efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Department of the

# **Return of Organization Exempt From Income Tax**

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

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

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

OMB No. 1545-0047

**2020** 

DLN: 93493131032372

A Fo	or the	e 2020 ca		nning 07-01-2020 $$ , and ending 06	5-30-2021			
☐ Add		pplicable: change	C Name of organization KETTERING UNIVERSITY			<b>D Employ</b> 38-241		ation number
□ Init	tial ret	turn	Doing business as					
□ Am	ended	n/terminated d return on pending	Number and street (or P.O. box if m 1700 University Avenue	nail is not delivered to street address) Room	n/suite	E Telephor (810) 7	ne number '62-9790	
	'	, ,	City or town, state or province, cou Flint, MI 485046214	ntry, and ZIP or foreign postal code		(020)		
			·	-	1		eceipts \$ 107,	,585,322
			F Name and address of principa Robert K McMahan	al officer:	1	s this a group re ubordinates?	turn for	□ <sub>Yes</sub> ☑ <sub>No</sub>
			1700 University Avenue Flint, MI 48504		<b>Н(b)</b> А	re all subordina	tes	Yes No
[ Tax	k-exen	mpt status:	<b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b>	(insert no.) 4947(a)(1) or 527		ncluded? f "No," attach a	list. (see in	
J W	ebsit	te:► www	w.kettering.edu		H(c) G	Group exemption	number 🕨	
<b>K</b> Forn	n of or	rganization:	✓ Corporation ☐ Trust ☐ Asso	ociation Other ►	<b>L</b> Year of	formation: 1982	<b>M</b> State of	legal domicile: MI
Pa	ırt I	Sumi	 marv				<u> </u>	
Activities & Governance	2 3 4 5 6	degrees, a other instite service. This mission  Check thi Number of Number of Total num	and a variety of concentrations and tution in the world. The University in rough growth, global leadership, in the University's actions are imbedies box. If the organization displayed in the governing independent voting members of the government of the governmen	utomobile industry, Kettering Universit d minors that allow it to deliver an edity is dedicated to achieving the extraor community outreach and an engaged bued by a set of values that foster response on the continued its operations or disposed on body (Part VI, line 1a)	odinary throug community coect, integrity	couples theory a gh technological of stakeholders t y, creativity, coll	nd practice innovation, he Universi aboration a	better than any , leadership and ity strives to fulfill
	l			m Form 990-T, line 39			7b	155,314
						Prior Year	С	urrent Year
ēnuē	ı	Contribut	628	25,234,40				
Rəven	l		service revenue (Part VIII, line 2g nt income (Part VIII, column (A),	517 836	52,326,283 4,744,000			
ď	l		renue (Part VIII, column (A), lines	999	51,79			
	12	Total reve	enue—add lines 8 through 11 (mu	ust equal Part VIII, column (A), line 12)	)	68,311,	980	82,356,479
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3 )		3,624,	552	3,993,40
	14	•						
	l a =		·	olumn (A), line 4)	.,	20.702	0	20.547.50
ses	l		other compensation, employee be	enefits (Part IX, column (A), lines 5-10	0)	39,793,		39,647,60
benses	16a	Professio	other compensation, employee be nal fundraising fees (Part IX, colu	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)	))	39,793,	0 368 0	39,647,60
Expenses	<b>16</b> a	Professio	other compensation, employee be nal fundraising fees (Part IX, colu aising expenses (Part IX, column (D),	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)	))	39,793,	0	39,647,609 (0 21,767,523
Expenses	16a b 17	Professio Total fundr Other exp	other compensation, employee be nal fundraising fees (Part IX, colu aising expenses (Part IX, column (D),	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)	))		0	(
	16a b 17 18	Professio Total fundr Other exp	other compensation, employee be nal fundraising fees (Part IX, colu aising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)		26,132, 69,550, -1,238,	0 183 203 223	21,767,52 65,408,53 16,947,94
	16a b 17 18	Professio Total fundr Other exp	other compensation, employee be nal fundraising fees (Part IX, colu aising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)		26,132, 69,550,	0 183 203 223	21,767,52: 65,408,53:
	16a b 17 18 19	Professio Total fundr Other exp Total exp Revenue	other compensation, employee be nal fundraising fees (Part IX, colu aising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)		26,132, 69,550, -1,238,	0 183 203 223 'ear	21,767,52 65,408,53 16,947,94
	16a b 17 18 19	Professio Total fundr Other exp Total exp Revenue Total asse	other compensation, employee be nal fundraising fees (Part IX, colu aising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ less expenses. Subtract line 18 fr	enefits (Part IX, column (A), lines 5-10 mn (A), line 11e)		26,132, 69,550, -1,238, ning of Current Y	0 183 203 223 Year	21,767,52 65,408,53 16,947,94 End of Year 281,450,22 49,643,91
