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Form **990** Department of the Treasury A 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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the 2	2010 calendar year, or tax year beginning JUL 1, 2010 and	ending J	UN 30, 2011
В	Check if applicable	C Name of organization		D Employer identification number
	Address change	GREAT LAKES CHRISTIAN COLLEGE		
	Name change	Doing Business As		38-6080947
	Initial return	,	Room/suite	E Telephone number
Ļ	Termin- ated	6211 WILLOW HIGHWAY		(517)321-0242
<u>دا</u>	Amende			G Gross receipts \$ 3,843,141.
	Applica- tion pending	LANSING, MI 48917-1299		H(a) Is this a group return
		F Name and address of principal officer WILLIAM BROSSMANN		for affiliates? Yes X No
	Tay ayan	SAME AS C ABOVE npt status	507	H(b) Are all affiliates included? Yes No
		npt status	or 527	If "No," attach a list (see instructions) H(c) Group exemption number ▶
		rganization: X Corporation	1 Year	of formation: 1972 M State of legal domicile: MI
		Summary	<u> L roui</u>	or formation. 1972 W State of logar dofficile, 111
	1 B	riefly describe the organization's mission or most significant activities. TO PI	ROVIDE	BIBLE-ORIENTED
Activities & Governance	S	YSTEMATIC TRAINING, RESULTING IN A TWO		
rna	2 C	heck this box if the organization discontinued its operations or dispose		
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3 15
ජ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4 15
es	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5 164
<u> </u>	6 T	otal number of volunteers (estimate if necessary)		6 272
Act		otal unrelated business revenue from Part VIII, column (C), line 12		7a 0.
	b N	let unrelated business taxable income from Form 990-T, line 34		7b 0.
				Prior Year Current Year
ē	8 0	contributions and grants (Part VIII, line 1h)		1,589,825. 1,626,425.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)	<u> </u>	1,967,086. 2,077,793.
a	10 Ir	evestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	<pre><80,528.> 27,335. 61,357. 61,570.</pre>
	ì	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,357. 61,570. 3,537,740. 3,793,123.
	_	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0. 3,733,123.
		lenefits paid to or for members (Part IX, column (A), line 4)	-	0. 0.
ď		ialaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,910,717. 1,866,549.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0. 0.
ē	b T	otal fundraising expenses (Part IX equann (D) line 25) 185,7	64.	
ũ	17 C	other expenses (Part X, column A) lines 11a-11d, 11f-24f)		1,745,207. 1,893,738.
	1	otal expenses Add lives 13-17 (must equal Part IX, when (A), line 25)		3,655,924. 3,760,287.
	19 R	levenue less expenses Subitation in 18 from time 120		<118,184.> 32,836.
sets or	<u>8</u>		Ве	eginning of Current Year End of Year
sets	ੂ 20 T	otal assets (Part X, line 16) OGDEN, UT		5,836,781. 5,921,027.
ď,	≒ 21 T	otal liabilities (Part X line 26)		2,758,938. 2,699,160.
Net		let assets or fund balances Subtract line 21 from line 20		3,077,843. 3,221,867.
-	art II	Signature Block		
		ies of perjury, I declare that I have examined this return, including accompanying schedule		*
- tru	e, correct,	and complete. Declaration of preparer (either than officer) is based on all information of wi	hich prepare	
3		Signature of officer		<u> </u>
Si		•		Date
He	ere	WILLIAM BROSSMANN, VP FINANCE & OPERA Type or print name and title	TIONS	
				Date Check PTIN
Pa	1			9-2-13 of Self-employed PODO/0218
		Firm's name MANER COSTERISAN PC		Firm's EIN
	· -	Firm's address 2425 E. GRAND RIVER, SUITE 1		11111 V E111
_	[]	LANSING, MI 48912-3291		Phone no. 517-323-7500
Ma	ay the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
		LUA For Denominal Reduction Act Notice and the second instance		Form 990 (2014)

