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DLN: 93493097005166

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 c	alendar year, or tax year beginning	g 09-01-2014 , and ending 08-31-20	015								
B Ch	eck ıf a _l	pplicable	e C Name of organization Baker College Professional Services	Inc		D Emplo	yer iden	tification number					
☐ Add	ress ch	ange				38-30	38-3043861						
∏ Na	me cha	nge	Doing business as										
Init	ıal retu	m				E Telepho	one numb	oer					
Fin		nınated	1050 W Bmatal Dd	all is not delivered to street address) Room,	/suite								
_						(810)	766-4	280					
	ended i		City or town, state or province, cour Flint, MI 48507	ntry, and ZIP or foreign postal code		G Gross r	eceipts \$	94,155,553					
j App	nication	pendin					-						
			F Name and address of prir Bart Daig	ıcıpal officer		s this a group ubordinates?		for ┌ Yes ┌ No					
			1050 W Bristol Rd		5	ubordinates		j tesje no					
			Flint, MI 48507			re all subord	ınates	┌ Yes ┌ No					
——— т Та	x-exem	ıpt statı		insert no)		icluded? f "No " attach	alıst ((see instructions)					
			www baker edu										
					1(5)	Group exempt							
			on Corporation Trust Associatio	n Other ▶	L Year	of formation 19	992 M :	State of legal domicile MI					
Pa	rt I		mmary										
			describe the organization's missic	in or most significant activities ning which enable graduates to be si	iccessful thr	oughout chal	lenging	and rewarding					
		career		ming which chapte graduates to be se			Terriging	and rewarding					
<u>ڪ</u>	-												
<u>=</u>	-												
Governance	2 (Check	this box 🔭 if the organization dis	scontinued its operations or dispose	d of more the	an 25% of its	net ass	sets					
উ			•										
Activities &	l			ing body (Part VI, line 1a)			3	11					
Ħ.	l			of the governing body (Part VI, line 1			4	9					
ਓ	l			calendar year 2014 (Part V, line 2a)			5	344					
⋖	l		number of volunteers (estimate if n		6	9							
				art VIII, column (C), line 12			7a 7b	0					
	B	vet un	Terated business taxable income in	om Form 990-1, me 34		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Current Year					
	8	Con	tributions and grants (Part VIII lu	ne 1h)			225	150					
흨	9			ne 2g)	—	41,737,		41,348,783					
Rayenue	10	_	estment income (Part VIII, column	2,168,		5,506,381							
걆	11		er revenue (Part VIII, column (A),		304	259,051							
	12	Tota	al revenue—add lines 8 through 11	line									
			<u> </u>		43,930,		47,114,365						
	13			IX, column (A), lines 1-3)		4/,	600	34,470					
	14		efits paid to or for members (Part I	17,907,	0								
82	15	5-1		s, other compensation, employee benefits (Part IX, column (A), lines									
Expenses	16a	Prof	essional fundraising fees (Part IX,		0	0							
ž	ь	Total	fundraising expenses (Part IX, column (D), line 25) 🕨 0	_								
Ш	17	Oth	er expenses (Part IX column (A)	ınes 11a-11d, 11f-24e)	_	29,011,	910	29,390,632					
	18			st equal Part IX, column (A), line 25		46,966,		47,707,949					
	19		•	18 from line 12		-3,036,		-593,584					
8 8 9 8						ning of Curre	nt	End of Year					
Not Assets or Fund Balances						Year							
8.5	20					57,682,		172,216,529					
2 5	21					33,936,		131,222,708					
	22			line 21 from line 20		23,745,	19/	40,993,821					
	t II	_	nature Block	war and the a material control of the annual control of the same o		d							
				amined this return, including accomp aplete Declaration of preparer (other									
			knowledge			,							
		L	***			12016 04 03							
18.			nature of officer			2016-04-03 Date							
Here		BA	BART DAIG PRESIDENT										
			pe or print name and title										
			Print/Type preparer's name Rachel Spurlock	Preparer's signature Rachel Spurlock	Date	Check I if	PTIN P00520	729					
Paid	k		Firm's name CROWE HORWATH LLP	'	1	self-employed Firm's EIN ► 3	<u> </u>						
Pre	pare	r											
Use	Onl	ly	Firm's address • 9600 Brownsboro Road Suite 400			Phone no (502	2) 326-39	96					

Louisville, KY 402411122

VYes □No

(Expenses \$ Including grants of \$

Total program service expenses ► 42,755,811

) (Revenue \$

Part IV	Che	cklist	of Re	auired	Sche	dules
	CHE	CRIISL	OI NO	aun eu	SCIIC	uuics

			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^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		Νo
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		N o
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
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		No
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		No
	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
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		N o
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 47 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 3D		
_	2. 105, to this built by and the organization menorial to the first of	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the expension receive any funds directly or indirectly to now promiting on a personal honofit			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	/ y		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
	Did the organization receive any payments for indoor tanning services during the tax year?	 _{1/1~}	 	N o
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		No

Section A. Governing Body and Management

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

Check if Schedule O contains a response or note to an	/ line in this Part VI	_	 _	_	_	_	_	_	_	_	·I
check is believed to contains a response of note to an	, iiiie iii ciiis i aic vi i i	•	 •	•		•	•		•	•	-,

	<u> </u>				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		• • •	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			n
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body? \cdot . \cdot .			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	evenu	ıe Cod	e.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.	•		12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 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 taxable entity during the year?	orsım • •	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	164		
		- '	· · ·	16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	2) 00) and 000-T (501/c)			
10	Section 5104 requires an organization to make its Form 1025 (or 1024 if applicable	- <i>),</i>	5, and 550-1 (501(C)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vipon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►BART DAIG