Net Assets or Fund Balances	16a b 17 18 19 20 21 22	Professio Total fundr Other exp Total exp Revenue Total asse Total liab	other compensation, employee be nal fundraising fees (Part IX, columaising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the state of the subtract line 18 from the subtract line 26)	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)		26,132, 69,550, -1,238, ning of Current Y	0 183 203 223 'ear 651	21,767,523 65,408,533 16,947,940 End of Year 281,450,228
Net Assets or Fund Balances	16a b 17 18 19 20 21 22	Professio Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset  Signa	other compensation, employee be nal fundraising fees (Part IX, columation) employee be nal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the second of the s	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)	Begin	26,132, 69,550, -1,238, ning of Current Y 242,847, 48,884, 193,963,	0 183 203 223 (ear 651 630 021	21,767,522 65,408,533 16,947,946 <b>End of Year</b> 281,450,224 49,643,916 231,806,314
Net Assets or Laborates Fund Balances	16a b 17 18 19 20 21 22 rt II	Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset  Signa alties of per and belie	other compensation, employee be nal fundraising fees (Part IX, columation) employee be nal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the sets (Part X, line 16)	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)	Begin	26,132, 69,550, -1,238, ning of Current Y 242,847, 48,884, 193,963,	0 183 203 223 651 630 021 s, and to th	21,767,523 65,408,533 16,947,946 End of Year 281,450,226 49,643,916 231,806,318
Net Assets or Laborates Fund Balances	16a b 17 18 19 20 21 22 rt II	Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset  Signa alties of per and belie	other compensation, employee be nal fundraising fees (Part IX, columation) employee be nal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the sets (Part X, line 16)	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)	Begin	26,132, 69,550, -1,238, ning of Current Y 242,847, 48,884, 193,963,	0 183 203 223 651 630 021 s, and to th	21,767,523 65,408,533 16,947,946 End of Year 281,450,226 49,643,916 231,806,318
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Juder Salances of Fund Balances	16a b 17 18 19 20 21 22 ttll penadedge nowled	Total asset  Total liab  Total asset  Signal  Signatu	other compensation, employee be nal fundraising fees (Part IX, columaising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the substance of	enefits (Part IX, column (A), lines 5–10 mn (A), line 11e)	Begin	26,132, 69,550, -1,238, ning of Current Y 242,847, 48,884, 193,963, s and statement sed on all inform	0 183 203 223 651 630 021 s, and to th	21,767,523 65,408,533 16,947,946 End of Year 281,450,226 49,643,916 231,806,318
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Form	990 (2020)					Page <b>2</b>					
Pa	rt III Statement	of Program Service	e Accomplis	hments							
	Check if Scheo	dule O contains a respo	onse or note to a	any line in this Part III		🗆					
1	Briefly describe the o	rganization's mission:									
acad the a that achie enga	emic programs in engir utomobile industry, Ke allow it to deliver an ec eving the extraordinary	neering, science, mathe ettering University toda ducation that couples t through technological scholders the University	ematics, and bu y offers 14 unde heory and pract innovation, lead y strives to fulfil	siness. Founded in 19 ergraduate degrees, 8 ice better than any ot dership and service. Tl	her institution in the world. The	vith a vision for transforming ty of concentrations and minors e University is dedicated to ip, community outreach and an					
2	Did the organization the prior Form 990 or	. □Yes ☑No									
	If "Yes," describe these new services on Schedule O.										
3	services?	cease conducting, or m		changes in how it con	ducts, any program	. Yes 🗹 No					
4	Describe the organization 501(c)(3) and	ation's program service	accomplishmer	to report the amount	e largest program services, as of grants and allocations to ot						
4a	(Code: See Additional Data	) (Expenses \$	18,623,429	including grants of \$	3,993,405 ) (Revenue \$	38,408,548 )					
4b	(Code: See Additional Data	) (Expenses \$	2,069,270	including grants of \$	0 ) (Revenue \$	6,196,426 )					
4c	(Code: See Additional Data	) (Expenses \$	2,172,467	including grants of \$	0 ) (Revenue \$	856,059 )					
	(Code: All other Program Servic	) (Expenses \$ es includes Academic Sup	32,256,583 port, Student Servi	including grants of \$	0 ) (Revenue \$	6,865,200 )					
	-										
4d	Other program service (Expenses \$	ces (Describe in Schedi 32,256,583 incl	ule O.) uding grants of	\$	0 ) (Revenue \$	6,865,200 )					
	Tatal museum sau	rice expenses ►	55,121,7	10							

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Pai	tiv Checklist of Required Schedules		Yes	No 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	NO
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	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.			
	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	
	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 2	11b	Yes	
	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	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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)? <i>If "Yes," complete Schedule D, Part X</i>	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	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
			Form QQ	1 (2020)

Form	990 (2020)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ;		<u> </u>
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

2,654

0

1c

Yes

Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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 , JE			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
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 service provided to the payor?	s <b>7a</b>	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	The state of games and the state quantities are state of the state of	-		
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		No

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	ines
Se	ction 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   1a   25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 24			
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		No
6	Did the organization have members or stockholders?	6		No
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		No
8	$\label{lem:decomposition} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:$			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose 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 in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
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, address, and telephone number of the person who possesses the organization's books and records:  Nancy A Fike 1700 University Avenue Flint, MI 485046214 (810) 762-9925		orm QQ	<b>0</b> (2020)

Part VII

and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII . . .

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

• 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.

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

• 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. See instructions for the order in which to list the persons above.

(A) (C) (D) (F) (B) (E) Name and title Estimated Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the

	for related							/W 2/1000	(1) 2/1000	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
-										
										Form <b>990</b> (2020)

Form 990 (2020)													Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	, Key	Emp	loye	es,	and	High	hest Cor	npensate	d Employees (	contir	nued)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one b oth a direc	(C) I (do not check e box, unless pour th an officer and rector/trustee)			son	Repo compe froi organ	(D)  Reportable Reportable compensation compensation organization organization			(F) Estima mount o compens from	ated f other sation the
	for related organizations below dotted line)  for related organizations below dotted line)  Institutional Trustee    W-2/1099-MISC)   (W-2/1099-MISC)						organization and related organizations						
See Additional Data Table						<u> </u>							
											+		
											+		
											+		
											+		
											+		
					$\vdash$						+		
											_		
											+		
1b Sub-Total	<u> </u>					<u> </u> ▶					$\perp$		
c Total from continuation sheets to F	art VII, Section	Α.				• [							
d Total (add lines 1b and 1c)						<u>▶</u>			191,775	C			464,970
2 Total number of individuals (includin of reportable compensation from the			e list	ed a	bove	e) who	rece	eived mo	re than \$10	00,000			
												Yes	No
3 Did the organization list any former	,		,	•		, ,		_		employee on			
line 1a? <i>If "Yes," complete Schedule</i> 4 For any individual listed on line 1a, is organization and related organization	s the sum of repo	ortable (	comp	ensa	ation	and o	other	r compen	sation from	the	3		No
individual			•	•	•	•					4	Yes	
5 Did any person listed on line 1a rece services rendered to the organization	n?If "Yes," compi								tion or indi	vidual for • • •	5		No
Section B. Independent Contrac  Complete this table for your five high		d indep	endei	nt co	ntra	ctors	that	received	more than	\$100,000 of com	pensa	ation	
from the organization. Report compe	nsation for the c	alendar	year	end	ling	with o	r wit	thin the o	rganization	's tax year. (B)	<u> </u>	(C	1
Name Keypath Education LLC	and business addre	ess							Descr Recruitment	iption of services		Compen	
220 N Smith St 201									Recruitment	Sel vices		2,	,420,304
Palatine, IL 60067 Ruffalo Noel Levitz									Marketing Se	ervices			452,542
1025 Kirkwood Pkwy SW Cedar Rapids, IA 52404													
Duffey Petrosky & Company									Marketing Se	ervices			366,950
38505 Country Club Dr Farmington Hills, MI 48331													
TargetX									CRM Service	S			147,200
1001 E Hector Street STE 100													
Conshohocken, PA 19428 Plante Moran PLLC									Audit and Ta	x Services			100,460
3000 Town Center													,
Suite 100 Southfield, MI 48075													
2 Total number of independent contractor compensation from the organization >		not lim	ited 1	to th	ose	listed	abov	ve) who r	eceived mo	ore than \$100,000	O of		
,											F	orm <b>99</b> 6	<b>0</b> (2020)

