY OR BY HARD COPY TO THE FINANCE COMMITTEE. MEMBERS OF THE
FINANCE COMMITTEE HAVE THE OPPORTUNITY TO ADDRESS ANY CONCERNS OR ISSUES
WITH THE 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: A TRUSTEE WHO PERCEIVES THAT A
CONFLICT OF INTEREST MAY EXIST SHALL MAKE FULL DISCLOSURE THEREOF TO THE
BOARD AND THE TRUSTEE HAVING THE CONFLICT OF INTEREST SHALL ABSTAIN FROM
VOTING ON ANY MATTER RELATED THERETO.
FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT'S SALARY IS SET AND ANNUALLY REVIEWED BY THE BOARD OF TRUSTEES. THE SALARY OF OTHER KEY
EMPLOYEES IS ANNUALLY REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF
TRUSTEES. COMPARISONS TO THE SALARIES OF EMPLOYEES OF SIMILARLY SIZED
COLLEGES ARE CONSIDERED DURING THE REVIEW PROCESS.
FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION IS AVAILABLE UPON
REQUEST. FORM 990 IS ALSO POSTED ANNUALLY ON GUIDESTAR'S WEBSITE. THE 990
IS PUBLIC INFORMATION THROUGH THE MICHIGAN ATTORNEY GENERAL'S OFFICE.
FORM 990, PART XI, LINE 2C
OVERSIGHT OF AUDIT
GREAT LAKES CHRISTIAN COLLEGE HAS A COMMITTEE THAT ASSUMES
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

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SCHEDULE O

(Form 9%)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREAT LAKES CHRISTIAN COLLEGE

Employer identification number 38-6080947

GREAT DAKES CHRISTIAN CODDEGE 30-0000947
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT
CHANGED FROM THE PRIOR YEAR.
SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE COLLEGE RECEIVES FINANCIAL AID FROM GOVERNMENTAL AGENCIES AS LISTED ON
STATEMENT SUPPORTING LINE 1.
PELL GRANTS 512,086
SEOG GRANTS 21,522
CWS GRANTS 27,439
ACG GRANTS 8,575
STATE (MI) GRANTS 185,729
TOTAL 755,351
FORM 990, PART VIII, LINE 11A
AMENDED RETURN
FORM 990, PART VIII, LINE 11A IS BEING AMENDED TO EXCLUDE DEMINIMUS
RENTAL INCOME THAT IS EXCLUDABLE UNDER IRS CODE.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009