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OMB No 1545-0047

2008

Form **990** 囫

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Return of Organization Exempt From Income Tax

Open to Public Inspection

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

Λ E ₀	rthe 7	2008 63	lendar vea	r, or tax year beginning 07	2-01-2008	and ending 06-30-200	10		
		plicable		C Name of organization	-01-2000	and ending 00-30-200	,,	D Employer iden	tification number
_	dress cha		Please use IRS	KALAMAZOO COLLEGE				38-1358014	
_		-	label or print or	Doing Business As		E Telephone nur			
_	me char	-	type. See			(269) 337-7	0.00		
Inıt —	tial retur	'n	Specific Instruc-	Number and street (or P O b	oox if mail is r	not delivered to street addr	ess) Room/suite	G Gross receipts	
Ter	mınatıoı	n	tions.	1200 Academy Street		, ,			
Am	ended r	eturn		City or town, state or country	y, and ZIP + 4	1	•		
— _{Арр}	olication	pending		Kalamazoo, MI 490063269					
			F Nan	re and address of Principa	l Officer		H(a) Ta thu		
				B Wilson-Oyelaran			affiliat	s a group return f :es?	or
				cademy Street					,
. To	v ovom	nt status		zoo, MI 49006) (3) ◀ (insert no)	/->/1> -		H(b) Are all	affiliates included	I?
1 14	x-exem	pt status	J♥ 501(C)	(insert no) 4947	(a)(1) Of	527	¬		See instructions)
J W	eb site	e: F www	w kzoo edu				H(c) Grou	Exemption Nun	nber 🟲
			_				1.	I	
К Тур	e of org	anızatıon	 ✓ Corporat	ion	ther 🟲		L Year of For	mation 1833 M S	tate of legal domicile MI
Pa	rt I	Sumi	mary						
	1		•	ne organization's mission o	r most sıgr	nificant activities			
Governance	See A	dditiona	al Data Tab	le					
Ĕ	2	Check	this box 🖵	if the organization discon	tinued its o	perations or disposed	of more than 2	5% of its assets	
š	3	Numbe	r of voting	members of the governing	body (Part	VI, line 1a)		з_	30
ĭ	4			ndent voting members of t					27
න් ර	5		•	mployees (Part V, line 2a)	-		,	_	1,595
ĕ	6			olunteers (estimate if nece				6	1,200
톧				ated business revenue fron				72	71,822
Activities &	7a b	_		iness taxable income from		7a _ 7b	34,904		
-	В	Net um	leiateu bus	mess taxable mome nom	1101111990	-1, IIIIe 34	D.:-	r Year	<u> </u>
<u>o</u>		C t	L				Current Year		
	8			d grants (Part VIII, line 1h		·	10,235,097	9,799,109	
enueve	9	_		revenue (Part VIII, line 2ç			•	45,759,448	49,124,724
Нэу	10			ne (Part VIII, column (A),				21,812,846	-2,264,433
	11		•	art VIII, column (A), lines			463,853	507,603	
	12	Total r 12)	evenue—a	dd lines 8 through 11 (mus	st equal Pai	rt VIII, column (A), lir	ne	78,271,244	57,167,003
	13		and simila	ar amounts paid (Part IX, c	olumn (A).	lines 1-3)		17,073,353	19,106,814
	14			or for members (Part IX, co		•		0	0
	15		•	ompensation, employee be		•	5-		
&	15	10)	ss, other co	impensation, employee be	nents (rait	in, column (A), mes	Ĭ	23,289,599	24,889,210
Expenses	16a	Profes	sional fund	raising fees (Part IX, colu	mn (A), line	11e)		1,832	156,835
충	ь	(Total fu	undraisina exi	penses, Part IX, column (D), line	25 2,114,51	5 _}			
ш	17			(Part IX, column (A), lines	<u> </u>			19,761,486	19,330,577
	18			add lines 13–17 (must eq				60,126,270	63,483,436
	19			penses Subtract line 18 fr		. ,		18,144,974	-6,316,433
ኤ ው	 						Beginni	ng of Year	End of Year
900 000 000	20	Total -	seente (De-	t X, line 16)				262,133,042	
Net Assets or Fund Balances									227,594,845
₹ E	21			Part X, line 26)				55,269,375	53,558,234
	22			d balances Subtract line 2	21 from line	20	- 2	206,863,667	174,036,611
Pai	rt II		ature Blo						
				rgury, I declare that I have exar correct, and complete Declaration					
Plea	se	l L	•		•	•	1	05-13	-
Sign		Signa	ature of office	er					
Here	е	Jame	es Prince Vice	President					
			or print nam						
		Preparer	's k		Check If	Preparer's PTIN (S	Gee Gen Inst)		
Dviv		ereparer signature			self-				
Paid Prop	arer's	F	F	- L	empolyed 🕨 🦵				
Prepa Use (ame (or yours nployed),	·)				EIN Þ	
Jot (City		and ZIP + 4	r —					
								Phone no 🕨	