1050 W BRISTOL RD FLINT, MI 48507 (810) 766-4280

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	person is both an officer and a director/trustee) o		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
		Individual trustee or director	onal Trustee		employee	Highest compensated employee				
(1) F JAMES CUMMINS	40 00	х		Х				366,663	0	47,230
PRESIDENT & CEO	12 00						L	300,003		47,230
(2) RICHARD BATCHELOR	1 00	.,							_	-
TRUSTEE	2 00	X						0	0	0
(3) MIKE BLANCHARD	1 00	.,							-	
TRUSTEE	2 00	X						0	0	0
(4) SUSAN EBELING	1 00								_	_
TRUSTEE	3 00	X						0	0	0
(5) ROBERT JEWELL	1 00									
TRUSTEE	3 00	X						0	0	0
(6) EDWARD KURTZ	10 00									
TRUSTEE	11 00	Х						74,722	0	28,640
(7) WILLIAM ANTHONY MASON	1 00									
		x						0	0	0
TRUSTEE (8) JON PETERSON	3 00 1 00									
		x						0	0	0
TRUSTEE (9) SANDY PETYKIEWICZ	2 00									
		x						0	0	0
TRUSTEE (10) BC THOMPSON	2 00									
		x						0	0	0
TRUSTEE	2 00									
(11) ALAN WISE	1 00	x						0	0	0
TRUSTEE	2 00									
(12) DENISE BANNAN	40 00			х				272,752	0	46,714
V P ACADEMICS	0							·		
(13) TIFFANY DAVIS	40 00							244 25-	_	40.000
V P FINANCE(PARTIAL),CORP CONTROLLER (PARTIAL)&TREASURER	11 00			Х				211,867	0	42,873
(14) BRUCE LUNDEEN	40 00									
DIR ADMISS (PARTIAL) & VP ADMISS (PARTIAL)	0			Х				188,833	0	41,512
										Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t perso	tion (han c n is l	one both	ox, an d /tru:			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		rustee	Trustee		88	npensated				
(15) JACQUELINE SPICER V P IT	40 00			х				217,766	0	28,093
(16) LINDA KATRINIC DIR STUDENT SERV(PARTIAL)&VP FIN AID (PARTIAL)	40 00			х				131,611	0	34,842
(17) DANA CLARK V P HUMAN RESOURCES	40 00			х				142,356	12,002	39,175
(18) RICHARD DELONG V P ADMISS (PARTIAL)&DIR ADMISS (PARTIAL)	40 00				х			267,922	0	45,297
(19) RONALD BELILL DIRECTOR OF NETWORKING	40 00					х		113,161	0	22,757
(20) MARK HEATON ADMISSIONS SPECIALIST	40 00					х		128,328	0	34,250
(21) JOHN TYLER	40 00					х		152,278	0	33,241
ASSOC V P ACADEMICS (PARTIAL) (22) BRIAN REAGAN	40 00					Х		108,706	0	33,795
System Engineer (23) NAOMI VERCIMAK	40 00									
DIRECTOR OF PROJECT MGT (24) ROSEMARY ZAWACKI	0					X		122,550	0	37,219
FORMER V P HUMAN RESOURCES & SECRETARY	0 00						х	100,128	0	11,160
(25) WENDY HEMINGWAY FORMER TRUSTEE & FORMER CHIEF OPR OFFICER	0 00						x	123,301	65,675	42,687
1b Sub-Total				•	•	<u> </u>	•			
c Total from continuation sheets					•		>	2 722 044	77,677	560 495
d Total (add lines 1b and 1c) .		· · ·	•	•	•	•		2,722,944	//,6//	569,485

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►15

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		1	1
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	·	·	
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRITY NETWORKS LLC 901 TOWER DR STE 310 TROY, MI 480982827	EQUIPMENT & SERVICE	1,314,057
DELL MARKETING LP PO BOX 643561 PITTSBURGH, PA 152643561	COMPUTER PURCHASE & SERVICE	364,832
CROWE HORWATH LLP 320 E JEFFERSON BLVD 7 SOUTH BEND, IN 466240007	AUDITING & TAX PREPARATION	277,080
START UP TV PROJECT 300 E OAKRIDGE ST FERNDALE, MI 48220	ADVERTISING	150,000
PLUNKETT & COONEY PC 38505 WOODWARD AVE STE 2000 BLOOMFIELD, MI 483045096	LEGAL SERVICES	102,791
- Total according of a decrease death and the state of th	and the best of the control of the c	

	1a
Contributions, Gifts, Grants and Other Similar Amounts	b d e f
ffs, G r Am	- d
i, Gil mila	e
ions r Sii	f
ribut Othe	g
Sont and (h
Program Service Revenue	2a
<u>₩</u>	b
žer vi	d
E E	e
₽ ©	پر
	22 b c c d d e f f 3 4 5 6 6 6 6 6
	4
	5
	6a
	Ь
	c
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	7 a
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	c
	d 8a
ше	
eve	
e Œ	
ġ.	b
	98
	Ь
	10a
	Ь
	11a
	b
	d
	е