		(2020)		_							Page <b>9</b>
Part	VII	<del></del>					, line in this Dout VIII	11			
		Check If Sched	<u>auie</u>	O contains a re	spo	nse or note to any	/ line in this Part VII (A) Total revenue		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	<b>1</b> a	Federated campaig	gns	1a		0			revenue		312 314
ants	b	Membership dues		. 1b		0					
ons, Gifts, Grants Similar Amounts	С	Fundraising events	s .	. 1c		0					
ifts, ar A	d	Related organizati		1d	<u> </u>	0					
s, G	e	Government grants (		ا	_	3,309,234					
<u> </u>		and similar amounts above		11	<u> </u>	21,925,167					
Contribuand Other	g Noncash contributions included in lines 1a - 1f:\$					3,327,877					
<u>ರ ಸ</u>	h	Total. Add lines 1a	a-1f		•	•	25,234,401	_			
	28	a Tuition - Undergradu	ate			Business Code 611310	42,402,003	3	42,402,003	0	0
Program Service Revenue	ŀ	Tuition - Graduate				611310	6,169,426	5	6,169,426	0	0
e Be		Research				611310	856,059		856,059	0	0
Servi		International Progran	ns			611310	399,809	,	399,809	0	0
ogran	•	Auxiliary Services				611310	2,498,986	5	2,498,986	0	0
<u>\$</u>	f	All other program	serv	rice revenue.			0		0	0	0
	╙	Total. Add lines 2				52,326,283		_			,
	3	Investment income similar amounts)	(inc	luding dividend	s, ir	nterest, and other	3,205,72	22	C	183,446	3,022,276
	4	Income from invest	tmer	nt of tax-exemp		nd proceeds	•	0	C		
	5	Royalties	_				•	0	C	C	0
				(i) Real		(ii) Personal					
	6	a Gross rents	6a	51,	.795		0				
	b	Less: rental expenses	6b		0		0				
	С	Rental income	_								
	١.	or (loss) <b>d</b> Net rental income	6c		,795		0 51,79	95	C		51,795
	'	u Net rental income	Or	(i) Securitie	_	· · · ▶	31,7	-			31,793
	78	a Gross amount from sales of assets other	ss amount n sales of ets other 26,767,121			0					
	b	other basis and	7b	25,228	,843		0				
	c	sales expenses  Gain or (loss)	7c	1,538	,278		0				
	١,	d Net gain or (loss)	<u>-</u>		•	•	1,538,27	78	C	C	1,538,278
Other Revenue	88	a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	0 of line 1c).	8a						
er R		<b>b</b> Less: direct expen <b>c</b> Net income or (los		· · · L	<b>8b</b> e∨∈	ents •					
0	9a	Gross income from	gam	ing activities.							
		See Part IV, line 19 <b>b</b> Less: direct expen		<u> </u>	9a 9b		_				
	١,	<b>c</b> Net income or (los	ss) fr	rom gaming act	iviti	es <b>&gt;</b>	_	4			
	10	aGross sales of invergence returns and allowa	ento ance:	_	.0a						
		<b>b</b> Less: cost of good	s so	ld 1	. <b>0</b> b						
	_	c Net income or (los Miscellaneo			ento	Business Code		+			
	1:	1a	u3 1	evenue		Dusiness code					
		b			_						
	'										
	'	c									
		d All other revenue			+						
		e Total. Add lines 1			•	•		0			
	12	<b>2 Total revenue.</b> S	ee ir	nstructions .	•	•	82,356,47	79	52,326,283	183,446	4,612,349
											Form <b>990</b> (2020

Forr	n 990 (2020)				Page <b>10</b>
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		· · · · <u>—</u>
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,993,405	3,993,405		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	2,072,157	0	1,662,239	409,918
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	27,980,705	24,614,905	2,366,052	999,748
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,264,593	1,869,532	284,912	110,149
9	Other employee benefits	5,221,078	4,310,255	656,873	253,950
10	Payroll taxes	2,109,072	1,741,142	265,346	102,584
11	Fees for services (non-employees):				
ā	a Management	0	0	0	0
ŀ	Legal	105,527	71,821	33,706	0
•	Accounting	145,450	0	145,450	0
(	<b>1</b> Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	125,000	0	125,000	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,788,806	7,163,331	395,897	229,578
12	Advertising and promotion	97,277	92,053	5,104	120
13	Office expenses	1,704,907	1,560,868	80,747	63,292
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	2,264,766	1,885,619	283,970	95,177
17	Travel	40,372	33,932	5,889	551
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	50,078	32,701	10,537	6,840
20	Interest	508,750	508,750	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	4,374,335	3,642,022	548,480	183,833
23	Insurance	375,607	0	375,322	285
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Equipment	341,381	310,860	28,808	1,713
	<b>b</b> Maintenance	2,101,820	1,668,138	345,014	88,668
	c Student Clubs	187,525	187,525	0	0
	d Miscellaneous	1,274,445	1,243,684	4,272	26,489
	e All other expenses	281,477	191,206	90,251	20
25	Total functional expenses. Add lines 1 through 24e	65,408,533	55,121,749	7,713,869	2,572,915
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).				