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

┌ Yes ┌ No

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

1	Briefly describe the organization's m	ISSION			
See A	dditional Data Table				
2	Did the organization undertake the prior Form 990 or 990-EZ		rvices during the year wh	ıch were not listed on	┌ Yes ┌ No
	If "Yes," describe these new se	rvices on Schedule O			
3	Did the organization cease conservices?		changes in how it conduction.	cts any program	┌ Yes ┌ No
	If "Yes," describe these change	es on Schedule O			
4	Describe the exempt purpose a Section 501(c)(3) and (4) organ others, the total expenses, and	nızatıons and 4947(a)(1) t	rusts are required to repo		
4a	(Code) (Exp	enses \$ 55,663,959	ıncludıng grants of \$	19,106,814) (Revenue \$	49,092,489)
	Higher Education The mission of Ka a richly diverse and increasingly com Kalamazoo College has developed a students	plex world As a highly selective,	nationally renowned and inter	nationally oriented four-year co	ollege of arts and sciences,
4b	(Code) (Exp	enses \$	including grants of \$) (Revenue \$)
4c	(Code) (Ex	enses \$	including grants of \$) (Revenue \$)
4d	Other program services (Des	cribe in Schedule O)			
	(Expenses \$	0 including grants of	f\$) (Revenue \$	0)
4e	Total program service expens	es \$ 55,663,959	Must equal Part IX, Lin	e 25, column (B).	

art IV	Checklist o	f Required	Schedules
--------	-------------	------------	-----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent 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		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	166			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	4 -	V	
2-	gaming (gambling) winnings to prize winners?	i .		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	. 2a	1,595			
b	If at least one is reported in 2a, did the organization file all required federal employ	ment t	ax returns?		.,	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the Did the organization have unrelated business gross income of \$1,000 or more duri			2b	Yes	
	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc At any time during the calendar year, did the organization have an interest in, or a			3b	Yes	
4a	over, a financial account in a foreign country (such as a bank account, securities a account)?		,	4a	Yes	
ь	If "Yes," enter the name of the foreign country MX , FR , KE , SP , GM					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Financial Accounts</i> .	Report o	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dui	ring the	etax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	helter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i>	nt Entu	ty Regarding Prohibited	- 55		
	Tax Shelter Transaction?		· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to			
_	file Form 8282?	 I		7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	file a F	Form 1098-C as	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds	and se	ction 509(a)(3)	-		
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related perso			9b		
10	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	 11a				
Ь	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 (от Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management						

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 30								
b	Enter the number of voting members that are independent 1b 27								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νo					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Catherine A Bonnes 1200 Academy Street Kalamazoo, MI 490063295 (269) 337-7228

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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				\vdash						
							\vdash			
				\vdash			\vdash			
1b Total							 -	1,212,164		234,624

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo 90 S High St Dublin, OH 43017	Campus Food Services	2,076,695
Datatel 4375 Fair Lakes Ct Fairfax, VA 22033	Computer consulting	850,642
Miller Davis Company 1029 Portage St Kalamazoo, MI 49001	Construction contractor	720,297
Cambridge Associates LLC PO Box 10317 Uniondale, NY 11555	Investment Advisors	158,259
Art Science Group LLC 6115 Falls Rd Baltimore, MD 21209	Marketing Consultants-Higher Education	124,151
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	·	6

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	0				,,,
ants	ь	Membership d	ues	0				
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b vents	14,131				
fts,			1c					
ਭੂੰਡ	d		izations1d	0				
Sir	е	Government gran	, ,					
美声	f	sımılar amounts r	cions, gifts, grants, and not included above	8,571,207				
돌	g	Noncash conti	1f rıbutıons ıncluded ın					
N DE	9		1,281,765					
<u> </u>	h	Total (Add line	es 1a-1f) . . .		9,799,109			
				Business Code				
enu e	2a	Tuition and fees		611,310	42,981,582	42,981,582	0	0
34	ь	Room and board		611,310	5,553,506	5,553,506	0	0
1 e3	С	Other revenue		611,310	589,636	557,401	32,235	0
erw	d							
S (1	e							
Program Service Revenue	f	All other progr	ram service revenue		0	0	0	0
ξ	g		es 2a-2f					
	3	► \$ 49,124,72	4 come (including divi	dends interest				
			imounts)		1,419,016	0	29,066	1,389,950
	4		estment of tax-exempt be	▶	17,080	0	0	17,080
			sourience of tax exempt by	► Proceeds	·		0	2,,,,,
	5	Royalties .	(1) Dool		0	0	0	0
	6a	Gross Rents	(ı) Real 261,582	(11) Personal 0				
	ь	Less rental	103,633	0				
	c	expenses Rental income	157,949	0				
	d	or (loss)	ome or (loss)		157,949	0	0	157,949
		Traction and		•	·			
	7a	Gross amount from sales of assets other	(1) Securities 76,356,250	(II) O ther 12,150				
	ь	than inventory Less cost or other basis and	80,048,220	20,709				
	c	sales expenses Gain or (loss)	-3,691,970	-8,559				
	d	Net gaın or (lo	ss)	_	-3,700,529	0	0	-3,700,529
	8a			. ▶				
Other Revenue	ь	events (not inc \$	6,037 Is reported on line IV, line 18 e G if total exceeds a	14,131				
the	С		xpensesb (loss) from fundrais	15,739 ing events	-9,702	0	o	-9,702
3	9a	Gross income activities See	from gaming part IV, line 19	*				
		Complete Schedexceeds \$15,00	dule G if total	5,572				
	b	Less directe	xpensesb	9,380				
	с	Net income or	(loss) from gaming a		-3,808	0	0	-3,808
	10a	Gross sales of returns and all	f inventory, less lowances					
	L	10 : 0	a .	1,066,751				
	b c	Less cost of o	goods sold b (loss) from sales of	703,587	363,164	0	10,521	352,643
		Miscellaneou		Business Code	,		,	
	11a							
	ь							
	с							
	d	All other rever	nue		0	0	0	0
	e	Total. Add line						
	12	Total Danie	م د ما المام م	0	57,167,003	49,092,489	71,822	-1,796,417
	12	8c,	. Add lines 1h, 2g, 3		57,107,003	TJ,UJZ,409	71,022	1,750,417

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,106,814	19,106,814		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,180,716	420,725	564,415	195,576
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	18,301,914	14,678,724	0	1,116,866
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,345,418	1,089,402	176,561	79,455
9	Other employee benefits	2,661,066	1,978,079	574,302	108,685
10	Payroll taxes	1,400,096	1,122,922	191,734	85,440
11	Fees for services (non-employees)				
а	Management	0	0	0	0
ь	Legal	39,230	4,578	34,652	0
С	Accounting	99,129	0	99,129	0
d	Lobbying	2,500	0	2,500	0
e	Professional fundraising See Part IV, line 17	156,835			156,835
f	Investment management fees	396,518	0	396,518	0
g	Other	557,754	329,831	196,005	31,918
12	Advertising and promotion	98,977	96,183	2,794	0
13	Office expenses	2,842,105	2,146,539	588,233	107,333
14	Information technology	348,395	221,988	116,337	10,070
15	Royalties	0	0	0	0
16	Occupancy	820,980	1,891,598	-1,084,936	14,318
17	Travel	3,072,611	2,922,418	64,286	85,907
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	493,449	368,325	98,823	26,301
20	Interest	1,208,867	1,208,867	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,348,591	2,088,255	174,326	86,010
23	Insurance	220,981	194,624	18,928	7,429
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Unrelated business income tax	7,500	0	7,500	0
b	Miscellaneous	3,433,952	2,506,916	924,664	2,372
c	Perkins loan costs	51,867	0	51,867	0
d	Study Abroad costs	3,287,171	3,287,171	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	63,483,436	55,663,959	5,704,962	2,114,515
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

				(A)		(B) End of year
	1	Cash—non-interest-bearing		Beginning of year		End of year
	2	Savings and temporary cash investments	11,391,643		13,754,736	
	3	Pledges and grants receivable, net	7,914,457		7,948,434	
	4	Accounts receivable, net		617,550		831,876
	5	Receivables from current and former officers, directors, trustees, key		. 017,000	-	001,070
		other related parties Complete Part II of Schedule L	•	0	5	0
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of School		d O	6	0
	7	Notes and loans receivable, net		6,986,595	7	7,508,315
	8	Inventories for sale or use		610,981	8	641,583
\$	9	Prepaid expenses and deferred charges		1,668,936	9	822,067
Assets	10a	Land, buildings, and equipment cost basis	107,156,6	03		
⋖	L	10a	107,130,0			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	43,659,6	63,965,094	10c	63,496,964
	11	Investments—publicly traded securities		120,867,449	11	94,497,962
	12	Investments—other securities See Part IV, line 11 Complete Part VI Schedule D		48,110,337	12	38,092,908
	13	Investments—program-related See Part IV, line 11 Complete Part V	III			
	14	of Schedule D . Intangible assets			13	
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule	0			
		D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		262,133,042	16	227,594,845
	17	Accounts payable and accrued expenses .	3,879,643	17	2,761,382	
	18	Grants payable		0	18	0
	19	Deferred revenue		1,066,720		1,114,224
10	20	Tax-exempt bond liabilities		24,475,000	20	23,675,000
ě	21	Escrow account liability	•	0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties .		0	23	0
	24	Unsecured notes and loans payable		0	24	0
	25	Other liabilities Complete Part X of Schedule D		25,848,012	25	26,007,628
	26	Total liabilities. Add lines 17 through 25		55,269,375	26	53,558,234
es		Organizations that follow SFAS 117, check here ▶ √ and complete through 29, and lines 33 and 34.	lines 27			
Ü	27	Unrestricted net assets		119,067,306	27	84,874,188
Balance	28	Temporarily restricted net assets		9,942,707		10,763,912
	29	Permanently restricted net assets	77,853,654	1	78,398,511	
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and co	mplete	,		
or F		lines 30 through 34.				
ξ.	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances		206,863,667	33	174,036,611
	34	Total liabilities and net assets/fund balances		262,133,042	34	227,594,845
Pa	rt XI	Financial Statements and Reporting				

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			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
b	b Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

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

Open to Public Inspection

KALAMA	4200 (COLLEGE						38	-1358014	1		
Par	art I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)											
				ation because it is (Please								
1	\sqcap	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2	<u>~</u>	A school de	escribed in Sec t	t ion 170(b)(1)(A)(ii). (Attac	h Schedu	ıle E)						
3	\sqcap	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a l	hospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170((b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gros	5 S
		receipts fro	om activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses	
	_		-	on after June 30, 1975 See			•		•			
10	<u>_</u>	_	-	and operated exclusively to	-		•					
11	ı	-	-	and operated exclusively fo		, ,			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check
		_	ype I b				nally Integ		ď	Гтуре	III - Oth	ner
e	\sqcap	By checkin	g this box, I ce	rtıfy that the organizatıon is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e dısqualı	fied perso	ons
				agers and other than one or	more publ	icly suppo	orted orga	nızatıons (described	ın sectior	1509(a)(1	L) or
f		section 50		d a written determination fro	m the IDS	that it ic	a Type I	Type II o	r Type III	supportir	organiz	ation
•		check this		d a written determination no	ill the IKC	, that it is	a Type I,	Type II O	i Type III	supportin	ig organiz	
g		_		as the organization accepted	d any gift	or contrib	utıon from	any of the	!			
		following pe									-	
			·	r indirectly controls, either a		_	in persons	aescribe	a in (ii)		Yes	No
			· -	ng body of the the supported	_	tion				11g		
			•	erson described in (i) above		haua?				11g(
h				ty of a person described in (mation about the organizatio			cupports			11g(···/	
"		Flovide tile	: lollowing illion	nation about the organizatio	iis the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A m	ount of
	• •	orted	(, =	(described on lines 1-9		ation in	the orga			ation in	supp	
	Organization			above or IRC section	col (i)) of your		rganızed		
			(See Instructions)) your gove		verning ment?	supp	ort?	ın the	US?			
					Yes	No	Yes	No	Yes	No	1	
					162	140	162	140	162	140		
											+	
								 				

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 38-1358014

Name: KALAMAZOO COLLEGE

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Aa		Posit t	(C lion (li hat a	chec		l			(5)	(F)
(A) Name and Tıtle	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Donald R Parfet , Chair	2	Х						0	0	0
Charlotte H Hall , Vice Chair	2	X						0	0	0
Eugene V N Bissell , Treasurer	2	Х						0	0	0
A my S Courter , Secretary	2	Х						0	0	0
Rosemary K Brown , Trustee	2	Х						0	0	0
Roger E Brownell , Trustee	2	Х						0	0	0
Christopher P Bussert , Trustee	2	Х						0	0	0
James A Clayton , Trustee	2	Х						0	0	0
Helen B Etkın , Trustee	2	Х						0	0	0
Fred D Fischer , Trustee	2	Х						0	0	0
Gwen A Fountain , Trustee	2	Х						0	0	0
Jeffrey D Hsı, Trustee	2	Х						0	0	0
S Sı Johnson , Trustee	2	Х						0	0	0
Robert O Kramer , Trustee	2	Х						0	0	0
E Turner Lewis , Trustee	2	Х						0	0	0
Alexander C Lipsey , Trustee	2	Х						0	0	0
Hans P Morefield , Trustee	2	Х						0	0	0
L West Nelson , Trustee	2	Х						0	0	0
Gail A Raiman , Trustee	2	Х						0	0	0
William C Richardson , Trustee	2	Х						0	0	0
James A Robideau , Trustee	2	Х						0	0	0
Mary Beth Sarhatt , Trustee	2	Х						0	0	0
William R Stoeri , Trustee	2	Х						0	0	0
Jon L Stryker , Trustee	2	Х						0	0	0
Ronda E Stryker , Trustee	2	Х						0	0	0
Bonnie Wachter Swenby , Trustee	2	Х						0	0	0
A my E Upjohn , Trustee	2	Х						0	0	0
Eileen B Wilson Oyelaran , President	40	Х		Х				255,026	0	51,037
William J Wyne , Trustee	2	Х						0	0	0
Richard E Yehle , Trustee	2 00	Х						0	0	0

Form 990, Part VII - Section Aaa

·		Posit t	(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas M Ponto , VP Business/Finance	40			Х				168,904	0	31,175
Mıchael A McDonald , Provost	40			Х				76,677	0	11,630
Vıctorıa Gorrell , VP for College Advancement	40			х				155,122	0	24,253
Joellen Sılberman , VP for Enrollment	40			Х				112,169	0	19,141
Sarah Westfall , VP Student Dev/Dean of Students	40			х				107,547	0	16,338
Jan Tobochnık , Professor	40					Х		116,949	0	42,889
Gregory Diment , Associate Provost IS	40	·				Х		109,868	0	14,258
Peter Erdı , Professor	40					Х		109,902	0	23,903

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The mission of Kalamazoo College is to prepare its graduates to better understand, live successfully within, and provide enlightened leadership to a richly diverse and increasingly complex world. As a highly selective, nationally renowned and internationally oriented four-year college of arts and sciences, Kalamazoo College has developed a tradition of excellence in the fulfillment of this mission.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The mission of Kalamazoo College is to prepare its graduates to better understand, live successfully within, and provide enlightened leadership to a richly diverse and increasingly complex world. As a highly selective, nationally renowned and internationally oriented four-year college of arts and sciences, Kalamazoo College has developed a tradition of excellence in the fulfillment of this mission.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

				Employer iden	itification number
KAI	AMAZOO COLLEGE			38-1358014	
ar					527
1	•			tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par			t under sectio	n 501(c)(3). (See the	instructions
1			ınder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	دع	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par			t under sectio	n 501(c), except sect	tion 501(c)(3).
1	,	•	section 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	rganization's internal funds contrib	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	oald and indicate if the amount was d and promptly and directly deliver	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -
	Political expenditures Volunteer hours art I-B To be completed by all organizations exempt under section 501(c)(3). (See the instraints for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV art I-C To be completed by all organizations exempt under section 501(c), except section (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal fun political contributions received and promptly and directly delivered to a separate political organization, such as a segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds If none, enter-0-				

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 file of the subtract line 1 file form 20 either line 1 file of line 1 file file file file file file file file	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ver \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

		· g	-
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election unde	r section 501(h)). (See the instructions for Schedule C for details.)	

		(a	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		2,500
j	Total lines 1c through			2,500
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
Ь	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
ar	t III-A To be completed by all organizations exempt under section $501(c)(4)$. section	501(c)(5), or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Ret urn Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	Kalamazoo College was originally established by Michigan Territorial Laws of 1833 (Michigan Compiled Law Section 390 751 - 390 761) The College has contracted with a lobbying organization to have the charter modified to remove the stipulation requiring that a specific percentage of Trustees be in good standing with the American Bapitist Churches USA

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

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Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization KALAMAZOO COLLEGE 38-1358014 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

- >

(ii) Assets included in Form 990, Part X

- \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

►\$

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part	3111	Organizations Maintaining Co	llections of Art,	His [.]	<u>tori</u>	cal Treas	sures, or	<u>Othe</u>	<u>r Similaı</u>	r Asse	ts (co	ntınued)
3		ng the organization's accession and othe is (check all that apply)	r records, check any	of th	e foll	owing that	are a signifi	cant u	se of its co	llection	ı	
а	\sqcap	Public exhibition		d	\sqcap	Loan or ex	xchange pro	grams				
b	Γ	Scholarly research		e	Γ	Other						
c	\vdash	Preservation for future generations										
4	Prov Part	ride a description of the organization's co	ollections and explair	n how	v the y	further th	e organizatio	n's ex	cempt purp	ose in		
5		ng the year, did the organization solicit of ets to be sold to raise funds rather than t							nılar	_	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ganızatıon	answ	ered "Yes	s" to Fo	rm 99	90,
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?	lian or other intermed	ıary	for c	ontribution	s or other as	sets	not	_	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	ete the following table									
										A mou	nt	
С	Beg	inning balance						1c				
d	Add	itions during the year						1d				
e	Dist	tributions during the year						1e				
f	End	ıng balance						1f				
2a	Did t	the organization include an amount on Fo	orm 990, Part X, line	21?						Γ.	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV	1									
Pa	rt V	Endowment Funds. Complete										
4	D		(a)Current Year 156,906,549	(b) Prior	Year (c)Two Years Bad	ck (d)	Three Years	Back (e)	Four Ye	ars Back
1a		Inning of year balance	3,614,928									
b		tributions	-28,831,929									
C ~		estment earnings or losses	8,630,644									
d e		er expenditures for facilities	103,633									
-		programs										
f	Adm	ninistrative expenses	366,066									
g	End	of year balance	122,589,205									
2	Prov	ride the estimated percentage of the yea	r end balance held as									
а	Boar	rd designated or quasi-endowment 🕨	23 %									
Ь	Pern	nanent endowment 🕨 77 %										
c	Tern	n endowment 🕨 0 %										
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	d admınıster	ed for	the			
		nization by								2-(:)	Yes	No
		inrelated organizations			•					3a(i) 3a(ii)	Yes	
ь		related organizations 'es" to 3a(ii), are the related organizatio								3b	163	
4		cribe in Part XIV the intended uses of th	•					•				
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990,	Part X, line	e 10.				
		Description of investment				Cost or others (investment			(c) Deprec	ıatıon	(d) Boo	ok value
1a	Land						0 2,4	47,877	1			2,447,877
Ь	Buıldı	ngs				2,022,65		98,000	29,3	13,195),707,463
c	Lease	chold improvements				<u> </u>	0	0		0		0
		ment					0 23,2	34,775	14,3	46,444	8	3,888,331
e	0 ther							53,293		0		L,453,293

Palit VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		, , , , , , , , , , , , , , , , , , ,
Closely-held equity interests		
Other Hedge Funds	16,716,523	F
Other Private Equity Funds	7,262,757	F
Other Charitable remainder trusts and gift annuities	14,113,628	F
Other Chantable remainder trusts and girt annuities	14,113,020	<u>'</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨	38,092,908	
Part VIII Investments—Program Related. Sec	e Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(U) DOOK Value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	20.15	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descrip) tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
Postretirement benefit	13,999,657	
Annuities payable	3,009,777	
Federal Perkins Loan	6,414,941	
Payable to other beneficiaries	2,583,253	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	26.007.630	
TOTAL (COMMIN (D) SHOULD EQUAL FORM 550, PAIL A, COI (D) IIIIE 23)	26,007,628	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	57,167,003
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,483,436
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,316,433
4	Net unrealized gains (losses) on investments	4	-26,510,623
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-26,510,623
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-32,827,056
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		, ,
1	Total revenue, gains, and other support per audited financial statements	1	30,988,568
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	-26,510,623
3	Subtract line 2e from line 1	3	57,499,191
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 396,518		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-332,188
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	57,167,003
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	Return
1	Total expenses and losses per audited financial statements	1	63,815,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	728,706
3	Subtract line 2e from line 1	3	63,086,918
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 396,518		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	396,518
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	63,483,436

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanat ion
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of approximately 500 individual funds established for a variety of purposes. These funds provide support for instruction, academic support departments, student services, institutional support departments, physical plant maintenance and improvements, public service programs, and scholarships, as well as, general operating support.
SchD_P10_S00_L00	Schedule D, Part X	The College financial statement footnotes do not provide specific reference to the uncertain tax positions under FIN 48 The College's unrelated business income has been minimal
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Expenses reported with revenuesspecial event expenses and cost of goods sold
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Expenses included in revenuespecial event expenses and cost of inventory sold

OMB No 1545-0047

2008

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization KALAMAZOO COLLEGE

Employer identification number

38-1358014

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"	-		
	please explain	3		No
	The following statement appears in the College catalogue "Kalamazo College is committed to equal rights, equal opportunities, and equal protection under the law. The College administers its programs without regard to race, creed, religion, age, sex, national origin, height, weight, marital status, physical disability as protected by law, or sexual orientation. The College's definition of sexual orientation proscribes discrimination based on a person's heterosexuality, homosexuality, bisexuality, or gender identity, actual or presumed. Kalamazoo College draws a substantial percentage of its students from outside the Kalamazoo community including other areas of Michigan, the United States, and foreign countries and follows a racially nondiscriminatory policy as to students. Publication is not required under Rev Proc 75-50, Section 4.03-2(b)			.,,
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	_	,	
d	with student admissions, programs, and scholarships?	4c 4d	Yes	
	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	4u	Yes	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	<u>5a</u>		No
Ь	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5c		Νο
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νο
g	Athletic programs?	5g		Νο
h	Other extracurricular activities?	5h		Νο
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization receive any financial aid or assistance from a governmental agency?	<u>оа</u> 6b	162	N o
_	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493132006360

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public Inspect ion

Name	of the	orga	anıza	atior
KALA	MAZO	0 C	OLL	.EGE

Employer identification number

38-1358014

Part I	General Information on	Activities	Outside the	United States	 Complete if the 	organization	answered
	"Yes" to Form 990, Part IV	, lıne 14b.					

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or 1 assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the

3 Activites per Region (Us	se Schedule F-1	(Form 990) if add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	0	Program Services	Higher education	62,320
East Asia and the Pacific	0	1	Program Services	Higher education	640,077
Europe (including Iceland and Greenland)	0	9	Program Services	Higher education	1,771,168
Middle East and North Africa	0	0	Program Services	Higher education	44,590
North America (including Canada and Mexico, but not the United States)	0	1	Program Services	Higher education	67,334
South America	0	3	Program Services	Higher education	405,053
South Asia	0	0	Program Services	Higher education	51,600
Sub-Saharan Africa	0	5	Program Services	Higher education	236,093
	0	19			3,278,235

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID: 08000095

Software Version: v1.00

EIN: 38-1358014

Name: KALAMAZOO COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
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DLN: 93493132006360

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

N	ame	of the	organ	ızatıon
K	ALA	MAZO	о со	LLEGE

Employer identification number

38-1358014

Part I	Fundraising Activities.	Complete if the	organization answered	"Yes" to	Form 990.	Part IV, line 17	<i>'</i> .
	. anaraming mention	Compices in the	or garnzadori anomerca			I GICTY / IIIIC T	•

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
 - Mail solicitations

- e 🗸 Solicitation of non-government grants

Email solicitations

Solicitation of government grants

Phone solicitations

g Special fundraising events

- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
Wilson Bennett Technology Inc	Phonathon		No	373,058	36,000	337,058			
	Capital campaign planning		No	0	120,835	-120,835			
Total			b						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ed		
			(a) Event #1 Golf Outing	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))				
			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	21,288	3			2 :	1,288		
	2	Less Charitable contributions	14,131				14,13			
	3	Gross revenue (line 1 minus line 2)	7,157	,		7,15		7,157		
Direct Expenses	4	Cash Prizes	C							
	5	Non-cash Prizes	C)		0				
	6	Rent/Facility costs	С			0				
	7	Other direct expenses	15,739)		15,739				
	8 Direct expense summary Add lines 4 through 7 in column (d)							15,739		
	9	Net income summary Combine li	nes 3 and 8 ın column (d))	•		-8,582			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e than	1		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr				
<u> </u>	1	Gross revenue								
es	2	Cash prizes								
pens	3	Non-cash prizes								
Direct Expenses	4	Rent/facility costs								
ద	5	Other direct expenses								
	6	Volunteer labor	┌ Yes%	┌ Yes <u> </u>	┌ Yes% ┌ No					
	7									
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				_		
9	Ent	er the state(s) in which the organiza	ition operates gaming act	tivities			Yes	No		
а	Ist	he organization licensed to operate				· 9a		<u> </u>		
Ь	If "	No," Explain								
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									
Ь	11	Yes," Explain								
11	— Doe	es the organization operate gaming a	activities with nonmembe	rs?						
12	Ist	he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partners!	hip or other entity					
	forn	ned to administer charitable gaming	?			. 12				