VIIII	Statement o Check if Sched	of Revenue ule O contains a respo	nse or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or	 (C) Unrelated	(D) Revenue
					exempt function revenue	business revenue	excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
b	Membership du	ies 1b					
c	Fundraising ev	ents 1 0					
d		zations 1d					
	Government grant						
e	_						
f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	150				
g		ons included in lines	į	İ			
h	1a-1f \$ Total. Add lines	s 1 a - 1 f		150			
₩	Totali Add IIIIe.	314 11	· · · •				
	DETMOUDCEMENT	INCOME	Business Code				
2a	REIMBURSEMENT		900099	41,087,495	41,087,495		
b	ADMINISTRATIVE F	-EE	900099	261,288	261,288		
C							
d							
e	A II + I-						
f	All other progra	am service revenue		0	0	0	C
g	Total. Add lines	s 2a – 2f		41,348,783			
3		ome (including divider		2,083,874			2,083,874
4		ar amounts)		, ,			, ,
5			_				
	,	(ı) Real	(II) Personal				
6a	Gross rents	47,000					
b	Less rental expenses	64,277					
С	Rental income	-17,277	0				
d	or (loss) Net rental inco	L me or (loss)		-17,277			-17,277
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of		, ,				
	assets other	50,399,418					
ь	than inventory Less cost or						
	other basis and sales expenses	46,976,910	1				
C	Gain or (loss)	3,422,508	-1				
d		ss)		3,422,507			3,422,507
8a	Gross income f events (not inc	rom fundraising luding					
	of contributions	reported on line 1c)					
	See Part IV, lir	ne 18 a					
Ь	less directey	penses b					
c		(loss) from fundraising	events				
9a		rom gaming activities					
		ne 19					
 	loos desired	a					
		penses b (loss) from gaming act	Livities -				
	Gross sales of						
	returns and allo	owances .					
		а					
b	_	oods sold b					
	Net income or i	(loss) from sales of inv	entory				
11a	MISCELLANEO		900099	59,726	59,726		
ь	CLASS ACTIO		900099	216,602	, -		216,602
c	CLASS ACTIO	TOWN DOLL		, -			,
d	All other reven	ue		0	0	0	0
e	Total. Add lines		🕨			_	
12				276,328			
12	rocar revenue.	See Instructions .	· · · · •	47,114,365	41,408,509	0	5,705,706

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comp	lete column (A	١)
--	----------------	----

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	34,470	34,470		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,505,070	2,202,388	302,682	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	24,743	18,320	6,423	
7	Other salaries and wages	8,923,551	8,131,569	791,982	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	697,038	641,644	55,394	
9	Other employee benefits	5,323,907	4,884,681	439,226	
10	Payroll taxes	808,538	733,644	74,894	
11	Fees for services (non-employees)	,	, , , , ,	<u> </u>	
а	Management				
ь	Legal	202,645	202,645		
c	Accounting	352,481	304,305	48,176	
d	Lobbying	,	,	,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	236,644		236,644	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,851,496	1,219,529	631,967	0
12	Advertising and promotion	14,963,646	14,952,413	11,233	
13	Office expenses	2,355,881	2,199,892	155,989	
14	Information technology	3,890,762	3,844,586	46,176	
15	Royalties				
16	Occupancy	795,635	413,619	382,016	
17	Travel	172,927	153,839	19,088	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	171,889	154,731	17,158	
20	Interest	185		185	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	892,925	535,755	357,170	
23	Insurance	972,036	923,458	48,578	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Library Expense	1,092,151	1,092,151		
b	Write off Receivable	826,614		826,614	
c	Dues & Memberships	481,120	98,023	383,097	
d	Job Placement Costs	9,087	1,898	7,189	
е	All other expenses	122,508	12,251	110,257	0
25	Total functional expenses. Add lines 1 through 24e	47,707,949	42,755,811	4,952,138	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	418,970	1	7,958
	2	Savings and temporary cash investments	22,315,433	2	91,224,570
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	419,106	4	4,035,319
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	
×	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		_	
ě			0	6	
Assets	7	Notes and loans receivable, net		7	164,500
-	8	Inventories for sale or use		8	20,927
	9	Prepaid expenses and deferred charges	2,074,637	9	1,501,478
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 14,633,993			
	Ь	Less accumulated depreciation 10b 5,518,902	4,734,066	10c	9,115,091
	11	Investments—publicly traded securities	25,324,865	11	59,643,494
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	2,579,875
	15	Other assets See Part IV, line 11	2,395,096	15	3,923,317
	16	Total assets. Add lines 1 through 15 (must equal line 34)	57,682,173	16	172,216,529
	17	Accounts payable and accrued expenses	2,798,297	17	17,929,390
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L	o	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	43,246
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	31,138,679	25	113,250,072
	26	Total liabilities. Add lines 17 through 25	33,936,976	26	131,222,708
φ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	23,745,197	27	40,607,141
<u>8</u>	28	Temporarily restricted net assets		28	1,348,892
	29	Permanently restricted net assets		29	-962,212
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			<u> </u>
ō	30	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
¥	33	Total net assets or fund balances	23,745,197	33	40,993,821
Net					
	34	Total liabilities and net assets/fund balances	57,682,173	34	172,216,529

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47,1	114,365
2	Total expenses (must equal Part IX, column (A), line 25)	2		47 -	707,949
3	Revenue less expenses Subtract line 2 from line 1			77,7	07,545
		3		- 5	593,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,7	745,197
5	Net unrealized gains (losses) on investments				
•		5		-5,4	174,269
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		23.3	316,477
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			993,821
Par	t XII Financial Statements and Reporting			<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

