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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning July 1, , 2007, and ending June 30, , 2008

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
WESTERN MICHIGAN UNIVERSITY FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1903 W. Michigan Ave., Seibert Admn. Bldg. | MS 5207

City or town, state or country, and ZIP + 4
Kalamazoo, MI 49008

D Employer identification number
38-2138856

E Telephone number
269-387-2365

F Accounting method [ ] Cash [x] Accrual [ ] Other (specify) ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) If "Yes," enter number of affiliates ► N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [x] No

G Website: ► www.wmich.edu/wmuf

J Organization type (check only one) ► [x] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ► [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number ► N/A

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 74,693,333

M Check ► [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	18,277,838	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 17,127,687 noncash $ 1,150,151)			1e 18,277,838
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 5,386,518
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c
	7	Other investment income (describe ►)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities: 50,928,260	8a	(B) Other:	
	b	Less cost or other basis and sales expenses.	8b	39,470,374	
	c	Gain or (loss) (attach schedule)	8c	11,457,886	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B) STATEMENT 1.			8d 11,457,886
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ► [ ]			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a		
	b	Less. direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 100,717
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 35,222,959
Expenses	13	Program services (from line 44, column (B))			13 19,958,073
	14	Management and general (from line 44, column (C))			14 700,658
	15	Fundraising (from line 44, column (D))			15 2,189,661
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 22,848,392
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 12,374,567
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 215,936,069
	20	Other changes in net assets or fund balances (attach explanation) STATEMENT 2			20 (24,325,136)
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 203,985,500

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 18,695,130 noncash $ 1,150,151) If this amount includes foreign grants, check here ▶ ☐	22b	DISTRIBUTIONS TO WMU 19,845,281	19,845,281		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	21,600		21,600	
32 Legal fees	32	17,413		17,413	
33 Supplies	33				
34 Telephone	34	101		101	
35 Postage and shipping	35	575		575	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	537		537	
39 Travel	39	8,919		8,919	
40 Conferences, conventions, and meetings	40	13,318		13,318	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a Insurance	43a	128,857	112,792	16,065	
b Contracted Services	43b	71,215		71,215	
c Memberships	43c	27,425		27,425	
d Pledge Valuation Adjustment	43d	498,093		498,093	
e WMU Administration Fee	43e	2,189,661			2,189,661
f Miscellaneous	43f	25,397		25,397	
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	22,848,392	19,958,073	700,658	2,189,661

Joint Costs. Check ▶ ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A, (ii) the amount allocated to Program services $ N/A, (iii) the amount allocated to Management and general $ N/A, and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ Provide support for Western Michigan University All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a Provide support for Western Michigan University. (Grants and allocations $ 19,845,281) If this amount includes foreign grants, check here ▶ ☐	19,958,073
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	19,958,073

Form **990** (2007)

Part IV Balance Sheets *(See the instructions.)*

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			7,200,805	45	9,344,631
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a	16,278,717			
	b Less. allowance for doubtful accounts	48b	1,247,818	13,904,084	48c	15,030,899
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54a Investments—publicly-traded securities ▶ ☐ Cost ☒ FMV			190,495,893	54a	176,119,275
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	STATEMENT 3
	55a Investments—land, buildings, and equipment: basis	55a	2,068,621			
	b Less accumulated depreciation (attach schedule)	55b		2,032,741	55c	2,068,621
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment. basis	57a	1,119,496			
	b Less accumulated depreciation (attach schedule)	57b		1,228,356	57c	1,119,496
	58 Other assets, including program-related investments (describe ▶ CSV - Life Insurance)			1,183,952	58	1,215,810
	59 **Total assets** (must equal line 74) Add lines 45 through 58			216,045,831	59	204,898,732
Liabilities	60 Accounts payable and accrued expenses			109,762	60	913,232
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities.** Add lines 60 through 65			109,762	66	913,232
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			142,839,585	67	126,555,859
	68 Temporarily restricted			17,606,931	68	14,932,995
	69 Permanently restricted			55,489,553	69	62,496,646
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			215,936,069	73	203,985,500
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			216,045,831	74	204,898,732

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	10,897,823
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1	(30,938,635)		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) Net Transfers from WMU 6,581,641 Increase CSV-Life Insurance 31,858	b4	6,613,499		
	Add lines b1 through b4			b	(24,325,136)
c	Subtract line b from line a			c	35,222,959
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify).	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	35,222,959

