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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008**Open to Public Inspection**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)

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008 , and ending 06/30, 20 09	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KETTERING UNIVERSITY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1700 University Avenue City or town, state or country, and ZIP + 4 Flint, MI 48504-6214
	D Employer identification number 38 2410852 E Telephone number (810) 762-9790
	G Gross receipts \$ 107,384,807
	F Name and address of principal officer Dr Stanley R Liberty 1700 University Avenue, Flint, MI 48504-6214
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.Kettering.edu	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1982 M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See Statement 2	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 42
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 41
5 Total number of employees (Part V, line 2a)	5 1,086
6 Total number of volunteers (estimate if necessary)	6 300
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0
8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,090,044 Current Year 5,431,077
9 Program service revenue (Part VIII, line 2g)	47,530,326 47,774,298
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,721,970 -6,279,677
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	604,891 580,663
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,947,231 47,506,361
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,499,205 1,786,705
14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,109,125 33,952,525
16a Professional fundraising fees (Part IX, column (A), line 11e)	4,263 21,867
b Total fundraising expenses (Part IX, column (B), line 25)	1,330,747
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24g)	21,193,918 21,256,390
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	56,806,511 57,017,487
19 Revenue less expenses. Subtract line 18 from line 12	5,140,720 -9,511,126
20 Total assets (Part X, line 16)	Beginning of Year 165,543,926 End of Year 150,697,153
21 Total liabilities (Part X, line 26)	32,931,880 33,213,152
22 Net assets or fund balances. Subtract line 21 from line 20	132,612,046 117,484,001

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer <i>Susan K Bolt</i>	Date 2/11/10	
	Susan K Bolt, Treasurer Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (see instructions)
Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2008)2-35
318 6

APR 16 2010

SCANNED

 INTERNAL REVENUE SERVICE
 RECEIVED
 MAR 14 2010
 SERVICE CENTER DIRECTOR
 COVINGTON, KY
 MAIL UNIT # 18
 018 TABLE SORT RECEIVED

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee) 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 IV		✓
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		✓
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		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		✓
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		✓
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		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		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.	123	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
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.	1086	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	✓	
4b	If "Yes," enter the name of the foreign country. Cayman Islands See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	✓	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	✓	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	✓	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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 2–7b 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 42	
b Enter the number of voting members that are independent	1b 41	
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?	2	✓
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?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a ✓	
b Each committee with authority to act on behalf of the governing body?	8b ✓	
9a Does the organization have local chapters, branches, or affiliates?	9a	✓
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?	9b	
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 ✓	
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	✓

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a ✓	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ✓	
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 ✓	
13 Does the organization have a written whistleblower policy?	13 ✓	
14 Does the organization have a written document retention and destruction policy?	14 ✓	
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:		
a The organization's CEO, Executive Director, or top management official?	15a ✓	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	✓
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	✓
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 **CA, IN, MD, NY, OR**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **See Statement 5**

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

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 48

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 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

	Yes	No
3		✓
4	✓	
5		✓

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
See Statement 7		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 2		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 68,721				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,362,356				
	g Noncash contributions included in lines 1a-1f: \$	257,038				
	h Total. Add lines 1a-1f		5,431,077			
Program Service Revenue		Business Code				
	2a Tuition & Fees Undergraduate	611310	36,858,165	36,858,165	0	0
	b Tuition & Fees Graduate	611310	4,556,970	4,556,970	0	0
	c Research	611310	2,620,185	2,620,185	0	0
	d Continuing Education	611310	350,410	350,410	0	0
	e Auxiliary Services	611310	3,388,568	0	0	3,388,568
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f		47,774,298			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,528,427	0	0	2,528,427
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0
	5 Royalties		0	0	0	0
		(i) Real (ii) Personal				
	6a Gross Rents	91,748 0				
	b Less rental expenses	0 0				
	c Rental income or (loss)	91,748 0				
	d Net rental income or (loss)		91,748	0	0	91,748
		(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory	51,030,171 0				
	b Less cost or other basis and sales expenses	59,838,275 0				
	c Gain or (loss)	-8,808,104 0				
	d Net gain or (loss)		-8,808,104	0	0	-8,808,104
	8a Gross income from fundraising events (not including \$ 68,721 of contributions reported on line 1c). See Part IV, line 18	a 41,395				
	b Less direct expenses	b 40,171				
	c Net income or (loss) from fundraising events		1,224	0	0	1,224
	9a Gross income from gaming activities See Part IV, line 19	a 0				
	b Less direct expenses	b 0				
	c Net income or (loss) from gaming activities		0	0	0	0
	10a Gross sales of inventory, less returns and allowances	a 0				
b Less cost of goods sold	b 0					
c Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue		487,691	487,691	0	0	
e Total. Add lines 11a-11d		487,691				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		47,506,361	44,873,421	0	-2,798,137	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,786,705	1,786,705		
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	1,154,851	114,980	867,529	172,342
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	24,966,739	22,052,129	2,333,405	581,205
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,405,412	2,044,601	288,649	72,162
9	Other employee benefits	3,567,206	3,032,125	428,065	107,016
10	Payroll taxes	1,858,317	1,579,569	222,998	55,750
11	Fees for services (non-employees)	0	0	0	0
a	Management	169,376	7,528	161,848	0
b	Legal	77,785	0	77,785	0
c	Accounting	0	0	0	0
d	Lobbying	21,867			21,867
e	Professional fundraising services See Part IV line 17	0	0	0	0
f	Investment management fees	2,983,791	2,620,549	332,104	31,138
g	Other	523,476	437,362	84,027	2,087
12	Advertising and promotion	3,409,876	3,071,371	219,113	119,392
13	Office expenses	0	0	0	0
14	Information technology	0	0	0	0
15	Royalties	2,663,416	2,663,416	0	0
16	Occupancy	1,157,313	798,980	220,836	137,497
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	71,361	59,953	5,724	5,684
19	Conferences, conventions, and meetings	1,294,604	1,294,604	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	4,281,176	4,281,176	0	0
22	Depreciation, depletion, and amortization	317,525	2,447	315,078	0
23	Insurance				
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.)				
a	Campus Food Services	1,175,106	1,091,003	65,345	18,758
b	Equipment	888,880	878,725	8,497	1,658
c	Misc	962,972	836,138	122,643	4,191
d	Maintenance	1,279,733	1,266,573	13,160	0
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	57,017,487	49,919,934	5,766,806	1,330,747
26	Joint Costs. Check here <input type="checkbox"/> 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 Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	11,187,752	2	18,894,578
	3 Pledges and grants receivable, net	1,914,567	3	1,458,786
	4 Accounts receivable, net	3,468,132	4	3,166,559
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,282,295	9	1,392,977
	10a Land, buildings, and equipment: cost basis	155,773,884		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	81,628,352	10c	74,145,532
	11 Investments—publicly traded securities	60,784,383	11	47,554,146
	12 Investments—other securities. See Part IV, line 11	0	12	2,138,083
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,945,788	15	1,946,492
16 Total assets. Add lines 1 through 15 (must equal line 34)	165,543,926	16	150,697,153	
Liabilities	17 Accounts payable and accrued expenses	4,180,124	17	5,018,120
	18 Grants payable	0	18	0
	19 Deferred revenue	1,564,049	19	1,730,665
	20 Tax-exempt bond liabilities	25,434,854	20	24,883,601
	21 Escrow account liability. Complete Part IV of Schedule D		21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	519,319	23	427,872
	24 Unsecured notes and loans payable		24	0
	25 Other liabilities. Complete Part X of Schedule D	1,233,534	25	1,152,894
	26 Total liabilities. Add lines 17 through 25	32,931,880	26	33,213,152
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	89,608,286	27	73,689,400
	28 Temporarily restricted net assets	3,613,709	28	4,083,768
	29 Permanently restricted net assets	39,390,051	29	39,710,833
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	132,612,046	33	117,484,001
	34 Total liabilities and net assets/fund balances	165,543,926	34	150,697,153

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization undergo the required audit or audits?	<input checked="" type="checkbox"/>	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

KETTERING UNIVERSITY

Employer identification number

38 2410852

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33⅓% support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33⅓% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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 Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts 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 June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KETTERING UNIVERSITY

Employer identification number

38 : 2410852

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 ► \$

2 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

a Revenues included in Form 990, Part VIII, line 1 ► \$ 0

b Assets included in Form 990, Part X ► \$ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- | | | | |
|---------------------------------------|-------------------------------------|----------------------------|---------------------------|
| a <input checked="" type="checkbox"/> | Public exhibition | d <input type="checkbox"/> | Loan or exchange programs |
| b <input checked="" type="checkbox"/> | Scholarly research | e <input type="checkbox"/> | Other |
| c <input type="checkbox"/> | Preservation for future generations | | |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV

Part V **Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,033,244				
b Contributions	594,497				
c Investment earnings or losses	-11,491,296				
d Grants or scholarships	1,232,681				
e Other expenditures for facilities and programs	1,140,586				
f Administrative expenses	56,139				
g End of year balance	49,707,039				

- 2** Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 20 %
b Permanent endowment ▶ 80 %
c Term endowment ▶ 0 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

- (i) unrelated organizations
- (ii) related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	2,926,924		2,926,924
b Buildings	0	112,851,113	55,146,770	57,704,343
c Leasehold improvements	0	0	0	0
d Equipment	0	32,380,721	22,862,555	9,518,166
e Other	0	7,615,126	3,619,027	3,996,099
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				74,145,532

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (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 Common Sense	\$2,138,083	F
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	2,138,083	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Restricted Bond Reserve	\$1,836,975
CSV Life Insurance	\$109,517
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	1,946,492

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Gift Annuities	\$303,225
Asset Retirement Obligation	\$849,669
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	1,152,894

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,506,361
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	57,017,487
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-9,511,126
4	Net unrealized gains (losses) on investments	4	-5,616,919
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	-5,616,919
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-15,128,045

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	44,288,292
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-5,616,919
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	2,398,850
e	Add lines 2a through 2d	2e	-3,218,069
3	Subtract line 2e from line 1	3	47,506,361
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	47,506,361

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	57,017,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Losses reported on Form 990, Part IX, line 25	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	57,017,487
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	57,017,487

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 IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

See Statement 8

Part XIV **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

KETTERING UNIVERSITY

Employer identification number

38 2410852

	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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. In public relations releases and interviews with the media, the policy of nondiscrimination is made clear. All published recruiting materials for both students and employees carry a statement which declares the institutional policy of nondiscrimination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. Stmnt 9	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Department of the Treasury
Internal Revenue Service

▶ 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

OMB No 1545-0047

2008

Open To Public Inspection

KETTERING UNIVERSITY

38 : 2410852

Part I

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

- a ☒ Mail solicitations

- b** ☒ Email solicitations

- c ☒ Phone solicitations

- d ☒ In-person solicitations

- e ☒ Solicitation of non-government grants

- f ☒ Solicitation of government grants

- ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

- 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) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
See Statement 10						
Total				33,560	21,867	11,693

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 AIM/LITE Auction (event type)	(b) Event #2 Sobey Golf Outing (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	81,800	17,800	10,516	110,116
	2 Less Charitable contributions	52,665	6,915	9,141	68,721
	3 Gross revenue (line 1 minus line 2)	29,135	10,885	1,375	41,395
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	2,982	0	2,982
	6 Rent/facility costs	13,115	12,850	360	26,325
	7 Other direct expenses	7,872	319	2,673	10,864
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(40,171)
	9 Net income summary. Combine lines 3 and 8 in column (d)				1,224

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
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	
b	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 ▶			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions.		
a	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 ▶ \$		

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

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification
38 : 2410852

KETTERING UNIVERSITY

Part I General Information on Grants and Assistance

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | <input type="checkbox"/> | <input type="checkbox"/> |

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | |
|---|--|-------|
| 2 | Enter total number of section 501(c)(3) and government organizations | |
| 3 | Enter total number of other organizations | |

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

Cat No 50055P

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEOG Financial Aid	196	\$301,932	\$0		
Donor Restricted Annual Scholarships	93	\$238,268	\$0		
Endowed Scholarships	356	\$1,232,681			
MI 4S Grant Scholarships	4	\$13,824			

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

See Statement 11

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KETTERING UNIVERSITY

Employer identification number

38 2410852

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input checked="" type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<input checked="" type="checkbox"/>	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<input checked="" type="checkbox"/>	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a Receive a severance payment or change of control payment?		<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<input checked="" type="checkbox"/>	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		<input checked="" type="checkbox"/>

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

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

Note. The sum of columns (B)(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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Statement 12	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(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.

See Statement 13

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

CMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

KETTERING UNIVERSITY

Employer identification number

38 : 2410852

Part 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 determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		100	Documented by donor
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	5	119,476	Avg high/low date of gift
10 Securities—Closely held stock				
11 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 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Stmt 14)				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II **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.

See Statement 15

**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.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KETTERING UNIVERSITY

Employer identification number

38 | 2410852

See Statement 16

Name of the organization

KETTERING UNIVERSITY

Employer identification number

38 | 2410852

Statement 1 Reasonable Cause Explanations
Statement 2 Activity Or Mission Description
Statement 3 Mission Description
Statement 4 Program Service Accomplishments
Statement 5 The Books Are In Care Of
Statement 6 : Form990 PartVII SectionA
Statement 7 Contractor Compensation
Statement 8 Supplemental Information
Statement 9 Government Financial Aid Explanation
Statement 10 Fundraiser Activity Information
Statement 11 : Description of Procedures for Monitoring the Use of Grant Funds in the United States
Statement 12 : Description of Individuals' Compensation
Statement 13 : Explanation of Questions Regarding Compensation
Statement 14 : Description of Other Types of Property
Statement 15 : Description of Supplemental Information
Statement 16 Additional Information for Responses to Specific Questions for The Form 990 or Others

Statement 2

Form 990

Page 1

Line Number Part I Line 1

Activity Or Mission Description

KETTERING UNIVERSITY**38-2410852**

Activity Or Mission Description

Description

Education Kettering University, built on a tradition of co-operative education and preparation of future leaders for a global society, is dedicated to adding transformational value to our students and stakeholders through exemplary programs in engineering, science and business Kettering University achieves its mission by Empowering learning by balancing academic and experiential educational processes that prepare life-long learners and socially responsible leaders of integrity who make significant contributions to their profession, their communities, and society, Expanding knowledge through organized research with a focus on applications of value to our stakeholders, and Engaging collaborative partnerships that contribute to the well-being of our region and society

Statement 3

Form 990

Page 2

Line Number Part III Line 1

MissionDescription

KETTERING UNIVERSITY**38-2410852**

Mission Description

Description

Education Kettering University, built on a tradition of co-operative education and preparation of future leaders for a global society, is dedicated to adding transformational value to our students and stakeholders through exemplary programs in engineering, science and business. Kettering University achieves its mission by Empowering learning by balancing academic and experiential educational processes that prepare life-long learners and socially responsible leaders of integrity who make significant contributions to their profession, their communities, and society. Expanding knowledge through organized research with a focus on applications of value to our stakeholders, and Engaging collaborative partnerships that contribute to the well-being of our region and society.

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Undergraduate Instruction Delivered 70,843 undergraduate student credit hours of instruction (one student credit hour represents 10 hours of instruction for one student) Awarded 442 baccalaureate degrees in 10 different programs	\$19,775,805	\$1,786,705	\$36,858,165
	Graduate Instruction Delivered 7,005 graduate student credit hours of instruction (one student credit hour represents 10 hours of instruction for one student) Awarded 127 Master's degrees in 6 different programs	\$1,955,849	\$0	\$4,556,970
	Research Direct expenditures associated with externally funded research projects amount to about \$2.65 million and account for about 56% of the total research expenditures. The remainder of research expenditures are for overhead and infrastructure (e.g., research office staff, maintenance and depreciation of research facilities) and institutionally funded research. Major projects and goals/accomplishments are: Advances in Biotechnology and Biological Sciences to Enhance Warfighter Protection and Performance--Computational model development and the continuation of the hybrid experimental/computational techniques for the validation of model; Workforce Innovation in Regional Economic Development (WIRED) Initiative through the State of Michigan--Alternative energy education and training for undergraduate and graduate engineering students, high school science teachers and students, and pre-college students; Business development training for new business development and entrepreneurs; Strategic Economic Investment and Commercialization (SEIC) Program (21st Century Jobs Fund Initiative)--Prototype components and systems have been implemented, tested and analyzed. The integration of the pre-prototype hybrid bus (Mule Bus), based on current technology is completed and system refinement started.	\$4,702,598	\$1,742,697	\$2,620,185
	All other Program Services includes Academic Support, Student Services, Institutional Services, Scholarships and Auxiliary Services	\$23,485,682	\$184,036	\$3,738,978
Total:		\$49,919,934	\$3,713,438	\$47,774,298

Statement 5

Form 990

Page 6

Line Number Part VI Section C Line 20

TheBooksAreInCareOf

KETTERING UNIVERSITY

38-2410852

The Books Are In Care Of

Name and address:	Telephone Number
Beth A Covers 1700 University Avenue Flint, MI 48504-6214	(810)762-9925

Statement 6

Form 990

Page 7

Line Number Part VII Section A

Form 990 Part VII Section A

KETTERING UNIVERSITY

38-2410852

Form 990 Part VII Section A

Name	Title	Hours	C1	C2	C3	C4	C5	C6	Reportable Comp From Organization	Reportable Comp From Related Orgs	Other Compensation
Michael J Burns	Board Member	2	Yes						\$0	\$0	\$0
Lawrence A Denton	Board Member	2	Yes						\$0	\$0	\$0
Phillip C Dutcher	Board Member	2	Yes						\$0	\$0	\$0
David S Hoyte	Board Member	2	Yes						\$0	\$0	\$0
Kurt H Joerger	Board Member	2	Yes						\$0	\$0	\$0
Kathleen Ligocki	Board Member	2	Yes						\$0	\$0	\$0
Harry A Lomason II	Board Member	2	Yes						\$0	\$0	\$0
Jesse Lopez	Board Member	2	Yes						\$0	\$0	\$0
Sam M Mancuso	Board Member	2	Yes						\$0	\$0	\$0
Philip R Martens	Board Member	2	Yes						\$0	\$0	\$0
Dane A Miller	Board Member	2	Yes						\$0	\$0	\$0
Cindy Niekamp	Board Member	2	Yes						\$0	\$0	\$0
Robert S Oswald	Board Member	2	Yes						\$0	\$0	\$0
Marjorie Sorge	Board Member	2	Yes						\$0	\$0	\$0
Robert E Swaney Jr	Board Member	2	Yes						\$0	\$0	\$0
Stanley R Liberty	President	55	Yes		Yes				\$397,548	\$0	\$96,082
Randall S Stashick	Board Member	2	Yes						\$0	\$0	\$0
Jane L Warner	Board Member	2	Yes						\$0	\$0	\$0
Steve Sanghi	Board Member	2	Yes						\$0	\$0	\$0
Dennis Cuneo	Board Member	2	Yes						\$0	\$0	\$0
Jacqueline A Dedo	Secretary	2	Yes		Yes				\$0	\$0	\$0
Lizabeth A Ardisana	Board Member	2	Yes						\$0	\$0	\$0
William R Hartman	Board Member	2	Yes						\$0	\$0	\$0
Charles F Kettering III	Board Member	2	Yes						\$0	\$0	\$0
Larry R Johnson	Board Member	2	Yes						\$0	\$0	\$0
Lyn St James	Board Member	2	Yes						\$0	\$0	\$0
John Urquhart	Board Member	2	Yes						\$0	\$0	\$0
Heinz Schulte	Board Member	2	Yes						\$0	\$0	\$0
Curtis S Wozniak	Board Member	2	Yes						\$0	\$0	\$0
Gary L Cowger	Board Member	2	Yes						\$0	\$0	\$0
Bruce D Coventry	Board Member	2	Yes						\$0	\$0	\$0

Statement 6
KETTERING UNIVERSITY

Cornelius De Koker	Board Member	2	Yes	\$0	\$0	\$0
Major G Horton	Board Member	2	Yes	\$0	\$0	\$0
Robert C Kagle	Board Member	2	Yes	\$0	\$0	\$0
James A McCaslin	Board Member	2	Yes	\$0	\$0	\$0
Frank J Perna Jr	Board Member	2	Yes	\$0	\$0	\$0
Henio Arcangel Jr	Board Member	2	Yes	\$0	\$0	\$0
Greg Deveson	Board Member	2	Yes	\$0	\$0	\$0
Vincent Dow	Board Member	2	Yes	\$0	\$0	\$0
Chris Nielsen	Board Member	2	Yes	\$0	\$0	\$0
Debra Nemesi	Board Member	2	Yes	\$0	\$0	\$0
J Donald Rice Jr	Board Member	2	Yes	\$0	\$0	\$0
Susan Fleckenstein	Assistant Secretary	45	Yes	\$63,998	\$0	\$12,104
Susan K Bolt	Treasurer	50	Yes	\$161,342	\$0	\$33,442
Dennis Washington	Vice President	55	Yes	\$119,456	\$0	\$30,829
James A Hamilton	Vice President	55	Yes	\$111,531	\$0	\$10,379
Linda K Peterson	Vice President	55	Yes	\$126,248	\$0	\$26,922
Michael Harris	Vice President	70	Yes	\$211,815	\$0	\$19,196
Frank Hribar	Vice President	55	Yes	\$52,921	\$0	\$15,080
Kingsley J Berry	Academic Dept Head	55	Yes	\$142,511	\$0	\$53,599
Neil McCarthy	Associate Professor	55	Yes	\$150,584	\$0	\$17,709
Andrew Borchers	Interim Dept Head/Professor	55	Yes	\$162,562	\$0	\$38,262
Homayun Navaz	Professor	55	Yes	\$238,398	\$0	\$24,791
Mark Wicks	Associate Vice President Academic Affairs	55	Yes	\$145,261	\$0	\$32,563
Total:				\$2,084,175	\$0	\$410,958

C1 = Individual Trustee Or Director
 C2 = Institutional Trustee
 C3 = Officer
 C4 = Key Employee
 C5 = Highest Compensated Employee
 C6 = Former

Statement 7

Form 990

Page 8

Line Number Part VII Section B

Contractor Compensation

KETTERING UNIVERSITY

38-2410852

Contractor Compensation

Name and address:	Description Of Services	Compensation
Kiple Consulting AKA Joseph B Kiple Kiple Consulting 1704 Connor Place Forrest Hill, MD 21050	Research Program Management	\$154,366
Dickinson Wright PLLC Dickinson Wright PLLC 500 Woodward Ave Detroit, MI 48226	Legal	\$122,767
Total:		\$277,133

Supplemental Information

Explanation:		
Reference:	Schedule D, Part III, Line 4	Kettering/GMI Alumni Foundation Collection of Industrial History
Identifier:	SchD_P03_S00_L04	
Reference:	Schedule D, Part III, Line 1	The University has artwork with an insured value of approximately \$150,000 that has not been capitalized, as any proceeds from the sales of items would be reinvested in the collection
Identifier:	SchD_P03_S00_L01	
Reference:	Schedule D, Part V, Line 4	The Kettering University Endowment Fund is used for a variety of purposes including Scholarships, Endowed Chairs and support of Specific Programs
Identifier:	SchD_P05_S00_L04	
Reference:	Schedule D, Part XII, Line 2d	Part XII Line 2d Eliminate Net Assets Released from Restrictions
Identifier:	SchD_P12_S00_L02d	
Reference:	Schedule D, Part X	Not applicable
Identifier:	SchD_P10_S00_L00	

Statement 9

Form Schedule E

Page 1

Line Number Line 6

GovtFinancialAidExplanation

KETTERING UNIVERSITY

38-2410852

Government Financial Aid Explanation

Explanation

Kettering received multiple federal and state grants

Fundraiser Activity Information

Name	Activity	C1	Gross Receipts	Amount Or Retained By Contractor	Net To Organization
	Phone solicitation	No	\$33,560	\$21,867	\$11,693
Total:			\$33,560	\$21,867	\$11,693

C1 = Fundraiser control of funds?

Statement 11

Form Schedule I

Page 2

Line Number Part IV

Form 990 Schedule I Part IV

KETTERING UNIVERSITY**38-2410852****Description of Procedures for Monitoring the Use of Grant Funds in the United States**

Explanation		
Reference	Schedule I, Part I, Line 2	The grants are distributed to the student's account as payments to offset tuition costs
Identifier	SchI_P01_S00_L02	

Description of Individuals' Compensation							
	Base compensation (\$)	Bonus and incentive compensation (\$)	Other compensation (\$)	Deferred compensation (\$)	Nontaxable benefits (\$)	Total Comp reported prior 990	
Stanley R Liberty							
From org.	\$308,426	\$50,000	\$39,122	\$37,600	\$58,482	\$493,630	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Susan K Bolt							
From org.	\$152,903	\$0	\$8,438	\$18,827	\$14,615	\$194,783	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Michael Harris							
From org.	\$186,444	\$0	\$25,371	\$16,823	\$2,372	\$231,010	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Linda K Peterson							
From org.	\$120,035	\$0	\$6,214	\$14,778	\$12,144	\$153,171	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dennis Washington							
From org.	\$104,060	\$0	\$15,396	\$10,281	\$20,548	\$150,285	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Homayun Navaz							
From org.	\$233,865	\$0	\$4,533	\$10,174	\$14,617	\$263,189	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Andrew Borchers							
From org.	\$157,620	\$0	\$4,942	\$15,004	\$23,258	\$200,824	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Neil McCarthy							
From org.	\$144,335	\$0	\$6,249	\$11,791	\$5,918	\$168,293	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mark Wicks							
From org.	\$139,229	\$0	\$6,032	\$17,301	\$15,262	\$177,824	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Kingsley J Berry							
From org.	\$135,991	\$0	\$6,520	\$16,854	\$36,744	\$196,109	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Explanation of Questions Regarding Compensation

Explanation:	
Reference: Schedule J, Part I, Line 1a	1a The President has had paid travel for spouse, tax indemnification and gross-up payments, housing (required to live on premises and fmv of rents used in valuation of benefit) and social memberships One Vice President has a social membership The President and Provost chartered a plane to Milwaukee, WI for a foundation visit day trip on 9/10/2008
Identifier: SchJ_P01_S00_L01a	
Reference: Schedule J, Part I, Line 7	Eligible employees received a one-time (not added to annual base wage/salary) payment during the 2008 calendar year
Identifier: SchJ_P01_S00_L07	

Statement 14

Form Schedule M

Page 1

Line Number Part I Line 25-28

OtherNonCashContributionsTable

KETTERING UNIVERSITY

38-2410852

Description of Other Types of Property				
		lines on Part I	Contributions	Revenues
Description	Lab Equipment	Yes	19	\$125,337
Method of determining revenues	Documentation supplied by donor			
Description	Computer Equipment	Yes	2	\$12,125
Method of determining revenues	Documentation supplied by donor			

Statement 15

Form Schedule M

Page 1

Line Number Part II

Form990ScheduleMPartII

KETTERING UNIVERSITY**38-2410852****Description of Supplemental Information****Explanation:**

Reference:	Schedule M, Part I, Line 1	column (b) represents number of contributions, not number of contributed items
Identifier:	SchM_P01_S00_L01	

Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:
Reference:	Form 990, Part III, Line 4d	All other Program Services includes Academic Support, Student Services, Institutional Services, Scholarships and Auxiliary Services
Identifier:	F990_P03_S00_L04d	
Reference:	Form 990, Part V, Line 7g	Kettering University did not receive any contributions of qualified intellectual property
Identifier:	F990_P05_S00_L07g	
Reference:	Form 990, Part V, Line 7h	Kettering University did not receive any vehicles which required filing form 1098-C
Identifier:	F990_P05_S00_L07h	
Reference:	Form 990, Part V, Line 8	Kettering University did not maintain any donor advised funds Part V line 8-9b
Identifier:	F990_P05_S00_L08	
Reference:	Form 990, Part VI, Section A, Line 1a	Kettering University Board of Trustees includes 41 independent voting members in addition to the President of the University
Identifier:	F990_P06_S0A_L01a	
Reference:	Form 990, Part VI, Section A, Line 10	Kettering University reviews a copy of the Form 990 with the Finance and Audit Committee of the Board of Trustees and provides an electronic copy to all Board members prior to filing
Identifier:	F990_P06_S0A_L10	
Reference:	Form 990, Part VI, Section B, Line 12c	Annual conflict of interest policy is distributed and required to be signed by all employees Annual notification sent to all Board of Trustees members, Officers, Key Employees and 5 highest compensated employees requesting disclosure of any relevant family or business relationships
Identifier:	F990_P06_S0B_L12c	
Reference:	Form 990, Part VI, Section B, Line 15	Board of Trustees hired a search firm to conduct the Presidential search Benchmarking and market data was used to determine compensation package that was awarded to the candidate selected by the Board of Trustees
Identifier:	F990_P06_S0B_L15	
Reference:	Form 990, Part VI, Section B, Line 16b	N/A, Kettering University did not participate in any joint ventures with a taxable entity
Identifier:	F990_P06_S0B_L16b	
Reference:	Form 990, Part VI, Section C, Line 19	Kettering University's governing documents and financial statements are available on our website for public inspection
Identifier:	F990_P06_S0C_L19	
Reference:	Schedule G, Part I, Line 2b(v)	Fundraising fees of \$21,867 consisted of \$20,365 for services and \$1,502 for supplies
Identifier:	SchG_P01_S00_L02bv	
Reference:	Schedule G, Part I, Line 3	All States
Identifier:	SchG_P01_S00_L03	