_	990 (2010) GREAT LAKES CHRISTIAN COLLEGE	38-6080	947	Page 2
Pa	t 図 Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
16	Briefly describe the organization's mission.			
	GREAT LAKES CHRISTIAN COLLEGE, AN INSTITUTION OF HIGHER	FDIICATI	ON	
	3 TOTAL TRANSPORT AND			
		SEEKS TO		
	GLORIFY GOD BY PREPARING STUDENTS TO BE SERVANT-LEADERS	IN THE	CHUR	<u>CH</u>
	AND WORLD.			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes	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?	1	Ves	X No
	If "Yes," describe these changes on Schedule O.	'		
4				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a		venue \$ 1 _,	126,	451.)
	EDUCATIONAL - INCLUDING TWO AND FOUR YEAR DEGREES. MAIN	I EMPHAS	SIS O	N
	BIBLICAL STUDIES. 2010-2011 FALL SEMESTER ENROLLMENT WAS	APPROX	2.5	0
	STUDENTS. 2010-2011 SPRING SEMESTER ENROLLMENT WAS APPRO			
	STUDENTS.	711. 210		
	DIODENID.			
		.		
41.	005 270		0.54	240
4b		evenue \$	<u>951,</u>	<u>342.</u>)
	AUXILIARY SERVICES INCLUDING CAFETERIA, BOOKSTORE AND HO			
	FACILITIES. FOR FALL SEMESTER, STUDENT HOUSING WAS PROVI			
	STUDENTS. FOR SPRING SEMESTER, STUDENT HOUSING WAS PROVI	DED FOR	R 109	
	STUDENTS.			
4c	(Code:) (Expenses \$ including grants of \$) (Re	wonue ¢	-	
70	/(Local Methods of Met	senine a		············ /
		-		
		<u>.</u>		
	The second secon			
				·
	Other program convers (Decembers Only 3 to O.)			
4d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ► 2,607,817.			
0000-	2		Form 9	90 (2010)
03200 12-21				

Form 990 (2010) GREAT LAKES CHRISTIAN COLLEGE
Part IV Checklist of Required Schedules

	,		Yes	No
14	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	<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? 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	_		v
-	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,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		 	
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
C	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	11c	ļ	_X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	1
В	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	X	├ ^
13 14a		14a		x
b		170		 *
J	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	T
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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, Parts III and IV	16		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	<u> </u>	X
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	<u> </u>	X
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	<u> </u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	1	<u> </u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

Form 990 (2010) GREAT LAKES CHRISTIAN COLLEGE
Part IV Checklist of Required Schedules (continued)

	7		Yes	No
211	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		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			••
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 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			v
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	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	240		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		1	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
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		X
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	37	<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	28b	<u>X</u>	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
	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	ļ	Х
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		X
34	Was the organization related to any tax-exempt or taxable entity?	1		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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?]		٦,
0-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	20	x	
	14016, / Will Oliff Soo mera are required to complete Scriedule O	Sorm		L (2010)
				~~

	Check if Schedule O contains a response to any question in this Part V			
-	, and the state of			┝╌╌
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u></u>	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 164	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c_		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1_		17
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
-	were not tax deductible?	6b		ĺ
7	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
J	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		\vdash
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		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	_	ŀ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ļ		l
120	amounts due or received from them) Section 4047(a)(1) and experts the distribute the experience files for a 200 in least form 10440.	٠,		1
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	50		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		<u></u>
14a	by payment to more than your	14a		Х
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2010)

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.

•	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management				,	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		L 5	}	
b	Enter the number of voting members included in line 1a, above, who are independent	1b		L 5	İ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
_	officer, director, trustee, or key employee?			_2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			7,7
	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 governing documents since the prior Form		as filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets		<u>5</u>	x	
6 72	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more m	ambai	e of the	-8	<u> </u>	 -
1 a	governing body?	annei	S OI THE	7a		x
h	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersons	7	7b	†	X
8	Did the organization contemporaneously document the meetings held or written actions undertaker			10		
·	by the following:		g the your			
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the		1	
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Reveni	ue Code.)	<u> </u>	<u>'</u>	
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	ters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing t	he form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould gi	ve nse			
	to conflicts?			12t	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? In	f "Yes,	" describe			
	ın Schedule O how this is done			120		
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and appro-	val by	ındependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15		
b	Other officers or key employees of the organization			15k	X	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			1
	taxable entity during the year?			16		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	ganıza	tion's			1
<u></u>	exempt status with respect to such arrangements?			16I	<u> </u>	
	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MI	T (50	1()(0)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-1 (50	r(c)(3)s only) availa	OIE TOP		
	public inspection. Indicate how you make these available. Check all that apply					
40	Own website X Another's website X Upon request	25.2	nt of mt	اعلمسوسين	.ooo:-'	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	contli	ct of interest polic	y, and fil	iancial	
~~	statements available to the public	and	sords of the are	t		
20	State the name, physical address, and telephone number of the person who possesses the books WILLIAM D. BROSSMANN - (517) 321-0242	and re	corus or trie orgal	пианоп	_	
	6211 W. WILLOW HIGHWAY, LANSING, MI 48917					
	VIII II IIIIIIII IIIIIIIIII IIIIIIIIII		·	For	m 990	(2010)