Form 990 (2020)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 0 5

0 6 0

1,953,184

88,680,341

95,702,627

28.931.663

7

10c

11

12 0 13

14

15

16

17 0 18

19

20

22

23

25

26

27

28

29

30

31

32

33

0 21

0 24

0

10,388

242,847,651

3,912,525

2.094.565

39.572.935

127,597

3,177,008

48.884.630

90,100,148

103,862,873

193,963,021

242,847,651

Page **11** 

0

1,635,980

114,114,668

77,047,766

49.090.341

0

0

10,388

281,450,228

4,513,396

1,772,431

39.485.337

86,363

3,786,383

49.643.910

93.076,432

138,729,886

231,806,318

281,450,228

Form 990 (2020)

0

Спеск	IT	Schedule

	<b>(A)</b> Beginning of year		End
Cash-non-interest-bearing	0	1	

O contains a response or note to any line in this Part IX .

10a

10b

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

1	Cash-non-interest-bearing	0	1	0
2	Savings and temporary cash investments	22,283,937	2	35,716,760
3	Pledges and grants receivable, net	2,855,443	3	2,250,402
4	Accounts receivable, net	2,430,068	4	1,583,923

224,525,265

110,410,597

☐ Both consolidated and separate basis

Yes

Yes

Yes Form 990 (2020)

2c

3a

3b

✓ Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

### **Additional Data**

**Software ID: 20012124 Software Version:** v1.00

Undergraduate Instruction. Delivered 58,526 undergraduate student credit hours of instruction (one student credit hour represents 10 hours of instruction for one student).

**EIN:** 38-2410852

Name: KETTERING UNIVERSITY

Awarded 428 baccalaureate degrees in 14 different programs.

Form 990 (2020)

Form 990, Part III, Line 4a:

Graduate Instruction. Delivered 6,556 graduate student credit hours of instruction (one student credit hour represents 10 hours of instruction for one student). Awarded 202

Form 990, Part III, Line 4b:

master's degrees in 8 different programs.

### Form 990, Part III, Line 4c: July 1, 2020 to Dec 31, 2020: This subaward is issued by the MI-SBDC Lead Center at Grand Valley State University for the performance for a Scope of Work originally

conducted through webinars at a statewide level due to the COVID pandemic.

awarded to the Prime recipient, GVSU is the prime recipient of the US Small Business Administration (SBA) Small Business Development Center cooperative agreement to establish a statewide network of a State Lead Center and SBDC Regional Centers. The Regional center housed at Kettering develops and maintains a comprehensive small business assistance program that provides consulting, training and research services to promote business start-up, innovation and expansion. Economic impact success in

training due to the COVID pandemic. All training was conducted through webinars at a statewide level due to the COVID pandemic. Jan 1, 2021 to June 30, 2021: This subaward is issued by the MI-SBDC Lead Center at Grand Valley State University for the performance for a Scope of Work originally awarded to the Prime recipient. GVSU is

this time frame: 30 new business starts, 101 new jobs, 605 jobs retained, \$11,713,389 in capital formation, \$852,523 in increased sales, and no face-to-face attendee

the prime recipient of the US Small Business Administration (SBA) Small Business Development Center cooperative agreement to establish a statewide network of a State Lead Center and SBDC Regional Centers. The Regional center housed at Kettering develops and maintains a comprehensive small business assistance program that provides

consulting, training and research services to promote business start-up, innovation and expansion. Economic impact success in this time frame: 40 new business starts, 534 new jobs, 698 jobs retained, \$15,300,563 in capital formation, \$0 in increased sales, and no face-to-face attendee training due to the COVID pandemic. All training was

(A) (E) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation amount of other compensation person is both an officer week (list from related from the compensation

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

and Independent Contractors

Craig Hoff

Kathryn Svinarich

Associate Provost

Mehrdad Zadeh

Donald Rockwell

University Counsel

Dean of College of Engineering

Associate Professor Electrical & Computer Eng

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	yee of Trustee trustee		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
Robert K McMahan President	80	Х		х				717,043	0	53,909
James Zhang Provost	55			х				292,860	0	44,867
Thomas W Ayers Treasurer	55			х				277,120	0	43,998
Susan Davies  VP University Advancement & External Relations	55				х			254,109	0	41,803
Cornelius Darcy  VP Marketing, Communication & Enrollment	55				x			238,666	0	39,123
Christine Wallace Vice President Kettering Global	55				х			217,159	0	35,477

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187,339

204,384

158,494

166,917

0

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0

0

41,261

20,638

42,095

27,045

			X		254 <i>.</i> 109	
VP University Advancement & External Relations			, ,		20 1,200	
Cornelius Darcy	55		x		238,666	
VP Marketing, Communication & Enrollment			^		250,000	
Christine Wallace	55		>		217,159	
Vice President Kettering Global			^		217,159	,

55

55

55

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and a director/trustee)

organization

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from the

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

							1 (11 2/4000	(14) 2/4000	
	for related employee  Key employee  Officer  Institutional Trustee or director  Institutional Trustee or director		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
LB McCune VP Student Affairs	55			х			164,747	0	28,330
Jane Homsher Special Assistant to the President	55				х		155,216	0	24,825
Bassem Ramadan	55				х		157,721	0	21,599

Jane Homsher
Special Assistant to the President
Bassem Ramadan
Department Head - Mechanical Engineering
Henio R Arcangeli Jr
Board Member

Lizabeth A Ardisana

Board Chair Carla J Bailo

Board Member Jane E Boon

Board Secretary Walter G Borst

Board Vice Chair Donald B Chaffin

Board Member Bruce D Coventry

Board Member

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

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

and Independent Contractors

Board Member
David S Hoyte

Board Member
Gerald Johnson

Board Member
David Kazyak

Board Member

Charles F Kettering III

Board Member
Jesse M Lopez

Board Member

Machelle A McAdory

Board Member

......

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Gary L Cowger Board Member	2	х						0	0	0
Jacqueline A Dedo Board Member	2	х						0	0	0

Board Member						
Jacqueline A Dedo	2	X			0	0
Board Member		Λ.			3	0
Phillip C Dutcher	2	v			0	0
Board Member		^			5	0
Charles Gray	2					

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation

and a director/trustee)

organization

organizations

from the

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any hours

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

and Independent Contractors

Raymond E Scott

Board Member
Marjorie Sorge

Board Member

Norman J Szydlowski

Board Member

Diana D Tremblav

Board Member

					,		′	(1) 2 (4 000	(1)	
	organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
John W Moyer Board Member	2	х						0	0	0
Raj Nair Board Member	2	х						0	0	0
Jeffrey J Owens Board Member	2	Х						0	0	0

efil	e GR	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493131032372
SCI	HFD	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2020
		f the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	<del>nie Service</del> <b>he organiza</b> JNIVERSITY	tion				Employer identific	
		MIVERSITI					38-2410852	
	rt I		for Public Charity State				See instructions.	
	rganız		a private foundation because	•	•		(A)(!)	
1		·	onvention of churches, or as					
2	<b>✓</b>		scribed in <b>section 170(b)(</b>		,			
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operator and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	-				ped in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives ( <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: lies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ections—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See <b>section 509(</b> a	
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo				
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ation vested in the sar				
c		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated. The organization in You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		• • • • • • • • • • • • • • • • • • • •		-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(	r '			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the I		Cat. No. 11285	<u> </u>		 90 or 990-EZ) 2020

Sch	nedule A (Form 990 or 990-EZ) 2020						Page <b>2</b>
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support  Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
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						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and <b>stop here</b>	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and <b>stop here.</b> The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box o	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and <b>stop here.</b> The organization						
<b>17</b> a	a 10%-facts-and-circumstances tes	t—2020. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and <b>stop h</b> e	e <b>re.</b> Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

Р	Support Schedule for										
	(Complete only if you c						er Part II. If				
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.	)					
Se	Section A. Public Support										
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	(or fiscal year beginning in) ► Gifts, grants, contributions, and										
-	membership fees received. (Do not										
	include any "unusual grants.") .										
2	Gross receipts from admissions,										
	merchandise sold or services										
	performed, or facilities furnished in										
	any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are										
•	not an unrelated trade or business										
	under section 513										
4	Tax revenues levied for the										
	organization's benefit and either paid										
5	to or expended on its behalf The value of services or facilities										
3	furnished by a governmental unit to										
	the organization without charge										
6	Total. Add lines 1 through 5										
7a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified										
	persons that exceed the greater of										
	\$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.)										
	ection B. Total Support		1	1	Γ	Π	1				
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
9	Amounts from line 6										
10a	Gross income from interest,										
	dividends, payments received on	I									
	securities loans, rents, royalties and	I									
	income from similar sources.										
b	Unrelated business taxable income	I									
	(less section 511 taxes) from businesses acquired after June 30,	I									
	1975.	I									
C	Add lines 10a and 10b.										
11	Net income from unrelated business										
	activities not included in line 10b,	I									
	whether or not the business is	I									
12	regularly carried on.		-				1				
12	Other income. Do not include gain or loss from the sale of capital assets	1									
	(Explain in Part VI.)	1									
13											
	11, and 12.).		<u> </u>	1.6 11 601 1		F04( )(2)	<u> </u>				
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —				
	check this box and <b>stop here</b>					<u></u>	<u> ▶ ⊔                               </u>				
	ection C. Computation of Public S			1 (6)							
15	Public support percentage for 2020 (lin					15					
16	Public support percentage from 2019 S					16					
	ection D. Computation of Investi				.,						
17	Investment income percentage for 202	•	.,	•	• •	17					
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18					
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not				
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□				
	33 1/3% support tests—2019. If the										
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □				
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆				

Page 4

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9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	III Section 303(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination.	3b		
c Die	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<del></del>		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
<ul> <li>3c be</li> <li>b Did the period of the period of</li></ul>	thecked box 12a or 12b in Part I, answer lines 4b and 4c below.			

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
checked box 12a or 12b in Part I, answer lines 4b and 4c below.	If tes, explain in <b>Part v1</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
h	Checked DOX 124 of 125 iii Fait 1, answer lines 45 and 40 below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
501(c)(3) and 509(a)(1) or (2)?	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			

C	ne organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(6) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or				
	supervised by or in connection with its supported organizations.				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the				
	rganization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by mendment to the organizing document).				

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a		
b	A fami	ily member of a person described in 11a above?	11b		
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
_	VI.	B. Type I Supporting Organizations			
	ection	b. Type I Supporting Organizations		Yes	No
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
	operat <i>carried</i>	ted, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2		
_					
5	ection	C. Type II Supporting Organizations		Yes	No
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110
-	each d	of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection	D. All Type III Supporting Organizations			
				Yes	No
1	tax ye Form 9	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?		1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
_			2		
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):		
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.			
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activit	ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
	suppor o <b>rgan</b> respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported lizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-		
		entially all of its activities.  e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a		
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>	3b		
			30		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions				
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)  (i) (ii) Underdistribution Pre-2020		ons	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6				
2 Underdictributions if any for years prior to 2020				

	Total allian along buttons / taa mitos 2 am oagii oi				
8	8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions				
9	9 Distributable amount for 2020 from Section C, line 6				
10	10 Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)  (i) (ii) Underdistribution Pre-2020		ons	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2020:				
a	From 2015				
b	From 2016				
_	F 2017		1		

10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			

1 Distributable amount for 2020 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.		
<b>3</b> Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		

i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

7 Excess distributions carryover to 2021. Add lines

a Excess from 2016. . . . . **b** Excess from 2017. . . . **c** Excess from 2018. . . . .

e Excess from 2020. . . . .

instructions)

3j and 4c. 8 Breakdown of line 7:

d Excess from 2019.

<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

Schedule A (Form 990 or 990-EZ) (2020)

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493131032372

OMB No. 1545-0047

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	ne of the organization FERING UNIVERSITY				Emplo	yer ide	entification	number	'
					38-241	.0852			
Pa	rt I Organizations Maintaining Donor Advi				or Accou	ınts.			
	Complete if the organization answered "Ye					<b>\ F J</b>			
	Tatal mumber at and af year	(a) Dono	or advis	ed funds	( 0	) Funa:	and other	accounts	
	Total number at end of year								
	Aggregate value of contributions to (during year)								
	Aggregate value of grants from (during year)								
	Aggregate value at end of year								
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					ids are		Yes 🗌	No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	ny other purpose			missible	Yes 🗌	No
Par	<b>Conservation Easements.</b> Complete if the organization answered "Ye	s" on Form 990,	Part I	V, line 7.					
1	Purpose(s) of conservation easements held by the organ								
	Preservation of land for public use (e.g., recreation	•	`	Preservation of a	n historica	Ilv impo	ortant land a	rea	
	Protection of natural habitat			Preservation of a					
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion cor	ntribution in the fo			tion t the End o	f the Ve	ar
а	Total number of conservation easements				2a	neia a	t tile Lila o	T the Te	-
b	Total acreage restricted by conservation easements				2b				-
С	Number of conservation easements on a certified histori	c structure include	d in (a)		2c				
d	Number of conservation easements included in (c) acquistructure listed in the National Register				2d				
3	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the orgar	nization	during the		
4	Number of states where property subject to conservation	on easement is loca	ted ►_						
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds				of violation	ons,	☐ Yes	□ No	
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of v	iolation	s, and enforcing o	conservation	on ease	ments durin	g the yea	ar
7	Amount of expenses incurred in monitoring, inspecting,  \$ \( \)	handling of violati	ons, an	d enforcing conse	rvation ea	sement	s during the	year	
8	Does each conservation easement reported on line 2(d)	above satisfy the	require	ments of section :	L70(h)(4)(	(B)(i)			
	and section 170(h)(4)(B)(ii)?						☐ Yes	☐ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or							
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			ner Simi	lar As	sets.		
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, educ	ation, d	or research in furt					
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:	SC 958, to report in	its rev	enue statement a					
(	i) Revenue included on Form 990, Part VIII, line 1					▶ \$			
	i)Assets included in Form 990, Part X					_			_
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.	cal treasures, or ot	her sin	nilar assets for fina			de the		_
а	Revenue included on Form 990, Part VIII, line 1	,				<b>&gt;</b> \$			0
b	Assets included in Form 990, Part X					<b>▶</b> \$			 0
	Paperwork Reduction Act Notice, see the Instruction						edule D (Fo	rm 990\	