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	22,848,392
b	Amounts included on line a but not on Part I, line 17.				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	22,848,392
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	22,848,392

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
STATEMENT 4				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 26		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." STATEMENT 5 ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c	X	
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ Paper Technology Fndn., WMU Research Fndn Western Michigan University and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a NONE			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.) 82b UNDETERMINED			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85a	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89a	*501(c)(3) organizations* Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

90a List the states with which a copy of this return is filed ▶ Michigan, Ohio

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 0

91a The books are in care of ▶ LOWELL P. RINKER Telephone no ▶ 269-387-2365
Located at ▶ 1903 W. MICHIGAN AVE, KALAMAZOO, MI ZIP + 4 ▶ 49008

			Yes	No
b	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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts	91b		X

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶ N/A		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . . ▶ ☐		
	and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 92	N/A	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	5,386,518	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	11,457,886	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a OTHER INCOME					100,717
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				16,844,404	100,717
105 **Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					16,945,121

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103A	OTHER INCOME RELATED TO TAX EXEMPT FUNCTION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions)*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Jan Van Der Kley — Signature of officer — Date: 12/18/08

Jan Van Der Kley — Type or print name and title — Assistant Treasurer

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ► | Phone no ►

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization: WESTERN MICHIGAN UNIVERSITY FOUNDATION

Employer identification number: 38-2138856

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ►	NONE			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Muchmore Harrington Smalley & Associates Inc. 124 West Allegan St., Suite 1900, Lansing, MI	Lobbying	66,000
	1099 issued by Western Michigan University	
Total number of others receiving over $50,000 for professional services ►	NONE	

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ►	NONE	

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► $ 86,000 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) PART VI-B, LINE I	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ► N/A			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► N/A			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** *applicable box.)*

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....

10 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts *from activities related to its charitable, etc., functions—subject to certain exceptions, and* **(2) no more than 33⅓%** *of its support* from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	13,007,733	11,988,794	15,716,939	11,400,072	52,113,538
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,892,645	2,716,464	2,232,885	3,265,747	13,107,741
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	12,380	MISCELLANEOUS INCOME 3,325	65,436	63,691	144,832
23 Total of lines 15 through 22	17,912,758	14,708,583	18,015,260	14,729,510	65,366,111
24 Line 23 minus line 17	17,912,758	14,708,583	18,015,260	14,729,510	65,366,111
25 Enter 1% of line 23	179,128	147,086	180,153	147,295	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	1,307,322	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	7,744,399	
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	65,366,111	
d Add. Amounts from column (e) for lines. 18 13,107,741 19 _____ 22 144,832 26b 7,744,399 ▶	26d	20,996,972	
e Public support (line 26c minus line 26d total) ▶	26e	44,369,139	
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	67.88 %	

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified per son " **Do not file this list with your return.** Enter the sum of such amounts for each year

N/A

(2006) ..... (2005) ..... (2004) ..... (2003) .....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) ..... (2005) ..... (2004) ..... (2003) .....

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c		
d Add Line 27a total _____ and line 27b total _____ ▶	27d		
e Public support (line 27c total minus line 27d total) ▶	27e		
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f			
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator)).** ▶	27g	%	
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%	

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15 NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.)

N/A **(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following.			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40	41		
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		86,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			86,000

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities SEE BELOW

AMOUNTS EXPENDED TO LOBBYING AGENTS TO ACT AS AN ADVOCATE FOR AND REPRESENT THE INTERESTS OF WESTERN MICHIGAN UNIVERSITY AT THE FEDERAL, STATE, AND LOCAL LEVELS OF THE LEGISLATIVE AND ADMINISTRATIVE BRANCHES OF GOVERNMENT.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of.		
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

WESTERN MICHIGAN UNIVERSITY FOUNDATION
38-2138856
2007 FORM 990 - Y/E 6/30/2008

STATEMENT 1
FORM 990-PART I-LINE 8-GAIN/LOSS-PUBLICLY TRADED SECURITIES

50,928,260	Gross Sales Price
(39,470,374)	Cost or other Basis
-	Expense of Sale
11,457,886	Gain (Loss)

STATEMENT 2
FORM 990-PART I-LINE 20-OTHER CHANGES IN FUND BALANCE

6,581,641	Net Transfer (To)/From Western Michigan University
(30,938,635)	Net Unrealized (Loss)/Gain on Investments
31,858	Increase in Cash Surrender Value of Life Insurance
(24,325,136)	Total