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours per week	(check all that app			app	у)	compensation from	compensation from related	amount of other	
	(describe	Individual trustee or director						the	organizations	compensation
	hours for	10 a	豐			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	related	truste	a trus		yee	m beu		(W-2/1099-MISC)		organization
	organizations in Schedule	E E	institutional trustee	₂₅	Key employee	est co Oyee	<u>=</u>			and related organizations
	O)	- Pul	lıstı	Officer	Key	돌통	Former			Organizations
LEE BRACEY										
TRUSTEE	5.00	Х						0.	0.	0.
ANDY GERHART										
TRUSTEE	5.00	X						0.	0.	0.
EMORY JOHNSON								_		
TRUSTEE	5.00	X						0.	0.	0.
TY STEWART										
TRUSTEE	5.00	X						0.	0.	0
ROBERT PRATER	F 00	٠,,							•	_
TRUSTEE	5.00	A	.			-		0.	0.	0
BRIAN WOOD	5 00							0.	0.	_
TRUSTEE	5.00	^				-		0.	U •	0
RICK STACY	5.00	v		ļ				0.	0.	0
TRUSTEE BILL MEAIGE	3.00	^	\vdash			<u> </u>		0.	0.	
TRUSTEE	5.00	v	ļ			İ		0.	0.	0
JAMES LOCKWOOD	3.00	21	 						0.	
TRUSTEE	5.00	x			ŀ			0.	0.	0
DENISE TIMM		 **	T			 			<u> </u>	
TRUSTEE	5.00	x						0.	0.	0
MICHAEL WESTERFIELD			T							
TRUSTEE	5.00	\mathbf{x}						0.	0.	0
JOSEPH CLARK										
CHAIR	5.00	X		X				0.	0.	0
LARRY LONG										
VICE CHAIR	5.00	X		X				0.	0.	0
JOSEPH SOLITRO										
TREASURER	5.00	X		X			L	0.	0.	0
MARK CHRISTIAN										
SECRETARY	5.00	X	<u>L</u>	X	<u>L</u> .		ļ	0.	0.	0
LAWRENCE L. CARTER		1								
PRESIDENT	40.00	<u> </u>	<u> </u>	X	<u> </u>	<u> </u>	_	91,894.	0.	4,998
WILLIAM D. BROSSMANN					1				_	
VP_FINANCE & OPERATIONS	40.00	1	<u> </u>	X	<u> </u>			55,072.	0.	4,866 Form 990 (2010

Part VII Section A. Office	ers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)			
,(A)		(B)			(0	C)			(D)	(E)		(F)
Name and tit	tle	Average	١,,			ition			Reportable	Reportable		Estim	
		hours per week	(cr	neck	all	that	арр	y)	compensation	compensation		amou	
		(describe	ector						from the	from related organizations		oth comper	
		hours for	Individual trustee or directo	92			ated		organization	(W-2/1099-MISC		from	
		related	rustee	institutional trustee			Highest compensated employee		(W-2/1099-MISC)			organiz	
		organizations in Schedule	dual t	tona	_	ngtoy	stcor	-				and re	
		O)	Indiv	ta sti	Officer	Key emptoyee	Highe	Я				organız	ations
		- 		\vdash									
					_	1	<u> </u>				\perp	-	
					i								
 .				-	_	_	-				-+		
								-					
											<u>l</u> .		
		ļ.,				ļ	<u> </u>						
· · · · · · · · · · · · · · · · · · ·			_	-	-	 	├-	_					
1b Sub-total		1	L	1	ـــــا	ــــــ	┢		146,966.		0.	9.	864.
c Total from continuation	on sheets to Part V	II, Section A					•		0.		0.		0.
d Total (add lines 1b and	d 1c)						▶		146,966.		0.	9,	864.
2 Total number of individe	uals (including but i	not limited to th	nose	list	ed a	bov	e) w	no r	eceived more than \$100	0,000 ın reportable			_
compensation from the	organization >											1.7	0
											Г	Ye	s No
3 Did the organization list line 1a? If "Yes," compl				э, ке	y er	npio	уее,	orı	highest compensated ei	mployee on	İ	3	х
				omr	ens	atioi	n an	d ot	ther compensation from	the organization		-	
and related organizatio		•							•	the organization		4	x
									ted organization or indiv	idual for services			
rendered to the organiz	zation? If "Yes," cor	nplete Schedu	le J	for s	uch	per	son					5	Х
Section B. Independent Co													·
	your five highest co	ompensated in	dep	end	ent (cont	tract	ors	that received more than	\$100,000 of comp	ensat	tion from	n
the organization.									(5)	· · · · · · · · · · · · · · · · · · ·		(0)	
	(A) Name and busines:	s address							(B) Description of	services	Co	(C) mpensa	ation
CREATIVE DINING	G SERVICES	ONE R	OΥ	ΔT.	P	AR	ĸ		,			•	
DRIVE, SUITE #:		•			-				FOOD SERVICE	e l		124	,871.
		<u>, </u>											
		· · · · · · · · · · · · · · · · · · ·											
													
2 Total number of indepe	endent contractors	(including but i	not I	limite	ed to	o the	ose l	ste	d above) who received i	more than			
\$100,000 in compensa		-					1						
											F	orm 99	(2010)

,	· VIII		iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included above	s, and	839,743. 786,682.				
ontro	g	Noncash contributions included in lines						
0 6	<u>h</u>	Total, Add lines 1a-1f			1626425.			
a	2 2	AUXILIARY SERVI		Business Code 900099	951,342.	951 342		
Ş	b	TUITION AND FEE		611600	933,117.	951,342. 933,117.		
Se	c	REGISTRATION &		611600	193,334.	193,334.	-	
e all	d							
Program Service Revenue	е							
٩	f All other program service revenue						· 	
		Total. Add lines 2a-2f			2077793.			
	3	Investment income (including other similar amounts)	dividends, intere	est, and	24,353.			24,353.
	4	Income from investment of tax	exempt bond n	roceeds	24,333.			24,353.
	5	Royalties	contraction p	.ccccus				
		•	(ı) Real	(ii) Personal				
	6 a	Gross Rents	45,013.					
		Less. rental expenses						
		Rental income or (loss)	45,013.					
1		Net rental income or (loss)		(2.01)	45,013.			45,013.
	/ a	Gross amount from sales of	(i) Securities 53,000.	(ii) Other				
	h	assets other than inventory Less cost or other basis	33,000.					
		and sales expenses	50,018.					
	С	Gain or (loss)	2,982.					
	d	Net gain or (loss)			2,982.			2,982.
eune	8 a	Gross income from fundraisin including \$	g events (not of					
Other Revenu		contributions reported on line Part IV, line 18	1c) See					
됩		Less direct expenses	b					
İ		Net income or (loss) from fund	-	<u> </u>				
	ъa	Gross income from gaming ac Part IV, line 19						
	b	Less. direct expenses	a b					
		Net income or (loss) from garr		•				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less. cost of goods sold	b					
+	<u>c</u>	Net income or (loss) from sale		•				
}		Miscellaneous Revenu		Business Code	16 557			16 557
	11 a b	CELL TOWER INCO		517000	16,557.			16,557.
	C					 		
1	d					 		
	_	Total. Add lines 11a-11d		•	16,557.			
	12	Total revenue. See instructions.			3793123.	2077793.	0	. 88,905.
03200	9							Form 990 (2010)

Part IX Statement of Functional Expenses

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

. All other organizations must com Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in	-			
the U.S. See Part IV, line 22				
3 Grants and other assistance to governments,				
organizations, and individuals outside the U.S.				
See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	157,274.	100,977.	47,398.	8,899
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	•			
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	972,712.	622,279.	294,224.	56,209
8 Pension plan contributions (include section 401(k)				
and section 403(b) employer contributions)	C40 730	420 207	105 107	25 155
9 Other employee benefits	649,739.	439,387.	185,197.	25,155 1,826
10 Payroll taxes	86,824.	48,761.	36,237.	1,820
11 Fees for services (non-employees)- a Management				
a Management b Legal	1,916.		1,916.	
c Accounting	27,797.		27,797.	
d Lobbying	2,,,,,,,		4,,,,,,	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,745.		13,745.	
g Other	18,195.	2,650.	15,545.	
12 Advertising and promotion	45,813.	6,017.	36,000.	3,796
13 Office expenses	321,009.	108,711.	181,792.	30,506
14 Information technology			-	
15 Royalties				
16 Occupancy	194,415.	171,337.	23,078.	
17 Travel	105,440.	59,243.	37,295.	8,902
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	101 000			
19 Conferences, conventions, and meetings	104,909.	104,909.		
20 Interest	66,157.	66,157.		
21 Payments to affiliates	274 902	274 002		
22 Depreciation, depletion, and amortization 23 Insurance	374,803. 51,164.	374,803. 29,483.	20,934.	747
23 Insurance 24 Other expenses. Itemize expenses not covered	51,104.	49,403.	20,934.	/4/
above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CAFETERIA	292,477.	292,477.		
ь MISCELLANEOUS	137,316.	78,415.	40,437.	18,464
c BOOKSTORE-COST OF GOODS	69,125.	69,125.		
d REGISTRATION & MEMBERS	44,184.	7,813.	5,111.	31,260
e ATHLETICS	25,273.	25,273.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,760,287.	2,607,817.	966,706.	185,764
26 Joint costs Check here ▶ If following SOP				·
98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Conditation	<u> </u>			Form 990 (2010

Form 990 ((
Part X	Balance	Sheet

Par	t X	Balance Sheet				
•		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		132,072.	1	135,499
	2	Savings and temporary cash investments		732,951.	2	922,123
	3	Pledges and grants receivable, net			3	28,617
	4	Accounts receivable, net		37,301.	4	18,456
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			_5_	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sect				
y,		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use		53,906.	8	59,478
	9	Prepaid expenses and deferred charges	,		9	
	10a	Land, buildings, and equipment cost or other				
ŀ		basis. Complete Part VI of Schedule D	10a 9,175,446.			
-	b	Less accumulated depreciation	10b 4,418,592.	4,880,551.		4,756,854
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	5,836,781.	16	5,921,027
	17	Accounts payable and accrued expenses	52,120.	17	33,667	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability Complete			21	<u> </u>
ii.	22	Payables to current and former officers, directo	- · · · · · · · · · · · · · · · · · · ·			
Liabilities		highest compensated employees, and disqualif	ed persons. Complete Part II			
_		of Schedule L		0.446.674	22	0 400 101
	23	Secured mortgages and notes payable to unrel		2,446,674.	23	2,420,191
	24	Unsecured notes and loans payable to unrelate	d third parties	0.60 1.44	24	0.45 200
	25	Other liabilities Complete Part X of Schedule D		260,144.	25	245,302
	26	Total liabilities. Add lines 17 through 25		2,758,938.	26	2,699,160
1		Organizations that follow SFAS 117, check h	ere 🕨 🔼 and complete			
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.		2 400 502		2 606 271
au	27	Unrestricted net assets		2,498,583.		2,606,371
Ва	28	Temporarily restricted net assets		146,882.		172,993
pur	29	Permanently restricted net assets		432,378.	29	442,503
Ŧ		Organizations that do not follow SFAS 117, or	heck here I and			
S		complete lines 30 through 34.			l	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed	• •		31	
Šet	32	Retained earnings, endowment, accumulated in	ncome, or other funds	2 055 043	32	2 004 055
-	33	Total net assets or fund balances		3,077,843.	33	3,221,867
	34	Total liabilities and net assets/fund balances		5,836,781.	34	5,921,027 Form 990 (2010

Form **990** (2010)

Both consolidated and 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

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

X

За

X Separate basis Consolidated basis

Act and OMB Circular A-133?

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of t	he organization	on						Er	nployer ic	dentification number	
		GREAT L	AKES CHRISTI	AN CO	LLEGE				38	-6080947	
Part I	Reason f	for Public Chari	ty Status (All organiz	ations mus	st complete	e this part) See inst	ructions			
The organ	ization is not a	private foundation b	pecause it is. (For lines 1	through 1	1, check o	only one b	ox.)				
1 🔲	A church, cor	ention of churches	s, or association of churc	ches descr	ribed in se d	ction 170	(b)(1)(A)(i)	•			
2 X	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	hedule E)							
з 🔲	A hospital or	a cooperative hospit	al service organization d	described i	n section	170(b)(1)(A)(iii).				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state	e									
5 🔙	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
	section 170	(b)(1)(A)(iv). (Comple	te Part II.)								
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7 🗀											
	section 170(b)(1)(A)(vi), (Complete Part II)										
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)						
9 🗀	An organizati	on that normally rece	eives [.] (1) more than 33 1	/3% of its	support fr	om contril	butions, m	embershi	o fees, and	d gross receipts from	
	activities rela	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support for	rom gross investment	
	income and u	inrelated business ta	axable income (less sect	ion 511 ta:	x) from bus	sinesses a	cquired b	y the orga	nization af	fter June 30, 1975	
	See section	509(a)(2). (Complete	Part III)								
10	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety S	ee sectio	n 509(a)(4	ł).			
11	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	octions of,	or to carry	y out the p	ourposes of one or	
	-	· -	itions described in section		-) See sec	tion 509(a	a)(3). Chec	ck the box that	
			organization and comple		_						
	a L Type I		••		e III - Func	-	-			Type III - Other	
e L		-	t the organization is not		•	•	•		•		
		•	han one or more publicly		-				8(a)(1) or s	ection 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	• • •	rganization, check th								لــا	
g	=		organization accepted ar			•				F	
		=	irectly controls, either al	one or tog	ether with	persons d	lescribed	ın (ıı) and (III) below,	Yes No	
	_		upported organization?							11g(i)	
		•	n described in (i) above?		•					11g(ii)	
	` '	•	person described in (i) o	٠,,						11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(S)						
			(iii) Type of	l		() D.d	4.6 . 45 -	(vi) ls	the		
	of supported	(ii) EIN	organization		organization			Lorganization	on in col. l	(vii) Amount of	
org	anization		(described on lines 1-9	(described on lines 1-9 governing docum				(i) organiz U.S	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(ddd maddadion)	163	110	163	110	163	100	<u></u>	
				l							
		<u> </u>		1	1			<u> </u>	+		
						· · · · · -					
		ļ									
		-		1					 		
		-				<u> </u>			 		
		<u> </u>		1		† · · · · · · · ·	<u> </u>				
Total									1		
	Paperwork Re	eduction Act Notice	, see the Instructions f	or			•	Schedul	e A (Form	n 990 or 990-EZ) 2010	

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (c) 2008 **(b)** 2007 (d) 2009 (e) 2010 (f) Total

	, , , , , , , , , , , , , , , , , , , ,		1-1	10/200	1 (0/2000	(0) 20.0	117 10141
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")						
^	, <u> </u>		· · · · · · · · · · · · · · · · · · ·				
2	Tax revenues levied for the organ- ization's benefit and either paid to					i	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	_				1	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a		l				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
-	ction B. Total Support					·	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						ļ
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			ļ		ļ <u>.</u>	<u> </u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						1
	assets (Explain in Part IV)					 	
	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, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	. —
Se	organization, check this box and storection C. Computation of Publ		rcentage				▶└
				((0)			
	Public support percentage for 2010 (Public support percentage from 2009			column (1))		14	%
	a 33 1/3% support test - 2010. If the co			n line 12 and line	14 is 22 1/20/ or s	15	<u>%</u>
100	stop here. The organization qualifies				14 15 33 1/3% 01 1	nore, check this b	DX and ▶□
	33 1/3% support test - 2009. If the co		•		l line 15 is 33 1/3%	or more check t	hie hov
•	and stop here. The organization qua				1 11118 13 15 33 1737	or more, check t	niis box
17	,	•	.,		0 12 160 or 16h	and line 14 is 10%	or more
174	a 10% -facts-and-circumstances tes and if the organization meets the "faction or the faction of the faction						
						art iv now the orga	unzauon ⊾□
	meets the "facts-and-circumstances"					170 and line 45 :-	10% 0
١	10% -facts-and-circumstances tes						
	more, and if the organization meets t						IA □
10	organization meets the "facts-and-cir		-	•			
-10	Private foundation. If the organization	лі он посспеска	DOX OIT HITE 13, 10	Ja, 100, 17a, 01 1/			_
					SCN	eagle w (LOLIII 88	0 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails	s to
qualify under the tests listed below, please complete Part II)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- mess under section 513				:		
4	Tax revenues levied for the organ-						·· · · -
	ization'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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
t	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 Add lines 7a and 7b		 	 	1		
	Public support (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	1			
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(a) 2000	(b) 2007	(6) 2000	(u) 2003	(e) 2010	(I) Total
	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	.1	<u> </u>	3		
14	•	the organization	's first, second, the	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organiz	zation,
_	check this box and stop here				·		▶
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage	<u></u>		,	
15	,, ,	• • •	•	column (f))		15	%
16						16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	ne Percentage	<u> </u>			
17	Investment income percentage for 20	110 (line 10c, colu	ımn (f) dıvıded by li	ine 13, column (f))		17	%
18	Investment income percentage from	2009 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. Th	e organization qua	lifies as a publicly	supported organ	zation	▶□
ı	b 33 1/3% support tests - 2009. If the line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization		_				
	The second secon			,	3 20., 2., 2 000 1		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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

Name of the organization

Employer identification number

,,,,,,,	GREAT LAKES CHRIST	IAN COLLEGE		38-6080947
Par			r Accou	
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		 .	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	-	ed only	
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			Yes No
Pai		ganization answered "Yes" to Form 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histor	rically imp	ortant land area
	Protection of natural habitat	Preservation of a certifie	d historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a_	
b	Total acreage restricted by conservation easements		2b_	
C	Number of conservation easements on a certified historic st	• •	2c_	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	'	
	listed in the National Register		2d_	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganızatıo	n during the tax
_	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
	violations, and enforcement of the conservation easements		na tha wa	
6	Staff and volunteer hours devoted to monitoring, inspecting	_		
7 8	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) abo			4
0	and section 170(h)(4)(B)(ii)?	ove satisfy the requirements of section 170(n)	(4)(0)(1)	Yes No
9	In Part XIV, describe how the organization reports conservation	tion assements in its revenue and expense st	tatement	
9	include, if applicable, the text of the footnote to the organization	•		
	conservation easements.	ation of interioral otatements that describes the	o organiza	allow of accounting for
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	nt and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furtheranc	e of public	service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc	ribes these items		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	nd balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	c 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		>	\$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial g	aın, provi	de
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		>	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

(7) (8)(9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

Sche	t XI Reconciliation of Change in Net Assets from Form 990 to		ncial State		080947	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,793,	123
2°	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,760,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			836.
4	Net unrealized gains (losses) on investments		4			188.
5	Donated services and use of facilities					100.
			5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9		111,	188.
10 Por	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	- 4	144,	024.
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts with Reve	enue per H	1 1	2 224	244
1	Total revenue, gains, and other support per audited financial statements			1	3,904,	311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments .	2a 1	<u>11,188.</u>] }		
b	Donated services and use of facilities	2b] [
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d		1 1		
e	Add lines 2a through 2d			2e	111	188.
3	Subtract line 2e from line 1			3	3,793	
				•	3,193	123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b		4		_
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u> </u>	5	3,793	123.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per	Return	1	
1	Total expenses and losses per audited financial statements			1	3,760	287.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				·	
а	Donated services and use of facilities	2a				
h	Prior year adjustments	2b		1 1		
-	Other losses	1		┤		
		2c		-		
d	Other (Describe in Part XIV)	2d		┥.		^
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	3,760	, 287.
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		<u> </u>		
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,760	.287.
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	l lines 1a and 4: I	Part IV lines 1	h and 2h	Part V line	/ Part
		•				4, Fait
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp		-			
PAI	RT V, LINE 4: THE INTEREST FROM PERMANENTLY	Y RESTRIC	TED FOR	אסט ד	S USED	
FOI	R STUDENT SCHOLARSHIPS. OTHER ENDOWNMENT	FUNDS ARE	USED F	OR O	PERATI(ONAL
RE	VENUES.					
PAI	RT X, LINE 2: IN PREPARATION OF TAX RETURNS	סם צגייי פ	SITIONS	Z ARE	ΤΔΚΕΝ	
1 2 2 2	KI K, DIND 2. IN INDIANATION OF TAX RETURN	J, IAA FO	DITION	, AKE	IAKDI	
ם אם	TED ON THMEDODEMANTON OF FEDERAL CHAME AND	D TOOM T	MCOME I	ד עגח	N TATE	
BA	SED ON INTERPRETATION OF FEDERAL, STATE AND	D LOCAL I	NCOME 1	LAX L	AWS.	
MAI	NAGEMENT PERIODICALLY REVIEWS AND EVALUATE:	ב קאד כתי	मा शाम	INCF	י מדגייק	צמיז
2151	WIGHT THE COLUMN TO THE EVALUATED	C THE SIR	TOD OF	OHCE		
<u>PO</u> :	SITIONS AND MAKES ESTIMATES OF AMOUNTS, INC	CLUDING I	NTERES'	L AND		
				Schedu	le D (Form 9	90) 2010
03205 12-20-	4 10					

Schedule D (Form 990) 2010 GREAT LAKES CHRISTIAN COLLEGE 38-6080947 P	age 5
Part XIV Supplemental Information (continued)	
PENALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR	
RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE AND LOCAL TAX	
RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING	
AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS.	
	