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DLN: 93493097005166

93493097005100

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization						Employer identifica	ation number	
вакег	College	e Professional Services Inc					38-3043861	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p		ns
		zation is not a private fo		` 2			•	
1	Ť	A church, convention		•	= -	•	•	
2	Ţ.	A school described in					7(-7(-7(-7	
3	<u>'</u>	A hospital or a cooper				tion 170(h)(1)	(A)(iii)	
4	<u>'</u>	A medical research or		_) Entartha
4	,	hospital's name, city,		erated in Conjunction v	with a hospital d	iescribed in sec). Linter the
5	Г	An organization opera		nefit of a college or uni	versity owned o	or operated by a	governmental unit d	escribed in
		section 170(b)(1)(A)(•		-	
6	Г	A federal, state, or loc		•	: described in s e	ection 170(b)(1)(A)(v).	
7	Ţ.	An organization that n						ieneral public
	•	described in section 1				a g		,
8	Γ	A community trust de	scribed in sec l	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contrib	outions, membership	fees, and gross
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	e income (less :	section 511 tax) from	businesses
		acquired by the organi	ızatıon after Ju	ıne 30, 1975 See sec	tion 509(a)(2).	(Complete Par	tIII)	
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See section	509(a)(4).	
11	굣	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fund	tions of, or to carry o	ut the purposes of
		one or more publicly s			•			
_	EZ.	the box in lines 11a th	•	• • •		-	•	,
а	 ~	Type I. A supporting of supported organization						
		organization You mus				cy of the direct	or crustees or the	supporting
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	y having control or
		management of the su			same persons t	hat control or n	nanage the supported	$organization(s) \ \textbf{You}$
_	_	must complete Part IV	•					
С	ļ	Type III functionally is supported organization						grated with, its
d	Г	Type III non-function						anization(s) that is
	·	not functionally integr						
	_	(see instructions) Yo						
е	ı	Check this box if the c					s a Type I, Type II, T	ype III functionally
f		integrated, or Type III Enter the number of si						1 1
g		Provide the following i						
9				out the oupportou orga	24:1011(0)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) A mount of	(vi) A mount of
		organization	(,	organization	listed in your		monetary support	other support (see
				(described on lines	docume	ent?	(see instructions)	ınstructıons)
				1-9 above or IRC				
				section (see instructions))				
					Yes	No		
	٠. لـ ٨	and Data Table				_		
See	Aaaiti	ional Data Table						
Tota	111						40 797 449	

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Castian	_	AII	Supporting	0	1:
Section	Α.	AII	Supporting	Organiza	TIONS

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		163	110
_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		No
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Νo
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
Ŀ	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
Ŀ	DID DID THE ORGANIZATION HAVE ANY EXCESS BUSINESS HOLDINGS IN THE TAX YEAR? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?	TOD		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
_	the governing body of a supported organization?	11a		No
Ŀ	A family member of a person described in (a) above?	11b		No
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νο

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ation E. Tuna III Functionally Integrated Comparting Organizations			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accom							
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in						
3 Administrative expenses paid to accomplish exemp	anızatıons						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	ICTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
a From 2009							
	b From 2010						
c From 2011							
d From 2012							
e From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
Applied to underdistributions of prior years							
b Applied to 2014 distributable amount			1				
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 31 and 4c							
8 Breakdown of line 7							
a From 2010							
b From 2011							
c From 2012							
d From 2013							

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
A mount of Support	Baker College Professional Services Inc supports the Baker College organizations by performing management, marketing, technology and administrative functions. These services are performed by Baker College Professional Services, Inc. and reimbursed directly by each of the Baker College organizations.
1 SUPPORTED ORGANIZATION IN ORGANIZATION DOCUMENTS	THE SUPPORTED ORGANIZATIONS ARE DESCRIBED IN THE ARTICLES OF INCORPORATION OF BAKER COLLEGE PROFESSIONAL SERVICES SPECIFICALLY, THE ARTICLES OF INCORPORATION PROVIDE THAT THE PURPOSES OF THE SUPPORTING ORGANIZATION INCLUDE "SUPPORTING BAKER COLLEGE AND ITS AFFILIATES AND SUBSIDIARY ORGANIZATIONS BY PROVIDING MANAGEMENT AND ADMINISTRATIVE SERVICES TO THOSE ORGANIZATIONS"
	ALL DIRECTORS OF THE SUPPORTING ORGANIZATION ARE APPOINTED BY BAKER COLLEGE, WHICH IN TURN CONTROLS EACH OF THE REMAINING SUPPORTED ORGANIZATIONS

Schedule A (Form 990 or 990-EZ) 2014

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 38-3043861

Name: Baker College Professional Services Inc

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat in your g			(vi) A mount of other support (see instructions)
			Yes	No		
(A) BAKER OF ALLEN PARK	743075712			No	3,733,716	0
(A) BAKER OF AUBURN HILLS	383474279			No	3,560,592	0
(B) BAKER COLLEGE	381948719			No	0	0
(C) BAKER OF CADILLAC	383333920			No	1,689,492	0
(D) BAKER ONLINE	383177823			No	11,034,168	0
(E) BAKER OF CLINTON TOWNSHIP	383474281			No	4,319,208	0
(F) BAKER OF FLINT	380321740			No	5,265,492	0
(G) BAKER OF JACKSON	383148566			No	2,350,608	0
(H) BAKER OF MUSKEGON	381895805			No	4,493,484	0
(I) BAKER OF OWOSSO	382805044			No	2,967,084	0
(J) BAKER OF PORT HURON	382901703			No	1,373,604	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493097005166

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Sitial Nevertide Scrytide	·			
Name of the organization Baker College Professional Services Inc			oloyer identification number	
Part I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990				the
organization unionoreal record to ronni soci	(a) Donor advised funds		(b) Funds and other accounts	
Total number at end of year				
Aggregate value of contributions to (during year)				
Aggregate value of grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		onor advi		No
Did the organization inform all grantees, donors, and c used only for charitable purposes and not for the bene conferring impermissible private benefit?			er purpose	No
art II Conservation Easements. Complete	f the organization answered "Yes"	" to Forn	n 990. Part IV. line 7.	
Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education)	a certifie	rically important land area d historic structure n of a conservation	
casement on the last day of the tax year			Held at the End of the Yea	ır
a Total number of conservation easements		2a		
Total acreage restricted by conservation easements		2b		
Number of conservation easements on a certified hist	oric structure included in (a)	2c		
Number of conservation easements included in (c) ac historic structure listed in the National Register	, ,	2d		
Number of conservation easements modified, transfer	red, released, extinguished, or termina	ated by th	ne organization during	
the tax year ►	,	,		
Number of states where property subject to conservat	tion easement is located ►			
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, h	andling of	f violations, and Yes	No
Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation eas	ements o	during the year	
A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easeme	nts during	g the year	
Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of s	section 17		No
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	ne footnote to the organization's financ			
Organizations Maintaining Collection Complete if the organization answered "		s, or Otl	her Similar Assets.	
If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, educatio	n, or rese	earch in furtherance of public	
If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, educatio			
(i) Revenue included in Form 990, Part VIII, line 1			► \$	
(ii) Assets included in Form 990, Part X				
If the organization received or held works of art, historical following amounts required to be reported under SFAS			'	
Revenue included in Form 990, Part VIII, line 1	-		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Collections	of Art, Hi	stor	cal	Treasu	ires, or Ot	<u>her</u>	Similar Ass	ets (c	continued)
3	Using the organization's acquisition, accession, and oth collection items (check all that apply)	er records, c	heck	any	of the foll	owing that ar	e a	significant use	of its	
а	Public exhibition	d	Γ	Loa	an or exc	hange progra	ms			
b	Scholarly research	е	\vdash	Ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's collections ar Part XIII	nd explain ho	ow the	y fur	ther the (organızatıon's	ex	empt purpose ır	1	
5	During the year, did the organization solicit or receive do assets to be sold to raise funds rather than to be mainta								_ Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on F	Complete i	f the	orga	anızatıo			<u>.</u>		
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?					or other asse	ts n	ot F	– Yes	
b	If "Yes," explain the arrangement in Part XIII and comp	lete the follo	wing	table	!					
							_	Am	ount	
С	Beginning balance					<u> 1</u>	lc			
d	Additions during the year					<u> 1</u>	.d			
е	Distributions during the year					<u> </u>	le			
f	Ending balance					_ 1	Lf			
2a	Did the organization include an amount on Form 990, Pa	irt X, line 21	, for e	scro	worcust	odıal accoun	t lıa	bility? [Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check he	ere if the exp	lanat	on h	as been p	provided in Pa	art >	(III		Γ
Pai	rt V Endowment Funds. Complete if the orga									
_	(a)Current	year (I	b) Prior	year	b (c)⊤	wo years back	(d)⊺	hree years back	(e)Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year en	d balance (lı	ne 1g	, col	umn (a))	held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 10	00%								
3a	Are there endowment funds not in the possession of the organization by $ \\$	organızatıor	that	are h	neld and a	admınıstered	fort	the	Yes	No No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(i	i)	<u> </u>
_	If "Yes" to 3a(II), are the related organizations listed as	=					•	3b		
4	Describe in Part XIII the intended uses of the organizat							Fa 000 Da	T\ / I	
Par	t VI Land, Buildings, and Equipment. Comp 11a. See Form 990, Part X, line 10.	nete ir the o				•		•		
	Description of property				t or other vestment)	(b) Cost or oth basis (other		(c) Accumulated depreciation	(d) B	Book value
1a	and									
b i	Buildings					4,634,5	543	1,440,770)	3,193,773
c l	_easehold improvements					1,791,	164	327,224	1	1,463,940
d i	Equipment					3,454,3	308	2,445,604	1	1,008,704
	Other					4,753,9	78	1,305,304	1	3,448,674
Tota	I. Add lines 1a through 1e (Column (d) must equal Form 99	90, Part X, col	lumn (B), II	ne 10(c).,)		►		9,115,091
								Schedule D	(Form	990) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related. C		on answered 'Yes' to Fo	orm 990, Part IV, line 11c
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
		,	
		+	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. Complete if the organization		0, Part IV, line 11d See	
(a) Desc	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. Complete if the org			ıne 11e or 11f. See
Form 990, Part X, line 25.		. ,	
1 (a) Description of liability	(b) Book value		
Federal income taxes RETIREMENT MEDICAL LIABILITY	17.022.020		
SCHOLARSHIPS PAYABLE	17,822,030		
Intercompany balance	94,943,282		
	,		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 113,250,072		
(Draining (D) mile 25)	1 13,250,072	I	

	***********			i age •
		evenue per Audited Financial Statements With Revenue ered 'Yes' to Form 990, Part IV, line 12a.	per R	eturn Complete If
		r support per audited financial statements	1	
	, -	t not on Form 990, Part VIII, line 12		
		on investments 2a		
		acilities 2b	\dashv	
		2c	\dashv	
			-	
	ines 2a through 2d .			
	J		3	
		0, Part VIII, line 12, but not on line 1	-	
		uded on Form 990, Part VIII, line 7b . 4a		
		4b	\dashv	
		· · · · · · · · · · · · · · · · · · ·	⊣ 4c	
		4c. (This must equal Form 990, Part I, line 12)	5	
		kpenses per Audited Financial Statements With Expens		Return Complete
		swered 'Yes' to Form 990, Part IV, line 12a.	es pei	Return complete
1 Total	expenses and losses per	audited financial statements	1	
2 A mou	nts included on line 1 but	t not on Form 990, Part IX, line 25		
a Donat	ed services and use of fa	icilities 2a		
b Prior	year adjustments			
		2c		
	nes 2a through 2d	<u> </u>	2e	
3 Subtra	act line 2e from line 1 .		3	
4 A mou	nts included on Form 990	D, Part IX, line 25, but not on line 1:		
		ided on Form 990, Part VIII, line 7b 4a		
	·	4b		
	•		4c	
		nd 4c. (This must equal Form 990, Part I, line 18)	5	
	Supplemental Info			
Part V , line , information	4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		de any additional
	turn Reference	Explanation		
(ASC 740) fo		The College is a nonprofit organization exempt from federal income tax Internal Revenue Code. As such, the College is not subject to federal a certain income derived from unrelated business activities as defined by Any such taxes resulting from unrelated business activities are insign college. U.S. GAAP prescribes recognition thresholds and measureme statement recognition and measurement of a tax position taken or expreturn. Tax benefits will be recognized only if the tax position is morelling a tax examination, with a tax examination being presumed to occur the largest amount of tax benefit that is greater than 50% likely of beintax positions not meeting the more-likely-than-not test, no tax benefit has concluded that they are unaware of any tax benefits or liabilities to 2015, 2014, and 2013. The college is no longer subject to examination authorities for years before 2011 and for all state income taxes through expect the total amount of unrecognized tax positions to significantly of the college recognizes interest and/or penalties related to income tax expense. The college has no amounts accrued for interest or penalties and 2013.	or state I y the Interpretation that tributed to likely-that The amoung realize will be recontain by U S h 2011 thange Ir matters	ncome tax, except for ernal Revenue Code the operations of the stee for the financial be taken in a tax an-not to be sustained unt recognized will be ed on examination For ecorded Management gnized at August 31, is federal taxing The college does not a the next 12 months in income tax
		·		

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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General Information on Grants and Assistance

Schedule I

(Form 990)

Name of the organization

PO Box 13063

Lansing, MI 489013063

Baker College Professional Services Inc

DLN: 93493097005166

OMB No 1545-0047

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

Open to Public **Inspection**

Attach to Form 990. Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

38-3043861

Employer identification number

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
	ther Assistance to IV, line 21, for any r						"Yes" to	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) Michigan Economic Development Foundation	38-2527475	501(c)(3)	25,000				General Program Support	

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1
3	Enter total number of other organizations listed in the line 1 table	0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				
Return Reference	Explanation				
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	Grants and other assistance to organizations in the United States are budgeted each year by Baker College Professional Services Inc The President determines which organization benefits from a grant based on the community's needs. If the grant exceeds the budget, the Board of Regents must approve the funding. These grants and assistance are awarded to other tax-exempt organizations to be used in any way the recipients see fit to further their mission and tax exempt purpose, the use of these funds is not monitored by the Baker College campus.				
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Grants and other assistance to organizations in the United States are budgeted each year by Baker College Professional Services Inc. The President determines which organization benefits from a grant based on the community's needs. If the grant exceeds the budget, the Board of Regents must approve the funding. These grants and assistance are awarded to other tax-exempt organizations to be used in any way the recipients see fit to further their mission and tax exempt purpose, the use of these funds is not monitored by the Baker College campus.				

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DLN: 93493097005166

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Baker College Professional Services Inc **Employer identification number**

38-3043861

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the			
	First-class or charter travel Housing allowance or residence for person	onal use		
	Travel for companions Payments for business use of personal re	esidence		
	▼ Tax idemnification and gross-up payments	es		
	Discretionary spending account Personal services (e g , maid, chauffeur,	chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payme reimbursement or provision of all of the expenses described above? If "No," complete Part III to exp		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in lir	ne 1a? 2	V 2.2	
	an ectors, tradecos, emecia, metaanig the ego, executive birector, regarding the items encoded in in	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain			
	Compensation committee Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation of	committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the fill or a related organization	ng organization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Par	tIII		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixe payments not described in lines 5 and 6? If "Yes," describe in Part III	ed 7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes,"	describe		
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in February 53 4958-6(c)?	Regulations 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part II Fair Market Value Property Rental	F James Cummins rents a house at Fair Market Value from Baker of Flint, a related tax-exempt organization. No additional taxable fringe benefits are included, so no additional compensation has been reported as a result of the rental
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Rosemary Zawackı received a retirement gift A tax gross up was computed on the taxable benefits and included in taxable wages
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	F James Cummins participates in a supplemental nonqualified retirement plan through Baker College Professional Services, a related tax-exempt organization No amount was deferred under the plan with respect to the fiscal year ending August 31, 2015

Schedule J (Form 990) 2014

Software ID: 14000329

Software Version: 2014v1.0

EIN: 38-3043861

Name: Baker College Professional Services Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
F JAMES CUMMINS PRESIDENT & CEO	(I) (II)	313,699 0	43,224	9,740 0	26,000 0	21,230 0	413,893 0	0
WENDY HEMINGWAY FORMER TRUSTEE & FORMER CHIEF OPR OFFICER	(1) (11)	122,681 65,675	0	620 0	12,333 6,167	16,110 8,077		0 0
ROSEMARY ZAWACKI FORMER V P HUMAN RESOURCES & SECRETARY	(I) (II)	100,128 0	0	0 0	6,974 0	4,186 0	111,288 0	0
DENISE BANNAN V P ACADEMICS	(I) (II)	235,000 0	30,282 0	7,470 0	23,500 0	23,214 0	319,466 0	0 0
TIFFANY DAVIS V P FINANCE (PARTIAL),CORP CONTROLLER(PARTIAL) &TREASURER	(I) (II)	183,800 0	23,450 0	4,617 0	18,500 0	24,373 0	254,740 0	0
BRUCE LUNDEEN DIR ADMISS (PARTIAL) & VP ADMISS (PARTIAL)	(I) (II)	161,334 0	20,492 0	7,007 0	16,333 0	25,179 0	230,345 0	0 0
JACQUELINE SPICER V P IT	(ı) (ıı)	188,500 0	25,998 0	3,268 0	18,850 0	9,243 0	245,859 0	0 0
LINDA KATRINIC DIR STUDENT SERV (PARTIAL)&VP FIN AID (PARTIAL)	(1) (11)	116,667 0	13,180 0	1,764 0	11,667 0	23,175 0	166,453 0	0
DANA CLARK V P HUMAN RESOURCES	(I) (II)	132,500 12,002	0	9,856 0	13,500 0	25,675 0	181,531 12,002	0 0
RICHARD DELONG V P ADMISS (PARTIAL) &DIR ADMISS (PARTIAL)	(I) (II)	225,167 0	33,236 0	9,519 0	22,767 0	22,530 0	313,219 0	0
MARK HEATON ADMISSIONS SPECIALIST	(I) (II)	110,364 0	15,222 0	2,742 0	11,036 0	23,214 0	162,578 0	0
JOHN TYLER ASSOC V P ACADEMICS (PARTIAL)	(I) (II)	133,276 0	18,312 0	690 0	13,328 0	19,913 0	185,519 0	0
NAOMI VERCIMAK DIRECTOR OF PROJECT MGT	(I) (II)	120,600 0	1,500 0	450 0	12,240 0	24,979 0	159,769 0	0

DLN: 93493097005166

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. *** *** ** ** ** ** ** ** *		umber
Part II Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 4 1 (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (c) (c) (c) (c) (c) (c) (d) (e) (
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958		
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$\Bigsim \frac{1}{2} \\	<u> </u>	b
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	(d) Corrected?	
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	s	es
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		
Interested person Purpose of loan Purpose of	zation	zation
		(i)Writt greeme
	'es	Yes
	es	Yes
Total ► \$		
Part III Grants or Assistance Benefiting Interested Persons.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.		
(a) Name of interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose		

Part IV Business Transactions Involving Interested Persons.						
Complete if the organization	<u>n answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b			
(a) Name of interested person	(b) Relationship	(c) A mount of	(d) Descr			

Complete if the organizatio	n answered "Yes" on I	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
• •	MOTHER OF TIFFANY DAVIS, VP & TREASURER	17,631	EMPLOYEE COMPENSATION		No

Part V	Supplemental In	formation

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493097005166

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Baker College Professional Services Inc	Employer identification number
	38-3043861

Return Reference	Explanation
	Pursuant to the organization's governing documents and the Michigan Non-Profit Corporation Act, Baker College is the sole stockholder of Baker College Professional Services Inc

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Pursuant to the organization's governing documents, the Board of Regents, the governing body of Baker College Professional Services Inc , is appointed by the sole stockholder, Baker College

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	An appointed committee consisting of the Board Chair, President, and Controller approved by the Board of Regents/Trustees/Directors reviewed the Form 990. The appointed committee was provided a draft of the return and a board summary report prepared by the paid tax return preparers which highlighted key areas of the Form 990. Subsequent to the appointed committee's review and recommendations, the final copy was made available to the full Board of Regents/Trustees/Directors, either electronically or by mail, prior to the filing of the Form 990 with the IRS.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The Conflict of Interest Policy covers the officers, directors, trustees, and key employees of the college. These individuals have a duty to disclose any actual or possible conflict of interest to the Corporate Control Office and Campus Finance. Office After disclosure of the conflict, the Corporate Control Office shall determine whether a financial interest exists. The System follows written procedures for addressing disclosed conflict of interest. The Corporate Control Office will review the facts and circumstances and determine whether the transaction or arrangement is in the College's best interest, for its own benefit, and fair and reasonable to the College. The Corporate Control Office shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Compensation for the President, who is the top management official, is reviewed and approved every year in May by the governing body. This review process occurs annually, and the College uses compensation data provided by the College of University Professional Association (CUPA) and other colleges' Forms 990 for similarly qualified persons functioning in comparable positions. Periodically, an independent consultant will survey other similar educational institutions to compare the President's compensation. Written minutes are maintained that include documentation with respect to the deliberations and decisions of the compensation for the President.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	A compensation review is performed every year in May for the officers and key employees identified in Part VII of the Form 990. This review is performed annually by the System CEO and the comparability data is prepared and reviewed by the System CEO, System VP for Finance/Treasurer, and a member of the Board of Regents. Periodically, an independent consultant will survey other similar educational institutions to compare the officers compensation. The report is presented to the governing body for review and approval. Written minutes are maintained that include documentation with respect to the deliberations and decisions of the compensation for the officers and key employees.

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Financial statements, governing documents, and conflict of interest policies are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104. These documents are not available to the public at this time.

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a, Column (D) Reportable compensation from the organization	Wendy Hemingway was hired 11/7/2013 as an employee for Baker College Professional Services. The compensation reported on the 990 is employee wages. No amount is paid for being a Board Trustee.