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493132006360

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion Employer identification number

KALAMAZOO COLLEGE						38-1358014	
Part I General Infor	mation on Grai	nts and Assistance	e			'	
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the gran	nts or assistance?					▼ Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	es. Complete if the of no one recipient rec	eived more than \$5,	
1(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
2 Enter total number of seconganizations		=			•		
3 Enter total number of oth	er organizations .	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	·
For Paperwork Reduction Act Not	ice, see the Instruct	ions for Form 990.		Cat No 500551)	Sc	hedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	1286	19,106,814			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Scholarships are awarded based on established criteria, including donor restrictions

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DLN: 93493132006360

OMB No 1545-0047

Schedule J

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization KALAMAZOO COLLEGE

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

38-1358014

Ρā	Questions Regarding Compensation	n				
					Yes	Νο
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	✓ Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	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 payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			Ω		N.o.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Eileen B Wilson Oyelaran	(ı) (ıı)	232,645 0	0	22,381 0	26,288 0	27,579 0	308,893 0	141,233 0
Thomas M Ponto	(1) (11)	148,404 0	0	20,500 0	17,925 0	14,409 0	201,238 0	97,879 0
V ictoria Gorrell	(ı) (ıı)	140,683 0	0	14,439 0	16,312 0	8,980 0	180,414 0	88,334 0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The spouse of the President sometimes accompanies her on trips to attend fundraising events with alumni and donors on behalf of the College. The spousal travel expenses are paid under an accountable plan and are not taxable. The President is required to live in housing provided on campus. The value of this housing is excluded from taxable income.
SchJ_P01_S00_L01b	Schedule J, Part I, Line 1b	The College has not yet adopted a formal written policy related to travel by spouses. Only travel by the President's spouse is reimbursed under accountable plan rules when such travel is necessary to the President performing her official duties in such areas as advancement and alumni relations because the President is often required to have extensive and unique contact with the public on behalf of the College. The Chair of the Audit Committee reviews all travel and entertainment expenses of the President pursuant to the Audit Committee charter. During the 2008-2009 fiscal year, only two trips included the President's spouse and the purpose of the travel, the expenses incurred, and the activities of the spouse are fully documented. The College does not reimburse spousal travel for other employees of the College. The College is currently drafting a written policy.

DLN: 93493132006360

OMB No 1545-0047

Schedule K (Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

Supplemental Information on Tax Exempt Bonds

Open to Public **Inspection**

Provide descriptions, explanations, and any additional information in Schedule O. Department of the Treasury Internal Revenue Service Name of the organization KALAMAZOO COLLEGE

Employer identification number 38-1358014

Р	art I Bond Issues (Required	for 2008)					,									
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	scription of	Purpose	(g) Det	feased	(h) Beha Iss	alfof		
			<u> </u>			<u> </u>					Yes	No	Yes	No		
A	Michigan Higher Education Facilities Authority	52-1285150	594519vn7	11-08-	2000	9,0	095,000	Renovate Fi 1994 bond i		ıldıng, refund		х		×		
В	Michigan Higher Education Facilities Authority	52-1285150	594519A75	08-14-	2003	12,9	-J4211 IIIIII I	Renovate lib bonds	library, refund 1997		Renovate library, refund 1997 bonds			х		х
c	Michigan Higher Education Facilities Authority	52-1285150	594519M72	09-28-2007		7,4	7,410,000 enterprise re		enovate Student Center, nterprise resource system, enovate residence halls			х		Х		
Pa	Proceeds (Optional for	2008)			,		,									
1	1 Total Proceeds of Issue				A	В	<u> </u>		С	D		E				
2	Gross Proceeds in Reserve Funds											+				
3	Proceeds in Refunding or Defeasar	nce Escrows														
4								+								
5	Issuance Costs from Proceeds							+				1				
6	Working Capital Expenditures from	n Proceeds														
7	Capital Expenditures from Proceed	ds	-							1						
8	Year of Substantial Completion		-							.1						
			•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	s	No		
9	Were the bonds issued as part of a	a current refunding iss	sue?	<u></u>	Г	T	 	T	Γ			┦				
10	Were the bonds issued as part of a	an advance refunding	ıssue?													
11	Has the final allocation of proceed	is been made?														
12	Does the organization maintain ad final allocation of proceeds?	lequate books and rec	ords to support the													
Pa	rt IIII Private Business Use	(Optional for 2008)													
				A		B			C	D		+	E			
	Was the organization a partner in a	a nartnership or a mo	ambar of an LLC	Yes	No	Yes	No	Yes	No	Yes	No	Yes	-	No		
1	which owned property financed by		iliber of all LLC,]									
2	Are there any lease arrangements which may result in private busine	•	nanced property													
For	Paperwork Reduction Act Notice, see the	e Instructions for Form	1990.			Cat No 501	93E			Sch	nedule K ((Form 99	0) 2008			