	

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2010

Open to Public Inspection

Name of the organization

GREAT LAKES CHRISTIAN COLLEGE

Employer identification number 38-6080947

Par	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	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 brochures,			
	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 during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain.			
	If you need more space, use Part II	3	X	
	THE COLLEGE'S POLICY IS INCLUDED IN ALL COURSE CATALOGS, THE			
	EMPLOYEE HANDBOOK AND THE BOARD OF TRUSTEES HANDBOOK.	1		
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b		4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to:			
a		5a	ı	x
a h	Admissions policies?	5b	<u> </u>	X
c	First Array Market 1990	5c	1	X
4	Scholarships or other financial assistance?	5d		X
u _	Educational policies?	5e		X
f	Use of facilities?	5f	†	X
	Athletic programs?	5g		X
_	Other extracurricular activities?	5h		X
••	If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u> </u>	ļ	
6	Does the organization receive any financial aid or assistance from a governmental agency?	60	x	
	,	6a 6b	├ ^	x
U	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	00	+	<u>^^</u>
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
•	Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
	For Paperwork Reduction Act Notice, see the Instructions for Form 900 or 900 F7	000		T. 004

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

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

2010

Open To Public Inspection

Name of the organization

GREAT LAKES CHRISTIAN COLLEGE 38-6080947

Part I E	xcess Benefit	Transacti	ons (sec	tion 501(c)(3) and section	n 501(c)(4) organizatio	ns only).						
						line 25a or 25b, or Fo			V. line 40	b.			
1												ected?	
	(a) Name of disc	qualified pers	ion 		(b) Description of transaction							No	
													
· · · · · · · · · · · · · · · · · · ·											L		
		sed on the o	rganizatio	on manager	s or disqualifi	ed persons during the	year un	der					
section 4									> \$				
3 Enter the	amount of tax, if an	y, on line 2,	above, rei	mbursed by	y the organiza	ation			▶ \$				
Part II L	oans to and/or	From Int	orostor	Domone									
							· ·						
	omplete if the organ	l .				line 26, or Form 990-E	1			oroved	(-),144		
` '	and purpose	(b) Loan the organ			nal principal mount	(d) Balance due	(e) In default?		No. 16		(g) Written agreement?		
		To From		7			Yes No		Yes No		Yes	No	
									133		1		
	-												
							<u> </u>						
Total	S		6.1.		\$			·	<u> </u>		1		
	Grants or Assist		_										
	Complete if the organ		vered "Ye										
(a) 1	Name of interested p	person		(b) Relat	ationship between interested person and the organization (c) Amount assists								
		• • • • • • • • • • • • • • • • • • • •		· · ·						assistai			
								-					
								-					
•••								-					
	· · · · · · · · · · · · · · · · · · ·		- -	<u> </u>							· · · · ·		
	17.		- -					-					
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (d) Description of (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No JUDITH CARTER/LAWRENCE CARJUDITH IS THE WIFE 27,783.JUDITH WAS X BETSY CARTER/LAWRENCE CARTBETSY IS THE DAUGHT 38,105.BETSY WAS X **Supplemental Information** Complete this part to provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: JUDITH CARTER/LAWRENCE CARTER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: JUDITH IS THE WIFE OF LAWERENCE CARTER WHO IS AN OFFICER (D) DESCRIPTION OF TRANSACTION: JUDITH WAS ISSUED FORM W-2 FOR WORK DONE AT GREAT LAKES CHRISTIAN COLLEGE. (A) NAME OF PERSON: BETSY CARTER/LAWRENCE CARTER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BETSY IS THE DAUGHTER-IN-LAW OF LAWERENCE CARTER WHO IS AN OFFICER (D) DESCRIPTION OF TRANSACTION: BETSY WAS ISSUED FORM W-2 FOR WORK DONE AT GREAT LAKES CHRISTIAN COLLEGE.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

GREAT LAKES CHRISTIAN COLLEGE

Employer identification number 38-6080947

FORM 990, PART VI, SECTION A, LINE 2: LAWRENCE CARTER, JUDITH CARTER &
BETSY CARTER - FAMILY RELATIONSHIP

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 OFFICERS

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.

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

Schedule O (Form 990 or 990-EZ) (2010)