Return Reference	Explanation
Form 990, Part X, Column (B) COMPARATIVE BALANCE SHEET REPORTING	BAKER PROFESSIONAL SERVICES IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF BAKER COLLEGE AND SUBSIDIARIES ("THE COLLEGE") DURING FY 15, THE COLLEGE IMPLEMENTED A NEW ENTERPRISE RESOURCE PLANNING SYSTEM FOR GENERAL LEDGER PURPOSES, THE BALANCE SHEETS OF EACH OF THE SUBSIDIARIES HAS BEEN COMBINED THE ERP SYSTEM PROVIDES FOR SEPARATE TRACKING OF FUND BALANCE FOR EACH SUBSIDIARY, BUT NO FURTHER DETAIL ON BALANCE SHEET ITEMS A RECONCILIATION TO FUND BALANCE IS PROVIDED TO CAPTURE ALL ACTIVITY FOR EACH SUBSIDIARY FOR PURPOSES OF FORM 990 REPORTING AND PRESENTATION

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	SYSTEM IT TRANSFER - 6483000, RETIREMENT MEDICAL ADJUSTMENT - 16879105, DEBT REDUCTION770000, PACE Fund Balance - 725799, Other miscellaneous adjustment1427,

Return Reference	Explanation
Requirements under Single	As required by the U.S. Office of Management and Budget Circular A-133, audits of states, local governments, and non-profit organizations, in 2015 Baker College and subsidiaries received an audit for the consolidated financial statements for the fiscal year ended August 31, 2015, in accordance with the Single Audit Act. Baker College Professional Services, Inc. is a subsidiary corporation of Baker College.

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SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493097005166

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Baker College Professional Services Inc					Employer identification number		
				38-30438	61		
Part I Identification of Disregarded Entities Complete	f the organization a	answered "Yes" on	Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	,					
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section 512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) controlled
					·	entity?
						Yes No
See Additional Data Table						

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated				ation ansv	vered "Ye	s" on Form	990, Part I	V, line 3	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		_
				l '						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

circadio	((o m 550) 2011					ı u	ge -
Part \	Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	n 990, Part IV, lin	e 34, 35b, or 36.			
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more re	ated organizations li	sted in Parts II-IV?				
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gif	t, grant, or capital contribution to related organization(s)				1b		No
c Gıf	t, grant, or capital contribution from related organization(s)				1c		No
d Lo	ans or loan guarantees to or for related organization(s)				1d	Yes	
e Lo	ans or loan guarantees by related organization(s)				1e		No
f Div	vidends from related organization(s)				1f		No
g Sa	le of assets to related organization(s)				1g		No
h Pu	rchase of assets from related organization(s)				1h		No
i Exc	change of assets with related organization(s)				1 i	Yes	
j Lea	ase of facilities, equipment, or other assets to related organization(s)				1j		No
k Le	ase of facilities, equipment, or other assets from related organization(s)				1k		No
l Per	formance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Per	formance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sh	aring of paid employees with related organization(s)				10	Yes	
p Re	ımbursement paid to related organization(s) for expenses				1 p	Yes	
q Re	imbursement paid by related organization(s) for expenses				1q	Yes	
r Ot	ner transfer of cash or property to related organization(s)				1r	Yes	
s Ot	her transfer of cash or property from related organization(s)				1s	Yes	
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must complete	this line including co	vered relationshins	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved	

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
									\Box	1			

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

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Software ID: 14000329 **Software Version:** 2014v1.0

EIN: 38-3043861

Name: Baker College Professional Services Inc

Form 990, Schedule R, Part II - Identification of Related ⁻	Tax-Exempt Organizations	3
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Section (b)(i contro entir	n 512 13) olled
(1) JEWELL EDUCATIONAL FUND	FINANCIAL	MI	501(c)(3	Type I	BAKER COLLEGE	1 63	No
1050 W BRISTOL RD FLINT, MI 48507 38-2958545							
(1) BAKER COLLEGE	EDUCATION	MI	501(c)(3	2	NA		Νo
1050 W BRISTOL RD FLINT, MI 48507 38-1948719							
(2) BAKER OF AUBURN HILLS	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		Νo
1500 UNIVERSITY DR AUBURN HILLS, MI 48326 38-3474279							
(3) BAKER OF ALLEN PARK	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		No
4500 ENTERPRISE DR ALLEN PARK, MI 48101 74-3075712							
(4) BAKER OF CADILLAC	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		No
9600 E 13TH ST CADILLAC, MI 49601 _38-3333920							
(5) BAKER OF CLINTON TOWNSHIP	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		No
34950 LITTLE MACK AVE CLINTON TOWNSHIP, MI 48035 38-3474281							
(6) BAKER OF FLINT	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		Νo
1050 W BRISTOL RD FLINT, MI 48507 _38-0321740							
(7) BAKER OF JACKSON	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		No
2800 SPRINGPORT RD JACKSON, MI 49202 38-3148566							
(8) BAKER OF MUSKEGON	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		No
1903 MARQUETTE AVE MUSKEGON, MI 49442 _38-1895805							
(9) BAKER OF OWOSSO	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		Νo
1020 S WASHINGTON ST OWOSSO, MI 48867 38-2805044							
(10) BAKER OF PORT HURON	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		No
3403 LAPEER RD PORT HURON, MI 48060 _38-2901703							
(11) BAKER ONLINE	SCHOOL	MI	501(c)(3	2	BAKER COLLEGE		Νo
1116 W BRISTOL RD FLINT, MI 48507 38-3177823							
(12) ST FRANCIS SCHOOL OF LAW	SCHOOL	CA	501(c)(3	2	BAKER COLLEGE		No
19200 VON KARMAN AVE STE 500 IRVINE, CA 92612 47-1804087							