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493132006360

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization KALAMAZOO COLLEGE

Employer identification number Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

4	(a) Name of disqualified person	(h) Description of transportion	(c) Corrected?			
1	(a) Name of disquamed person	(b) Description of transaction	Yes	No		
			·			

2	! Enter the amount of tax imposed on the 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 . . .

Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal (d)Balance due (e) In Appl		default?		(f) Approved by board or committee?		(g)Wr agreen	
	То	From			Yes	No	Yes	No	Yes	No

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)A mount of grant or type of assistance
Name withheld under FERPA		Scholarship granted in accordance with established criteria (See Schedule O)
•		

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
Ronda Stryker	Spouse owns Radisson Plaza Hotel in Kalamazoo		Event services and accomodations		No

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DLN: 93493132006360

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization KALAMAZOO COLLEGE

Employer identification number

					38-1358014			
Pa	Tt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property		25	1 277 765	avarage dayly stock	price		
	Securities—Publicly traded . Securities—Closely held stock .	X	25	1,277,765	average daily stock	price		
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe <u>Piano</u>)	Х	1	4,000	A ppraisal			
26	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		r for contributions for	29			0
							Yes	No
30a	During the year, did the organization hold for at					[
	least three years from the date of			not required to be used for (exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or use contributions?	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
b	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) IS			

Part II Supplemental Infor 32b, and 33. Also com	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization KALAMAZOO COLLEGE

Employer identification number

38-1358014

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Jon L Stryker and Ronda E Stryker are siblings

ldentifier	Return Reference	Explanation
F990_P06_S0A_L04	Form 990, Part VI, Section A, Line 4	At the March 2009 meeting, the following changes to the bylaws were approved by the Board 1. To provide that the President and Vice President of the Alumni Association Executive Board would receive automatic nominations the Board of Trustees by virtue of their office. 2. Trustees are elected at the annual meeting in June and begin their terms immediately. 3. A quorum of the Board is represented by nine Trustees being present either physically or by electronic means. 4. In the absence of the Chair of the Board, a Vice Chair present with the most senior service or any other officer designated by the Chair shall assume the duties of the Chair. 5. The Treasurer shall be a member of the Investment Committee and the Finance Committee. 6. The Audit Committee shall consist of three Trustees and may be supplemented by a non-trustee. Members and the Chair of the Audit Committee shall be selected by the President and Board Chair. Terms will be staggered to provide continuity. The primary function is to Assist the full Board in reviewing the audited financial statements, internal controls, performance of the external auditors, including their qualifications and independence. The Committee shall recommend to the Board the appointment of an independent auditing firm to conduct an annual audit and shall meet annually with the firm to hear its report and review the report with the Board.

	ldentifier	Return Reference	Explanation
F	990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The Forms 990 and 990T are provided to the Audit Committee of the Board of Trustees for review A meeting is convened with the Audit Committee and the Vice President for Business and Finance to review and discuss the Forms 990 and 990T. After receiving the Audit Committee's approval, the Forms 990 and 990T are provided to the full Board of Trustees for review and comment. After sufficient time for review and comment by the full Board of Trustees, the Forms 990 and 990T are timely filed.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The conflict of interest policy is provided to every Trustee and Officer in October. Every recipient is asked to return a disclosure form that discloses any potential relationships that may represent a conflict of interest and discloses any gifts or loans from entities with which the College has significant business dealings. The formalso asks Trustees to acknowledge that they have read the conflict of interest policy and confirm that they have no knowledge of any real or potential violation of the policy and that they will refrain from taking any unfair advantage of any information obtained in their role as Trustee or Officer.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation of the President is reviewed annually by the Board of Trustees. As part of this process, the President's compensation is compared to a cohort of similar institutions, the Great Lakes College Association. The result of the deliberations and decisions are documented in a statement of salary letter sent to the President and the Vice President for Business and Finance. The compensation of the College officers is determined annually by the President and compared with compensation of similarly placed officers of Great Lakes College Association institutions. The officer compensation is submitted to the Executive Committee for review.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Kalamazoo College is organized under Michigan statute MCL Section 390 751 through 390 761. The bylaw's and conflict of interest policy are available by request. The financial statements are also available by request, posted on the College's wiebsite, made available in the College library, and filed with the Municipal Securities Rulemaking Board as part of the continuing disclosure requirements related to the tax exempt bond issues.

ldentifier	Return Reference	Explanation
SchL_P03_S00_L00	Schedule L, Part III	Scholarship granted to child of trustee was granted according to established criteria applied to all students. Kalamazoo College determined the student was eligible for a four year scholarship two years prior to his parent joining the Board. He will graduate in June 2010.