STATEMENT 3
FORM 990-PART IV-LINE 54a-INVESTMENTS-PUBLICLY TRADED SECURITIES

B	
126,945,552	Mutual Funds
39,200,664	Alternative Investments
281,763	Corporate Stocks
-	Corporate Bonds
9,691,296	Treasury/Federal Securities
176,119,275	Total

WESTERN MICHIGAN UNIVERSITY FOUNDATION
38-2138856
2007 Form 990 - Y/E 6/30/2008
==========

STATEMENT 4
FORM 990-PART V-A List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title & Ave Hrs	(C) Compensation	(D) Contributions to Benefit Plans	(E) Expense Allowances
Joseph Hemker 1903 W Michigan Ave Kalamazoo, MI 49008	President/ 1	0	0	0
Floyd Parks 1903 W Michigan Ave Kalamazoo, MI 49008	Vice-President/ 1	0	0	0
Lowell Rinker 1903 W Michigan Ave Kalamazoo, MI, 49008	Treasurer/ 1	0	0	0
Jan Van Der Kley 1903 W Michigan Ave. Kalamazoo, MI 49008	Asst. Treasurer/1	0	0	0
Bud Bender 1903 W. Michigan Ave. Kalamazoo, MI 49008	Executive Director/ 1 & Secretary	0	0	0
Robert Beam 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Robert Bobb 1903 W Michigan Ave. Kalamazoo, MI 49008	Director 1	0	0	0
James Brady 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
John Bromley 1903 W. Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Willard Brown, Jr 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Jon Dixon 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Randall Doran 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0

WESTERN MICHIGAN UNIVERSITY FOUNDATION
38-2138856
2007 Form 990 - Y/E 6/30/2008

STATEMENT 4 (Cont.)
FORM 990-PART V-A List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title & Ave. Hrs	(C) Compensation	(D) Contributions to Benefit Plans	(E) Expense Allowances
Steven East 1903 W. Michigan Ave. Kalamazoo, MI 49008	Director 1	0	0	0
John Dunn 1903 W. Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Stephanie Fletcher 1903 W. Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Joseph Gesmundo 1903 W. Michigan Ave. Kalamazoo, MI 49008	Director 1	0	0	0
Joseph Hemker 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Robert Herr 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Kirk Hoffman 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Richard Hughey 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
William Johnston 1903 W. Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
David Kinnisten 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
La June Montgomery-Talley 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Kenneth Miller 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0

WESTERN MICHIGAN UNIVERSITY FOUNDATION
38-2138856
2007 Form 990 - Y/E 6/30/2008

STATEMENT 4 (Cont.)

FORM 990-PART V-A List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title & Ave Hrs	(C) Compensation	(D) Contributions to Benefit Plans	(E) Expense Allowances
Michael Mueller 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Floyd Parks 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Thomas Reese 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Diana Sieger 1903 W. Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Edd Snyder 1903 W Michigan Ave. Kalamazoo, MI 49008	Director 1	0	0	0
Sandra Steinbach 1903 W. Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0
Theodore Stone 1903 W Michigan Ave Kalamazoo, MI 49008	Director 1	0	0	0

WESTERN MICHIGAN UNIVERSITY FOUNDATION					
38-2138856					
2007 Form 990 - Y/E 6/30/2008					
==========					
STATEMENT 5					
FORM 990-PART V-A - Question 75c					
Name	Related Organization	Relationship	Compensation	Contributions to Benefit Plans	Expense Allowances
John Dunn	Western Michigan University	Supported	345,000	169,913	1,566
	38-6007327	Organization			
Jan Van Der Kley	Western Michigan University	Supported	141,000	69,443	5,700
	38-6007327	Organization			
Lowell Rinker	Western Michigan University	Supported	172,000	84,710	7,500
	38-6007327	Organization			
Bud Bender	Western Michigan University	Supported	153,423	75,561	7,935
	38-6007327	Organization			

Form **8868** (Rev April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ► ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	WESTERN MICHIGAN UNIVERSITY FOUNDATION	38-2138856
	Number, street, and room or suite no If a P.O box, see instructions 1903 W. Michigan Ave., Seibert Admn., Bldg., MS 5207	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Kalamazoo, MI 49008	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► Lowell Rinker

Telephone No. ► 269-387-2365 FAX No. ► 269-387-2356

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____ If this is for the whole group, check this box . . . ► ☐. If it is for part of the group, check this box . . . ► ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or

► ☒ tax year beginning July 1, 2007, and ending June 30, 2008.

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$ N/A
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ N/A
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions