

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493036005264

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2012

Open to Public Inspection

Doors Business As Terminated Number and street (or P Or box of mod is not delivered to street indicates) Number and street (or P Or box of mod is not delivered to street indicates) First above the property of the prop	Che	eck ıf a	applicable	C Name of organization KETTERING UNIVERSITY			D Employer	identification numb	er		
Same drage Same drage Same drage Same drage Same drage Same drage	- Add	dress ch	change				38-2410	852			
The remarked Amended when the Amended w			-	Somy Sasiness ru							
City or town, sade or country, and ZP + 4 Application periods F Nome and address of grances of filter Di Robert K McKahan 1700 University Ave Finith Pil 459046214 Type University Ave Finith 459046214 Type University Ave Type U					nail is not delivered to street address) Room	m/suite	E Telephone	number			
First, Nr. 435946214 F Name and address of principal officer Discourt (Nr. (Nr. 1485946214 F Name and address of principal officer Discourt (Nr. (Nr. 1485946214 Http://www. 1485946214 Http://ww				·	710 + 4		(810)76	2-9790			
F it may and address of principal officer Dr Robert K M Mohan 1700 University A ver Truit, M1 4 05046214 Tax-exempt status				Flint, MI 485046214	CM F T		G Grace Total	ints ¢ 76 477 100			
Dr 300er K McMahan 1700 University Ave Pillor, M1 483046214 H(b) Are all affiliates includes? Every Programment of the progra	- 141		Foliality		ncipal officer	H(a) Te +					
## Website: P www.Kettering.edu				Dr Robert K McMahan				⊤ Yes ▽	Νo		
## Website: ▶ wow Kettering edu ## Website: ▶ wow Kettering experies to many we ween that is a state of website edu ## Website: ▶ wow Kettering edu ## Website: ▶				,		H(b) Δre	all affiliates ii	ncluded? F Yes F	Nο		
### Website: ➤ www Kettering edu ### Mical or Geoparation Trust Association Other Livear of formation 1982 Mistale of legal #### Summary ### Summary ### British British ### British Summary ### British British ### British British ###	_			<u> </u>							
The composition P composition Trisit Association Other Learn of formation 1982 M State of legar Summary Education We prepare students for lives of extraordinary leadership and service by linking transformative expenential is copportunities to regross academic programs in engineering, science, mathematics, and business Founded in 1919 by a Flint leaders with a vision for transforming the automobile industry, kettering University today offers 15 undergraduate degrated degrees, and a variety of concentrations and minors that allow us to deliver an electration that couples theory and better than any other institution in the world At kettering we are described to achieving the extraordinary through technic stakeholders we are schieving what we appire to Our every action is imbued by a set of values that foster respect, integrices that the program is the stakeholders we are schieving what we appire to Our every action is imbued by a set of values that foster respect, integrices that the program is the stakeholders we are schieving what we appire to Our every action is imbued by a set of values that foster respect, integrices that the program is the stakeholders we are schieving what we appire to Our every action is imbued by a set of values that foster respect, integrices that the program is the stakeholders were are chieflers were are chieflers were are chieflers were are chieflers and activities and the program is active to our every action is imbued by a set of values that foster respect, integrices that the program is the program is active to the pro			<u> </u>		Insert no) 4947(a)(1) or 527	H(c) Gro	up exemption	number ►			
1 Birefly describe the organization's mission or most significant activities Education. We prepare students for lives of extraordinary leadership and service by Inling transformative experiental is Education. We prepare students for lives of extraordinary leadership and service by unling transformative experiental is Education. We prepare students for lives of extraordinary leadership and services through the substance of the property of the student of the substance of the property of the substance of the subs											
a Braffly describe the organization's mission or mast significant activities Education Wile passes students for flues of extraordinary indeed ship and service by Inking transformative expenential le apportunities to regrous academic programs in engineering, science, mathematics, and business. Founded in 1918 by a Finit feaders with a vision for transforming the automobile industry, Ketteniu University today offers 15 undergraduate of graduate degrees, and a variety of concentrations and minors that allow us to deliver an education that couples theory an better than any other institution in the world At Kettering we are dedicated to achieving the extraordinary through technol innovation, leadership and service. Through growth, global leadership, community outreach and an engaged community of stakeholders were are briving what we aspaire to Our every action is imbued by a set of values that foster respect, integrierativity, collaboration and excellence. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net essets 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of noting members of the governing body (Part VI, line 1a). 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a). 5 Total number of ordivinceers (estimate if necessary). 6 Total number of ordivinceers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a Total number of volunceers (estimate if necessary). 8 Contributions and grants (Part VIII, line 1a). 9 Prior Year. 8 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part IX, column (A), line 13 Grants and similar amounts paid (Part IX, column (A), line 1-3). 14 Benefits paid to reference (Part VIII, column (A), lines 1-3, 1-4, 1-4, 1-				•	on	L Year of f	ormation 1982	M State of legal don	nicile		
Education We prepare students for lives of extraordinary leadership and service by linking transformative expensional teleopoptrulities to rigorous academic programs in engineering, science, mathematics, and business. Foundation 1918 by a Flint leaders with a vision for transforming the automobile industry. Kettering University today offers 15 undergraduate of graduate degrees, and a variety of concentrations and minors that allow us to deliver an advication that coulcivation that the state holders we are activatively with the easier of course of the council to the council	'a										
6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 7,134 17 Other expenses (Part IX, column (A), line 11e) 7,134 18 Total expenses (Part IX, column (A), line 11e) 7,134 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 18 from line 20 23 Total labilities (Part X, line 26) 24 Total labilities (Part X, line 26) 25 Signature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of with parter has any knowledge Prior Thomas W Ayers Treasurer Type or pint name and title Prior Times any knowledge Prior Times Employed Firm's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prior Emm's name Preparer's signature Prior Emm's name Prior Times Emm's		2 3 4	Check to Number	his box from and excellence in the organization direction of voting members of the govern of independent voting members	scontinued its operations or dispos ing body (Part VI, line 1a) of the governing body (Part VI, line	ed of more than	25% of its ne	at assets	3		
Ta Total unrelated business revenue from Part VIII, column (C), line 12									1,01		
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current				·	• •				50		
8 Contributions and grants (Part VIII, line 1h)					, , , , , , , , , , , , , , , , , , , ,		_				
9 Program service revenue (Part VIII, line 2g)						Pri	or Year	Current Yea	ar		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1		• ,	<u> </u>						
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1									
12)		1				` 					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			Total		I			10 23			
14 Benefits paid to or for members (Part IX, column (A), line 4)		12									
16a Professional fundraising fees (Part IX, column (A), line 11e)			12) .	<u> </u>	<u> </u>						
Total assets (Part X, line 16)		13	12) . Grants	s and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		2,497,782	2 2,78	31,40		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13 14	Grants Benefi	s and similar amounts paid (Part Is paid to or for members (Part Ies, other compensation, employe	IX, column (A), lines 1-3)		2,497,782	2 2,78	31,40		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13 14 15	Grants Benefi Saları 5–10	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe)	IX, column (A), lines 1-3)	es	2,497,78	2 2,78	38,78		
Total assets (Part X, line 16)		13 14 15 16a	12) . Grant: Benefi Salari 5-10 Profes	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe) ssional fundraising fees (Part IX,	IX, column (A), lines 1-3)	es	2,497,78	2 2,78	31,40 38,78		
Beginning of Current Year 20 Total assets (Part X, line 16)		13 14 15 16a b	Grant: Benefi Salari 5-10 Profes Total fu	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (Dexpenses (Part IX, column (A),	IX, column (A), lines 1-3)	es	2,497,783 (31,028,363 7,134	2 2,78 0 1 32,03 4 9	31,40 38,78 93,01		
Signature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of we parer has any knowledge 2014-01-30		13 14 15 16a b 17 18	Grants Benefi Salari 5-10 Profes Total fu Other	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (mu	IX, column (A), lines 1-3). IX, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). olumn (A), line 11e). lines 25) 1,651,449 lines 11a-11d, 11f-24e). st equal Part IX, column (A), line 2	es	2,497,783 31,028,363 7,134 19,867,208 53,400,489	2 2,78 0 1 32,03 4 9 8 19,24 5 54,11	3 1 ,4 0 3 8 ,7 8 9 3 ,0 1 4 1 ,9 2 5 5 ,1 2		
Signature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of we parer has any knowledge 2014-01-30		13 14 15 16a b 17 18	Grants Benefi Salari 5-10 Profes Total fu Other	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (mu	IX, column (A), lines 1-3). IX, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). olumn (A), line 11e). lines 25) 1,651,449 lines 11a-11d, 11f-24e). st equal Part IX, column (A), line 2	es	2,497,783 31,028,363 7,134 19,867,203 53,400,483 -1,643,443	2 2,78 0 1 32,03 4 9 8 19,24 5 54,11	38,78 93,01 41,92 55,12		
Signature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of we parer has any knowledge 2014-01-30	•	13 14 15 16a b 17 18 19	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (Dexpenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract line	IX, column (A), lines 1-3)	es	2,497,783 31,028,363 7,134 19,867,208 53,400,488 -1,643,442 ag of Current Year	2 2,78 0 1 32,03 4 9 8 19,24 5 54,18 2 6,74 End of Yea	31,40 38,78 93,01 41,92 55,12 45,21		
der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of we parer has any knowledge 2014-01-30 Signature of officer Thomas W Ayers Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Prim's name Firm's name Firm's EIN	•	13 14 15 16a b 17 18 19	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (Dexpenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract line assets (Part X, line 16)	IX, column (A), lines 1-3). EX, column (A), line 4). EX, column (A), line 4). Column (A), line 11e). Column (A), line 11e). Column (A), line 11e). Solumn (A), line 11e). Solumn (A), line 11e). Solumn (A), line 2 18 from line 12	es	2,497,783 31,028,363 7,134 19,867,203 53,400,483 -1,643,443 ag of Current Year 156,485,114 28,916,376	2 2,78 0 1 32,03 4 9 8 19,24 5 54,18 2 6,74 End of Yea 4 166,93	38,78 38,78 93,01 41,92 55,12 45,21 r 16,04 21,30		
Signature of officer Thomas W Ayers Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Prim's name Firm's name Date Check if self-employed Firm's EIN Frim's EIN Frim	3	13 14 15 16a b 17 18 19	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (Dexpenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract line assets (Part X, line 16)	IX, column (A), lines 1-3). EX, column (A), line 4). EX, column (A), line 4). Column (A), line 11e). Column (A), line 11e). Column (A), line 11e). Solumn (A), line 11e). Solumn (A), line 11e). Solumn (A), line 2 18 from line 12	es	2,497,783 31,028,363 7,134 19,867,203 53,400,483 -1,643,443 ag of Current Year 156,485,114 28,916,376	2 2,78 0 1 32,03 4 9 8 19,24 5 54,18 2 6,74 End of Yea 4 166,93	31,40 38,78 93,03 41,92 55,12 45,22 r		
Signature of officer Thomas W Ayers Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's name	de kr	13 14 15 16a b 17 18 19 20 21 22 11 11 r pena	Grant: Benefi Salari 5-10 Profes Total fo Other Total Reven Total Net as Sign alties of	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (Dexpenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract line assets (Part X, line 16) liabilities (Part X, line 26) sissets or fund balances Subtract line ature Block perjury, I declare that I have expense, it is true, correct, and con	IX, column (A), lines 1-3). X, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). y), line 25) 1,651,449 lines 11a-11d, 11f-24e). st equal Part IX, column (A), line 2 18 from line 12	es Beginnin	2,497,783 31,028,363 7,134 19,867,203 53,400,483 -1,643,443 19 of Current Year 156,485,114 28,916,376 127,568,738 es and stater	2 2,78 0 1 32,03 4 9 8 19,24 5 54,19 2 6,74 End of Yea 4 166,93 6 28,83 3 138,09	38,78 93,01 41,92 55,12 f 16,04 21,30 94,73		
Thomas W Ayers Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN	de kr	13 14 15 16a b 17 18 19 20 21 22 11 11 r pena	Grant: Benefi Salari 5-10 Profes Total fo Other Total Reven Total Net as Sign alties of	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (Dexpenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract line assets (Part X, line 16) liabilities (Part X, line 26) sissets or fund balances Subtract line ature Block perjury, I declare that I have expense, it is true, correct, and con	IX, column (A), lines 1-3). X, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). y), line 25) 1,651,449 lines 11a-11d, 11f-24e). st equal Part IX, column (A), line 2 18 from line 12	es Beginnin Beginnin apanying schedu er than officer) is	2,497,783 31,028,363 7,134 19,867,208 53,400,483 -1,643,443 156,485,114 28,916,376 127,568,738 es and stater based on all	2 2,78 0 1 32,03 4 9 8 19,24 5 54,19 2 6,74 End of Yea 4 166,93 6 28,83 3 138,09	31,40 38,78 93,01 41,92 55,12 r 16,04 21,30 94,73		
Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN	secondaria para de kr	13 14 15 16a b 17 18 19 20 21 22 11 r pena	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total Net as Sign alties of dge and as any k	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract line assets (Part X, line 16)	IX, column (A), lines 1-3). X, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). y), line 25) 1,651,449 lines 11a-11d, 11f-24e). st equal Part IX, column (A), line 2 18 from line 12	es Beginnin Beginnin apanying schedu er than officer) is	2,497,783 31,028,363 7,134 19,867,208 53,400,483 -1,643,443 19 of Current Year 156,485,114 28,916,376 127,568,738 es and stater based on all	2 2,78 0 1 32,03 4 9 8 19,24 5 54,19 2 6,74 End of Yea 4 166,93 6 28,83 3 138,09	38,78 93,01 41,92 55,12 f 16,04 21,30 94,73		
reparer Firm's name Frim's EIN Fr	Secondaria de la compansa de la comp	13 14 15 16a b 17 18 19 20 21 22 11 r pena	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Sign altres of edge and as any k	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line assets (Part X, line 16)	IX, column (A), lines 1-3). X, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). y), line 25) 1,651,449 lines 11a-11d, 11f-24e). st equal Part IX, column (A), line 2 18 from line 12	es Beginnin Beginnin apanying schedu er than officer) is	2,497,783 31,028,363 7,134 19,867,208 53,400,483 -1,643,443 19 of Current Year 156,485,114 28,916,376 127,568,738 es and stater based on all	2 2,78 0 1 32,03 4 9 8 19,24 5 54,19 2 6,74 End of Yea 4 166,93 6 28,83 3 138,09	38,78 93,01 41,92 55,12 r 16,04 21,30 94,73		
reparer	de kr	13 14 15 16a b 17 18 19 20 21 22 11 r pena	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total Net as Sign alties of edge and as any k	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract lines) assets (Part X, line 16)	IX, column (A), lines 1-3). IX, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). In line 25) In line 25, 1,651,449 In lines 11a-11d, 11f-24e). It equal Part IX, column (A), line 2 It from line 12	es	2,497,783 31,028,363 7,134 19,867,208 53,400,483 -1,643,443 ag of Current Year 156,485,114 28,916,376 127,568,738 es and stater based on all	2 2,78 0 1 32,03 4 9 8 19,24 5 54,18 2 6,74 End of Yea 4 166,93 6 28,83 3 138,09 ments, and to the binformation of which	38,78 93,01 41,92 55,12 r 16,04 21,30 94,73		
	de kra	13 14 15 16a b 17 18 19 20 21 22 11 r pena	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Net as Sign alties of edge and as any k	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract line) assets (Part X, line 16)	IX, column (A), lines 1-3). IX, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). In line 25) In line 25, 1,651,449 In lines 11a-11d, 11f-24e). It equal Part IX, column (A), line 2 It from line 12	es	2,497,783 31,028,363 7,134 19,867,208 53,400,483 -1,643,443 ag of Current Year 156,485,114 28,916,378 127,568,738 es and stater based on all	2 2,78 0 1 32,03 4 9 8 19,24 5 54,18 2 6,74 End of Yea 4 166,93 6 28,83 3 138,09 ments, and to the binformation of which	38,78 93,01 41,92 55,12 r 16,04 21,30 94,73		
e e e e e e e e e e e e e e e e e e e	Security Part Part Part Part Part Part Part Part	13 14 15 16a b 17 18 19 20 21 22 11 11 r penanowledarer had	Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total Net as Sign alties of dge and as any k	s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract line) assets (Part X, line 16)	IX, column (A), lines 1-3). IX, column (A), line 4). ee benefits (Part IX, column (A), line column (A), line 11e). In line 25) In line 25, 1,651,449 In lines 11a-11d, 11f-24e). It equal Part IX, column (A), line 2 It from line 12	es	2,497,783 31,028,363 7,134 19,867,208 53,400,483 -1,643,443 ag of Current Year 156,485,114 28,916,378 127,568,738 es and stater based on all	2 2,78 0 1 32,03 4 9 8 19,24 5 54,18 2 6,74 End of Yea 4 166,93 6 28,83 3 138,09 ments, and to the binformation of which	38,78 93,01 41,92 55,12 r 16,04 21,30 94,73		

Form	990 (2012)					Page :
Par		of Program Serv dule O contains a res			ш	
1	Briefly describe the	organızatıon's mıssıor	ı			
to rig for tr conc At K lead	gorous academic progr ransforming the automo entrations and minors ettering we are dedicat	ams in engineering, sobile industry, Ketteri that allow us to delive ted to achieving the ex reach and an engaged	cience, mathem ng University to er an education otraordinary thr community of s	natics, and business oday offers 15 under that couples theory rough technological stakeholders we are	linking transformative experi Founded in 1919 by a group graduate degrees, 5 graduate and practice better than any nnovation, leadership and se achieving what we aspire to nce	of Flint leaders with a visior e degrees, and a variety of other institution in the world rvice Through growth, globa
2				rvices during the ye	ar which were not listed on	Г у
	the prior Form 990 or If "Yes." describe the	r 990-EZ ? ese new services on S	· · · · · · · · · · · · · · · · · · ·			
3				t changes in how it o	conducts, any program	
	If "Yes," describe the	se changes on Sched	ule O			
4	expenses Section 50) organizations	are required to repo	three largest program service ort the amount of grants and a	
4a	(Code) (Expenses \$	18,062,290	ıncludıng grants of \$	2,781,406) (Revenue \$	33,459,581)
		on Delivered 58642 underg paccalaureate degrees in 1			(one student credit hour represents	10 hours of instruction for one
4b	(Code) (Expenses \$	1,786,380	ıncludıng grants of \$	0) (Revenue \$	4,168,980)
		elivered 5,696 graduate stu egrees in 7 different progra		f instruction (one studen	t credit hour represents 10 hours of	instruction for one student)
 4с	(Code) (Expenses \$	3,762,602	including grants of \$	828,718) (Revenue \$	1,826,858)
	a model (computer prog chemical reaction, and a Tool Development of a principle concepts to crea contamination level unde	ram) to solve the coupled dsorption models for corre model (computer program ate a general purpose code	transfer and transport prediction of a c to model spread, for further studies conditions (wind s	port of a droplet betweer hemical agent available to surface evaporation, se s, to develop an appropr peed, turbulence, and te	es vs Chemicals Available for Contain two contacting surfaces. The mode to pose a contact hazard. Agent Fat condary evaporation, and chemical late response tool that can be utilized imperature). National Highway Traff 13-Side protocol	el must include evaporation, e Appropriate Response Operations reaction of chemical agents by first ed in the field for assessing the
	(Code) (Expenses \$	23,937,006	including grants of \$	190,519) (Revenue \$	4,073,731)
	All other Program Service	es includes Academic Supp	ort, Student Servic	es, Institutional Services,	and Auxiliary Services	
4d	Other program serv	ıces (Describe in Sch				
	(Expenses \$	23,937,006 ind	luding grants o	f\$ 19	0,519) (Revenue \$	4,073,731)
4e	Total program servi	ce expenses 🖛	47 548 278			

Part IV	Check	list of	Require	d Sche	dules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

	Check if Schedule O contains a response to any question in this Part V	•	Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2,933		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
٠	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	1		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕒 CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		ldash
b	Enter the amount of reserves the organization is required to maintain by the states			
	The which the organization is needed to issue qualified fleaten plans	1		
_	Enter the amount of reserves on hand	1		l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		lΝ

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, 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	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1 1		
13	ın Schedule O how this was done	12c	Yes	
	In Schedule O how this was done	12c 13	Yes Yes	
	ın Schedule O how this was done	-		
14 15	In Schedule O how this was done	13	Yes	
14 15 a	In Schedule O how this was done	13	Yes	
14 15 a	In Schedule O how this was done	13 14	Yes Yes	No
14 15 a	In Schedule O how this was done	13 14 15a	Yes Yes	No
14 15 a b	In Schedule O how this was done	13 14 15a	Yes Yes	No No
14 15 a b	In Schedule O how this was done	13 14 15a 15b	Yes Yes	

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , IN , MO , NY , OR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Beth A Covers 1700 University Avenue Flint, MI (810) 762-9925

Form	990	(2012
------	-----	-------

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	erage Position (do not check more than one box, unless k (list person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/2033 11136	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han d n is l	ne l both	box, an c	officer	:	(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W	- '	(F) Estima mount o compens from t	ted fother ation he
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											+		
											+		
											+		
											+		
											+		
											+		
											+		
1b Sub-Total	· · · · ·	· ·		•			•						
				٠.	٠.		•		1,821,086		0		303,048
2 Total number of individuals (ind \$100,000 of reportable compe	luding but not	limited t	to the	sel	liste		e) w	ho receive	d more th	an	l		
												Yes	No
3 Did the organization list any fo on line 1a? If "Yes," complete So					key	emplo	yee,	, or highes	t compen	sated employee			
4 For any individual listed on line					• mpei	nsatio	· n and	d other cor	npensatio	on from the	3	Yes	
organization and related organi	zatıons greater	than \$1	L50,0	000	? <i>If</i> '	Yes," (comp	lete Sched	ule J for s	uch	4	Yes	
5 Did any person listed on line 1a	a receive or acc	rue cor	npen	satio	on fro	om any	/ unr	elated org	anızatıon	or individual for		165	
services rendered to the organ	ızatıon? <i>If</i> "Yes,	" compl	ete S	ched	lule J	for su	ch pe	erson .		[5		No
Section B. Independent Co	ntractors												
Complete this table for your five compensation from the organization.	e highest comp											tax vear	
	(A) ame and business					3.01100	, -			(B)	<u> </u>	(C)
Kevin B Kingsbury , Campus Printing Comn	nunications 1700 U		Ave FI	ınt M	I 4850)4			Printing Sei		\pm	Comper	479,296
Joseph B Kiple , 1704 Connor Place Forest	Hill MD 21050								Consulting-	Research	\perp		131,259

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization -2

rt VIII	Check if Schedi	ule O contains a respoi	nse to any question i	n this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
1a	Federated cam	paigns 1a	0				514
E P	Membership du						
AH c	_	ents 1c	33,180				
<u>a</u> d	Related organiz	zations 1d	0				
<u>E</u> e	Government grant	s (contributions) 1e	0				
and Other Similar Amounts	sımılar amounts no		7,961,089				
<u> </u>	Noncash contribution 1a-1f \$	ons included in lines	240,507				
ang h	Total. Add lines	s 1 a - 1 f	· · ·	7,994,269			
			Business Code				
2a b c d	Tuition Undergradi	uate	611310	36,240,987	36,240,987	0	
Ь	Tuition & Fees Gra	duate	611310	4,168,980	4,168,980	0	
_ c	Research		611310	1,826,858	1,826,858	0	
d	Continuing Educati	on	611310	468,135	468,135	0	
e	Auxiliary Services		611310	3,605,596	0	0	3,605,59
f f	All other progra	am service revenue		0	0	0	
- g	Total. Add lines	s 2a-2f	🕨	46,310,556			
3		ome (including dividen					4 406 66
		aramounts)		1,406,692	0	0	1,406,69
4		stment of tax-exempt bond	proceeds •	0	0	0	
5	Royalties	(ı) Real	(II) Personal				
6a	Gross rents	70,178	0				
ь	Less rental	0	0				
c	expenses Rental income	70,178	0				
d	or (loss)	me or (loss)		70,178	o	0	70,17
"	Net rental inco	(i) Securities	(II) O ther	. 0,210	,		
7a	Gross amount from sales of assets other	19,890,897	0				
ь	than inventory Less cost or other basis and	15,569,837	0				
c	sales expenses Gain or (loss)	4,321,060	0				
d	Net gain or (los	s)		4,321,060	o	0	4,321,06
8a	Ψ	luding ,180 s reported on line 1c)	2.050				
ь	Less directles	penses b	3,850 7,024				
c		(loss) from fundraising		-3,174		0	-3,17
9a	Gross income f See Part IV, lin						
_		a	0				
С		penses b (loss) from gamıng actı	0	n	n	n	
	Gross sales of returns and allo	ınventory, less	VICIOS 1	Ů	Ŭ,		
		a	0				
Ь	Less cost of g		0				
С		(loss) from sales of inv		0	0	0	
11-	Miscellaneous	s Kevenue	Business Code				
11a							
b							
C .	A.II			000 757	000 757		
d	All other reven			800,757	800,757	0	
e		s 11a-11d	•	800,757			
12	Total revenue.	See Instructions .	📂	60,900,338	43,505,717	0	9,400,35

Form	990 (2012)				Page 10
Part					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			lete column (A)	
	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,781,406	2,781,406		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,395,727	0	1,150,977	244,750
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	23,014,054	20,872,585	1,489,931	651,538
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,695,482	1,441,160	186,503	67,819
9	Other employee benefits	3,996,655	3,397,157	439,632	159,866
10	Payroll taxes	1,936,869	1,646,339	213,055	77,475
11	Fees for services (non-employees)				
а	Management	0	0	0	0
Ь	Legal	93,178	48,324	44,854	0
С	Accounting	85,800	0	85,800	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	93,012			93,012
f	Investment management fees	,	0	0	, 0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,616,416	3,625,444	747,536	243,436
12	Advertising and promotion	325,917	294,328	17,243	14,346
13	Office expenses	2,238,443	2,098,210	95,801	44,432
	Information technology			 	
14		0	0	0	0
15	Royalties	0	0	0	0
16 17	Occupancy	2,463,705	2,463,705	127.400	26.047
17 18	Payments of travel or entertainment expenses for any federal,	821,675	658,138	127,490	36,047
19	state, or local public officials	_		-	
		172,072	146,801	21,732	3,539
20 21	Interest	1,144,105	1,144,105	0	0
				 	
22 23	Depreciation, depletion, and amortization	3,238,016	3,238,016	0	1 004
23 24	Insurance	299,496	13,030	285,372	1,094
а	Equipment	867,299	843,978	18,197	5,124
b	Maintenance	1,021,919	1,019,535	2,384	0
c	Student Clubs	324,649	324,649	0	0
d	Miscellaneous	1,529,230	1,491,368	28,891	8,971
e	All other expenses				· · ·
25	Total functional expenses. Add lines 1 through 24e	54,155,125	47,548,278	4,955,398	1,651,449
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,,	,	1,230,120	-,,

Part X Balance Sheet

Fal	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	9,318,776	2	14,599,077
	3	Pledges and grants receivable, net	1,695,504	3	1,081,384
	4	Accounts receivable, net	2,844,840	4	2,265,597
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Š	l _		0	6	0
Assets	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	1,464,759	9	1,372,887
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 157,168,684			
	b	Less accumulated depreciation	68,481,812	10c	67,493,995
	11	Investments—publicly traded securities	68,333,032	11	75,507,478
	12	Investments—other securities See Part IV, line 11	2,446,213	12	2,709,348
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	1,900,178	15	1,886,275
	16	Total assets. Add lines 1 through 15 (must equal line 34)	156,485,114	16	166,916,041
	17	Accounts payable and accrued expenses	2,862,362	17	3,592,354
	18	Grants payable	0	18	0
	19	Deferred revenue	1,246,234	19	1,243,593
	20	Tax-exempt bond liabilities	23,044,843	20	22,373,591
SO.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	523,551	23	431,347
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	4 000 000		4 400 400
		D	1,239,386	25	1,180,422
	26	Total liabilities. Add lines 17 through 25	28,916,376	26	28,821,307
S do		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ē	27	Unrestricted net assets	67,187,715	27	70,557,930
8	28	Temporarily restricted net assets	17,228,871	28	23,799,658
귤	29	Permanently restricted net assets	43,152,152	29	43,737,146
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	127,568,738	33	138,094,734
Z	34	Total liabilities and net assets/fund balances	156,485,114	34	166,916,041

				<u>'</u>	age ==
Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)				
_	Tabel surrous (words and Dark IV aslume (A) line 25)	1		60,5	900,338
2	Total expenses (must equal Part IX, column (A), line 25)	2		54,1	155,125
3	Revenue less expenses Subtract line 2 from line 1				
_		3		6,7	745,213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		127,5	568,738
5	Net unrealized gains (losses) on investments			-	
		5		3,7	780,783
6	Donated services and use of facilities	6			0
7	Investment expenses				
-		7			0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain in Schedule O)	8			0
9	Other changes in her assers of fund balances (explain in schedule 0)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		138,0	94,734
Par	t XII Financial Statements and Reporting	ı		,	
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
	Accounting method used to prepare the Form 990				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
2-	Schedule O		-		N.o.
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed.	wadan	2a		No
	a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b	Yes	
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				l

Software ID: 12000197 **Software Version:** v1.00

EIN: 38-2410852

Name: KETTERING UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Compensated Employees, and Independent	officers, Dii ndent Contra	ectors	s, i ri	JSte	ees,	, кеу	/ En	nployees, Higne	st	
(A) Name and Title	(B) Average hours per week (list		than pers office ctor/	not one on i r an trust	box s bot d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Henio Arcangeli Jr Board Member	2	Х						0	0	0
Lizabeth A Ardisana Board Member	2	×						0	0	0
Mary Barra Board Member	2	х						0	0	0
Jane Boon Board Member	2	х						0	0	0
Walter Borst Board Member	2	х						0	0	0
Bruce D Coventry Board Member	2	х						0	0	0
Gary L Cowger Board Member	2	х						0	0	0
Jacqueline A Dedo Board Secretary	2	х		х				0	0	0
Cornelius De Koker Board Member	2	x						0	0	0
Greg Deveson Board Member	2	×						0	0	0
Vincent Dow Board Member	2	х						0	0	0
Phillip C Dutcher Board Member	2	х						0	0	0
David S Hoyte Board Member	2	х						0	0	0
Charles F Kettering III Board Chair	4	×		х				0	0	0
Jesse Lopez Board Member	2	×						0	0	0
Dane A Miller Board Member	2	х						0	0	0
John Moyer Board Member	2	х						0	0	0
Cindy Niekamp Board Vice Chair	2	х		х				0	0	0
Chris Nielsen Board Member	2	х						0	0	0
Robert S Oswald Board Member	2	х						0	0	0
Jeffrey Owens Board Member	2	х						0	0	0
Paul Peabody Board Member	2	х						0	0	0
Frank J Perna Jr Board Member	2	х						0	0	0
J Donald Rice Jr Board Member	2	x						0	0	0
Heinz Schulte Board Member	2	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (F) (C) (D) (E) Name and Title Position (do not check Estimated amount Average Reportable Reportable hours more than one box, compensation compensation of other unless person is both from related compensation per from the week an officer and a organization (Worganizations (Wfrom the director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (list related any

	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Raymond Scott Board Member	2	х						0	0	0
Marjorie Sorge Board Member	2	х						0	0	0
Lyn St James Board Member	2	х						0	0	0
Randall S Stashick Board Member	2	х						0	0	0
Diana Tremblay Board Member	2	х						0	0	0
Robert K McMahan President	70	х		х				347,998	0	90,901
Thomas W Ayers Treasurer	55			х				105,707	0	13,253
Robert Simpson Provost	55			х				231,311	0	24,904
Susan Fleckenstein Assistant Secretary	55			х				64,567	0	16,466
Susan Davies VP University Advancement & External Relations	58				х			156,596	0	36,041
Homayun Navaz Professor	70					х		200,030	0	20,882
Massoud Tavakolı Professor	55					х		160,491	0	29,068
Janet Brelin-Fornari Professor	55					х		136,315	0	9,377
Patrick Atkinson Professor	55					х		136,095	0	27,795

Maŋorie Sorge Board Member	2	х					0	0	0
Lyn St James Board Member	2	х					0	0	0
Randall S Stashick Board Member	2	х					0	0	0
Diana Tremblay Board Member	2	х					0	0	0
Robert K McMahan President	70	х	Х				347,998	0	90,901
Thomas W Ayers Treasurer	55		х				105,707	0	13,253
Robert Simpson Provost	55		Х				231,311	0	24,904
Susan Fleckenstein Assistant Secretary	55		Х				64,567	0	16,466
Susan Davies VP University Advancement & External Relations	58			х			156,596	0	36,041
Homayun Navaz Professor	70				x		200,030	0	20,882
Massoud Tavakolı Professor	55				x		160,491	0	29,068
Janet Brelin-Fornari Professor	55				x		136,315	0	9,377
Patrick Atkinson Professor	55				x		136,095	0	27,795
Cornelius Darcy VP Marketing, Communication & Enrollment	55				х		130,340	0	15,184
Stanley R Liberty Former President	0					х	151,636	0	19,177

			l			1			
Robert K McMahan President	70	х	х				347,998	0	90,901
Thomas W Ayers Treasurer	55		х				105,707	0	13,253
Robert Simpson Provost	55		х				231,311	0	24,904
Susan Fleckenstein Assistant Secretary	55		х				64,567	0	16,466
Susan Davies VP University Advancement & External Relations	58			х			156,596	0	36,041
Homayun Navaz Professor	70				х		200,030	0	20,882
Massoud Tavakolı Professor	55				х		160,491	0	29,068
Janet Brelin-Fornari Professor	55				х		136,315	0	9,377
Patrick Atkinson Professor	55				х		136,095	0	27,795
Cornelius Darcy VP Marketing, Communication & Enrollment	55				х		130,340	0	15,184
Stanley R Liberty Former President	0					х	151,636	0	19,177

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493036005264

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

KETTERING UNIVERSITY

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

									38-2410		
	rt I			blic Charity Sta				•	 	nstruction	S
	rganı			te foundation becaus							
1	<u> </u>		· ·	on of churches, or a				section 170	(b)(1)(A)(i).		
2	굣	A scho	ol described	in section 170(b)(1	L)(A)(ii). (A	ttach Sche	dule E)				
3	Г	A hosp	ital or a cod	perative hospital se	rvice organi	zatıon desc	rıbed ın sect i	ion 170(b)(1	l)(A)(iii).		
4	Γ			h organization opera	ted ın conjuı	nction with	a hospital de	scribed in s e	ection 170(b)	(1)(A)(iii).	Enter the
_	_			ty, and state							 _
5	ı	_	•	erated for the benefi	_	e or univers	ity owned or	operated by	a governmen	tai unit des	cribed in
	_			A)(iv). (Complete P							
6	<u> </u>			local government o	=						
7	Г			at normally receives			s support fro	n a governm	iental unit or f	rom the ge	neral public
	_			on 170(b)(1)(A)(vi). described in sectio r			malata Bart	TT \			
8 9	<u>'</u>								ibutions mam	harchin fac	s and gross
9	,			at normally receives							
		•		ities related to its e	•	-			` '		
				oss investment inco						tax) from b	ousinesses
	_			ganızatıon after June 							
10	<u> </u>	_		ganızed and operateo							
11	ı			ganized and operated							
			•	ly supported organız bes the type of supp				•		ee section	509(a)(5). Check
				b Type II c						on-function	ally integrated
е	Γ			ox, I certify that the							
	•			on managers and ot							
			n 509(a)(2)								
f				received a written d	eterminatior	from the I	RS that it is a	a Type I, Ty	pe II, or Type	III suppor	ting organization,
			this box	2006, has the organ	ization acco	nted any au	ft or contribu	tion from an	v of the		ı
g			ng persons?	2000, has the organi	izacion acce	pred any gn	it of Continu	cion nom an	y of the		
				rectly or indirectly o	ontrols, eitl	ner alone or	together wit	h persons de	escribed in (ii)	Yes No
				governing body of th							g(i)
				er of a person descr							g(ii)
				lled entity of a perso			above?				g(iii)
h				ng information about						<u></u> `	
							,				
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	ou notify	(vi) Is	the	(vii) A mount o
_	uppo		` ´	organization	organizat		the organ	•	organizat		monetary
10	ganiz	ation		(described on	col (i) lis	sted in	ın col (i)	of your	col (i) org	janized	support
				lines 1 - 9 above	your gove	_	suppo	ort?	in the U	S?	
				or IRC section (see	docume	ent?					
				instructions))		T					_
					Yes	No	Yes	No	Yes	No	
Total			1	1							

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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 \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493036005264

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public Inspection

temal	Revenue Service	► Attach to For	m 990. ► See separate instructions.			Inspec	tion
	me of the organi			Emp	oloyer identificat	ion numb	er
KEI	TERING UNIVERSIT	ī		38-	2410852		
Pa			vised Funds or Other Similar Fo			Comple	te if the
	organiz	ation answered "Yes" to Form 990	•	<u> </u>	(1) 5		
	Total number a	t and of year	(a) Donor advised funds	1	(b) Funds and of	ther acco	unts
L 2	Total number a	ributions to (during year)		+			
<u>.</u> 3		ts from (during year)		+			
1		e at end of year					
5	Did the organiz	,	L ors in writing that the assets held in don ganization's exclusive legal control?	or advi	ısed	☐ Yes	
5	Did the organiz used only for c conferring impe	ation inform all grantees, donors, and de haritable purposes and not for the benef ermissible private benefit?	onor advisors in writing that grant funds fit of the donor or donor advisor, or for ar	ny othe	er purpose	┌ Yes	┌ No
Pai		•	the organization answered "Yes" to	<u>o Forn</u>	n 990, Part IV,	line 7.	
1	Preservation Protection Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space 2 a through 2d if the organization held and last day of the tax year		certifie	d historic structi	ure	
		, , , , , , , , , , , , , , , , , , , ,			Held at the B	nd of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage i	restricted by conservation easements		2b			
c	Number of cons	servation easements on a certified histo	oric structure included in (a)	2c			
d		servation easements included in (c) acq ire listed in the National Register	juired after 8/17/06, and not on a	2d			
3	Number of cons	servation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization d	urıng	
	the tax year 🛌						
ŀ	Number of stat	es where property subject to conservat	ion easement is located ►				
5		nization have a written policy regarding t the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	f violations, and	┌ Yes	┌ No
5	Staff and volun	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents c	during the year		
7	-	enses incurred in monitoring, inspecting	, and enforcing conservation easements	s during	g the year		
3	►\$ Does each con and section 17		d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	┌ Yes	□ No
•	In Part XIII, de balance sheet,	escribe how the organization reports cor	nservation easements in its revenue and e footnote to the organization's financial ents			nd	, 140
ar			s of Art, Historical Treasures,	or Otl	her Similar A	ssets.	
La	If the organizat works of art, hi	storical treasures, or other similar asse	es to Form 990, Part IV, line 8. 16 (ASC 958), not to report in its rever ts held for public exhibition, education, to its financial statements that describe	or rese	earch in furtherar		
b	If the organizat	tion elected, as permitted under SFAS 1	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance		lıc
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	uded in Form 990, Part X			> \$		
2	If the organizat	cion received or held works of art, histor	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items		icial gain, provide	e the	
а	Revenues incli	ided in Form 990 Part VIII line 1			b - ¢		0

b Assets included in Form 990, Part X

	Organizations Maintaining Co	llections of Art,	, Hist	<u>torical Tr</u>	easu	res, or O	<u>the</u>	r Similar	Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	eck any of t	he foll	owing that a	re a	significant	use of	ıts	
а	Public exhibition		d	☐ Loan o	orexc	hange progr	ams				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	ın how	they furthe	r the d	organızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit	or receive donations	of art	, historical	treasu	ires or other	sım	ılar			
	assets to be sold to raise funds rather than									Yes	✓ No
Par	Part IV, line 9, or reported an ar					n answered	1 "Y	es" to Forr	n 990 ——	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				tions	or other ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ing table		_					
						_	_		Amou	nt	
с	Beginning balance					—	1c				
d	Additions during the year					_	1d				
e	Distributions during the year					⊢	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nation has b	een p	rovided in P	art X	(III			Г
Pai	rt V Endowment Funds. Complete										
		(a)Current year	(b) P		b (c) Tv	vo years back	(d)⊺		_		ears back
1a	Beginning of year balance	63,760,379		66,833,763		55,188,894		49,707,0			3,033,244
b	Contributions	877,435		536,806		1,321,345		1,864,4	90		594,497
С	Net investment earnings, gains, and losses	8,834,446		-1,191,897		12,830,412		6,059,9	27	-1	1,491,296
d	Grants or scholarships	1,259,673		1,119,694		1,264,527		1,217,1	88		1,232,681
e	Other expenditures for facilities and programs	1,384,431		1,215,324		1,168,266		1,164,0	54		1,140,586
f	Administrative expenses	88,062		83,275		74,095		61,3	20		56,139
g	End of year balance	70,740,094		63,760,379		66,833,763		55,188,8	94	4	9,707,039
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	e 1g, columi	n (a))	held as					
а	Board designated or quasi-endowment 🕨	12 %									
b	Permanent endowment ► 62 %										
c	Temporarily restricted endowment ► 2	6 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За		ssion of the organiza	ation t			ıdmınıstered	l for	the			
Ja	Are there endowment funds not in the posse	ssion of the organiza	acioni c	hat are held	i anu a						
Ja	organization by	_	icion c	hat are held	i aliu a			_		Yes	No
Ja	organization by (i) unrelated organizations			nat are held				H-	3a(i)	Yes	No
	organization by (i) unrelated organizations		٠.					H-	3a(ii)	Yes	
Ь	organization by (i) unrelated organizations		 d on S	 chedule R?				<u> </u>		Yes	No
ь 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	ns listed as required ne organization's end	 d on Se	 chedule R? ent funds				<u> </u>	3a(ii)	Yes	No
b 4	organization by (i) unrelated organizations	ns listed as required ne organization's end	 d on Se	 chedule R? ent funds		(b)Cost or ot basis (other		<u> </u>	3b ated		No
b 4 Par	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the content of the	ns listed as required ne organization's end	 d on Se	chedule R? ent funds rt X, line 1		(b)Cost or ot basis (other	r)	(c) Accumul	3b ated	(d) Bo	No No ok value
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's end	 d on Se	chedule R? ent funds rt X, line 1	0.	(b)Cost or ot	r) ,137	(c) Accumul	3b ated on	(d) Bo	No No
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's end	 d on Se	chedule R? ent funds rt X, line 1	O. other ment)	(b)Cost or ot basis (other	r) ,137	(c) Accumul	3b ated on	(d) Bo	No No No ok value
b 4 Par 1a l b f	organization by (i) unrelated organizations	ns listed as required ne organization's end	 d on Se	chedule R? ent funds rt X, line 1	O. Other ment) 0	(b)Cost or ot basis (other 2,933	r) ,137 ,495 0	(c) Accumul	3b ated on 1,084 0	(d) Bo	No No ok value 2,933,137 2,156,411
b 4 Par 1a l b 6 c l d 6	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the state of the sta	ns listed as required ne organization's end ent. See Form 99	on Soldowmed O, Pa	chedule R? ent funds rt X, line 1	O. Other ment) 0 0	(b)Cost or ot basis (other	,137 ,495 0 ,630	(c) Accumul depreciation 62,76	3a(ii) 3b ated on 1,084 0 5,386	(d) Bo	No No No ok value 2,933,137 2,156,411

Part VII Investments—Other Securities. Se	ee Form 990. Part X. line 12.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related. S	see Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	f-year market value
	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part			
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability			
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	t X, line 25. (b) Book value		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	t X, line 25. (b) Book value 0		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	t X, line 25. (b) Book value 0		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695	.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695	.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities Asset Retirement Obligation	t X, line 25. (b) Book value 0 473,695 706,727		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Gift Annuities	t X, line 25. (b) Book value 0 473,695		

,	2410 5 (101111 550) 2012		i age i
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	53,797,872
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	53,797,872
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	7,102,466
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	60,900,338
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	48,135,703
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII).............2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	48,135,703
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	6,019,422
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	54,155,125

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Identifier	Return Reference	Explanation		
SchD_P03_S00_L01	Schedule D, Part III, Line 1	The University has artwork with an approximated value of \$150,000 based on the insured value at year end. The University also holds a historical collection with an approximated value of \$1,200,000 that has not been capitalized, as any proceeds from the sales of items would be reinvested in the collections.		
SchD_P03_S00_L04 Schedule D, Part III, Line		Since 1973, GMI and Kettering Alumni have assisted in creating one of the largest automotive archives in the country that attracts researchers from around the globe. They assisted us in receiving the Charles Kettering Collection, which attracts many researchers with its hundreds of patents and documents related to leaded gasoline, Freon, jet fuel, and fast drying paint, to name only a few subject areas. The Frigidaire Collection, another General Motors Division, showcases the advancement of refrigeration in the 20th century and highlights the advancement of technology in the home. Alumni also assisted us in getting the photograph collection of AC Sparkplug.		
SchD_P05_S00_L04 Schedule D, Part V, Line 4		The Kettering University Endowment Fund is used for a variety of purposes including Scholarships, Instructional Chairs, and support of specific programs		
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Grants and scholarship assistance (2,781,406) netted with tuition revenue in audited financials plus realized gains on investments (4,321,060)		
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Depreciation, Amortization, Accretion Expense (3,238,016) and Grants and Scholarships expense netted with tuition revenue (2,781,406)		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493036005264

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

KETTERING UNIVERSITY

Name of the organization

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Employer identification number

	38-2410852			
Pa	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?	1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
u	Students Tights of privileges.	<u>Ja</u>		110
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	O ther extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		-		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
•	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	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 institution's policy of nondiscrimination.
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Kettering receives multiple state and federal grants

Schedule E (Form 990 or 990-EZ) 2012

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

DLN: 93493036005264

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public **Inspection**

V	ar	ne	of	the	10	ga	nı	zat	10	n
′	FΤ	ΤТ	FR	TNC	3 11	N I	W	FR	ς.	TΤ

Employer identification number

38-2410852

Pa	rt I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
1	Indicat	e whether the organization raised funds through any of the following activities Check all that apply

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- ✓ In-person solicitations

- Solicitation of non-government grants Solicitation of government grants
- ▼ Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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

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

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Ruffalo Cody PO Box 3018 Cedar Rapids, IA 524063018	Phone solicitation		No	122,190	93,012	29,178	
Total			>	122,190	93,012	29,178	

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

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 AIM Gala	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
至	1	Gross receipts	37,03	0		37,030
Revenue	2	Less Contributions	33,18	0		33,180
~	3	Gross income (line 1 minus line 2)	3,85	0		3,850
	4	Cash prizes		0		0
10	5	Noncash prizes		0		0
Expenses	6	Rent/facility costs		0		0
ă	7	Food and beverages .	6,55	1	0	6,551
Direct	8	Entertainment		0	0	0
à	9	Other direct expenses .	47	3		473
	10	Direct expense summary Add lir	nes 4 through 9 in colum	n (d)		(7,024)
	11	Net income summary Combine I				-3,174
Par	t II			"Yes" to Form 990, Pa	art IV, line 19, or repo	
Reveilue		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	1	Gross revenue				
s မွ	2	Cash prizes				
sesuedy	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	☐ Yes	☐ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column	(d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in col	umn (d)	🕨	
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	gaming activities in eac	ch of these states?		
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during		

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No					
.2		neficiary or trustee of a trust or a men							
	formed to administer charitable of	gaming?		· · · · Fyes F No					
.3	Indicate the percentage of gamir	ng activity operated in							
а	The organization's facility								
b	An outside facility			13b					
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records					
	Name ►								
	Address 🟲								
	revenue?	ntract with a third party from whom the							
	amount of gaming revenue retain	ed by the third party 🟲 \$							
C	If "Yes," enter name and address	s of the third party							
	Name 🟲								
	Address 🟲								
.6	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	\$ \$							
	Description of services provided	>							
	☐ Director/officer	Employee	Independent contractor						
.7	Mandatory distributions								
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to						
	retain the state gaming license?			Г _{Yes} Г _{No}					
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent					
		activities during the tax year 🟲 💲							
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical						
	Identifier	Return Reference	Explana	tion					

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

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493036005264

Open to Public

Department of the Treasury Na ΚE

me of the organization						Employer identificati	on number
TTERING UNIVERSITY						38-2410852	
Part I General Information							
Does the organization maintain the selection criteria used to av Describe in Part IV the organiz	ward the grants or as	sıstance?			the grants or assist	ance, and	√ Yes
Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
Enter total number of section 50 Enter total number of other orga							

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SEOG Financial Aid	239	293,215	C		
(2) Donor Restricted Annual Scholarships	107	1,228,518	C)	
(3) Endowed Scholarships	420	1,259,673	C)	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I. line 2. Part III, column (b), and any other additional information

Complete this part to provide the information required in Fart 1, line 2, Fart 111, Column (b), and any other additional information						
Identifier	Return Reference	Explanation				
SchI_P01_S00_L02	Schedule I , Part I , Line 2	The grants are distributed to the student's account as payments to offset tuition costs				

Schedule I (Form 990) 2012

DLN: 93493036005264

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization KETTERING UNIVERSITY	Employer iden
	38-2410852

ployer identification number

	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide an				
	□ First-class or charter travel □ Hous	ing allowance or residence for personal use			
	☐ Travel for companions ☐ Paym	nents for business use of personal residence			
		th or social club dues or initiation fees			
	Discretionary spending account Person	onal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described above		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or directors, trustees, and the CEO/Executive Director, regarding th	, ,	2	Yes	
3	Indicate which, if any, of the following the filing organization used to organization's CEO/Executive Director Check all that apply Dorused by a related organization to establish compensation of the C	not check any boxes for methods			
	☐ Compensation committee ☐ Writte	en employment contract			
	☐ Independent compensation consultant ☐ Comp	pensation survey or study			
	Form 990 of other organizations	oval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sect or a related organization	cion A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		No
b	Participate in, or receive payment from, a supplemental nonqualifi	ed retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compens	sation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the appl	icable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete li	ines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	he organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	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 compensation contingent on the net earnings of	he organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Pai		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured				
	subject to the initial contract exception described in Regulations s in Part III	Section 33 4930-4(a)(3)/ IT Yes, describe	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable pr	resumntion procedure described in Regulations			140
,	section 53 4958-6(c)?	resumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
	(i) (ii)	291,081 0	50,000 0	6,918 0	32,500 0	58,401 0	438,900 0	0	
	(i) (ii)	207,137 0	0	24,175 0	19,080 0	5,824 0	256,216 0	0	
(3)Susan Davies VP University Advancement & External Relations	(i) (ii)	133,728 0	0	22,868 0	12,825 0	23,216	192,637 0	0	
(4)Stanley R Liberty Former President	(i) (ii)	148,803 0	0	2,833 0	13,500	5,677 0	170,813 0	0	
(5) Homayun Navaz Professor	(i) (ii)	198,628 0	0	1,401 0	7,359 0	13,523 0	220,911 0	0	
(6) Massoud Tavakolı Professor	(i) (ii)	160,179 0	0	312 0	7,339 0	21,729 0	189,559 0	0	
(7)Patrick Atkinson Professor	(i) (ii)	135,947 0	0	148 0	7,796 0	19,999 0	163,890 0	0	

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	President has housing (required to live on premises and FMV of rents used in valuation of benefit) and social memberships

Schedule J (Form 990) 2012

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

DLN: 93493036005264

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Open to Public Inspection

Name of the organization KETTERING UNIVERSITY

Employer identification number

					38-2410852			
<u>Pa</u>	rt I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contri		_	ts
_				1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	X		1,690	Doc supplied by Do	nor		
5	Clothing and household							
-	goods		1	14.402	Doc supplied by Do			
		X	1	14,402	Doc supplied by Do	1101		
	Boats and planes							
	Intellectual property		13	117.402	A H. (I. a. m a. a. a. a.			
	Securities—Publicly traded . Securities—Closely held stock .	X	13	117,483	A vg Hı/Lo prıce on	giit dat	<u>e</u>	
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
1	Qualified conservation contribution—Other							
;	Real estate—Residential .							
•	Real estate—Commercial							
,	Real estate—Other							
3	Collectibles							
•	Food inventory							
)	Drugs and medical supplies .							
L	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
1	Archeological artifacts							
5	Lab O ther ► (<u>E quipment</u>)	Х	18	93,703	Doc supplied by Do	nor		
_	Trustee		17	12.004	Doc supplied by Do			
,	Other ► (<u>Travel</u>) Orientation	X	17	13,094	Poc subbused by Do	,1101		
,	Other (Supplies)	X	1	135	Doc supplied by Do	nor		
	Other ► (
	Number of Forms 8283 received for which the organization comple				29			
	organization comple		= - 5 / I I / D JIICC MCKIN		1		Yes	No
)a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem					300		
1	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	noncash 	32a		No
h	If "Yes," describe in Part II					32a	-	140
и 3	If the organization did not report	t an amount	in column (c) for a type of	property for which column (a) is checked			
_	describe in Part II	. an amount	column (c) for a type of	property for winell column (a, is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference		Explanation
SchM_P01_S00_L00		Part I Column (b) represents number of contributions, not number of items contributed

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493036005264

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name o	of the	organiz	zation
KETTERI	NG UN	IVERSIT	1

Employer identification number

38-2410852

ldentifier	Return Reference	Explanation
F990_P06_S0A_L09	Form 990, Part VI, Section A, Line 9	Stanley R Liberty 6822 N Basket Oak Dr Edwards II 61528, Susan Fleckenstein 4420 Daniel Dr Grand Blanc MI 48439
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Kettering University reviews the form with the Audit Committee and provides an electronic copy to all Board of Trustees members prior to filing the form 990
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annual conflict of interest policy is distributed and required to be signed by all
F990_P06_S0B_L15	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.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Kettering University's governing documents, conflict of interest policy and financial statements are available on our website www kettering edu for public inspection

TY 2012 Reasonable Cause Explanation

Name: KETTERING UNIVERSITY

EIN: 38-2410852

Software ID: 12000197

Software Version: v1.00

Explanation: Extension filed and received for filing to be transmitted to IRS by

February 15, 2014.