		(Form 990) 2020									Page
Par	HIII		aintaining Collections o								
3		the organization's acq (check all that apply):	uisition, accession, and other			ny of th	ne foll	owing that are	a significant u	ise of its co	llection
а	✓	Public exhibition			d		Loan d	or exchange pro	ograms		
b	<b>✓</b>	Scholarly research			e		Other				
c	<b>✓</b>	Preservation for future	e generations								
4		de a description of the	organization's collections and	explain how	the	y furthe	er the	organization's	exempt purpo	se in	
5			anization solicit or receive do nds rather than to be maintai							☐ Yes	☑ No
Pai	rt IV		<b>odial Arrangements.</b> ganization answered "Yes	" on Form S	990,	Part I	V, lin	ne 9, or repor	ted an amou	ınt on For	m 990, Part
<b>1</b> a			, trustee, custodian or other							_	_
	includ	led on Form 990, Part :	X?		٠.					☐ Yes	□ No
	=c 115.4										
b		, .	ement in Part XIII and comple		_			1c	Α	mount	
C C		•									
d		· ·						· · <del>                                  </del>			
e			r								
f	Ending	g balance						. 1f			
2a	Did th	ne organization include	an amount on Form 990, Par	t X, line 21,	for e	escrow	or cus	todial account	liability?	☐ Yes	□ No
b	If "Ye	s," explain the arrange	ment in Part XIII. Check here	e if the expla	natio	on has l	been p	provided in Par	XIII		
Pa	rt V	Endowment Fund	ds.								
		Complete if the org	ganization answered "Yes								
_			(a) Currer			ior year		c) Two years back			Four years back
	-	ing of year balance .		,333,064		90,353,3	_	86,552,98	<u> </u>	614,985	75,431,508
		outions		,600,068		964,7		2,812,4:		435,912	972,330
		estment earnings, gair	13, 4114 103363	,908,027		340,9	_	4,191,38	<u>'</u>	637,810	9,584,419
d	Grants	or scholarships	1	,950,019		1,505,3	323	1,473,14	1,	413,250	1,586,845
		expenditures for facilitie ograms		,813,254		1,695,6	530	1,605,27	79 1,	597,475	1,661,427
f	Adminis	strative expenses .		125,000		125,0	000	125,00	00	125,000	125,000
g	End of	year balance	110	,952,886		88,333,0	064	90,353,35	55 86,	552,982	82,614,985
2	Provid	de the estimated perce	ntage of the current year end	l balance (lin	e 1g	, colum	ın (a))	) held as:			
а	Board	designated or quasi-e	ndowment ► 11 %								
b	Perma	anent endowment ►	54 %	•••							
С	Term	endowment ► 3	5 %								
_	The p	ercentages on lines 2a	, 2b, and 2c should equal 100	0%.							
3a	Are th	<del>-</del>	not in the possession of the		that	are hel	d and	administered (	or the		Yes No
	(i) Ur	related organizations								3a(i)	
	(ii) R	elated organizations								3a(ii)	) No
b	If "Ye	s" on 3a(ii), are the rel	lated organizations listed as r	equired on S	Sched	dule R?				3b	
4	Descr	ibe in Part XIII the inte	ended uses of the organizatio	n's endowme	ent fi	unds.					
Pai	rt VI	<b>Land, Buildings,</b> Complete if the or	and Equipment. ganization answered "Yes	" on Form 9	990,	Part I	V, lin	ne 11a. See F	orm 990, Pa	rt X, line :	10.
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cost or o	ther	basis (ot	her)	(c) Accumulated	depreciation	(d) l	Book value
 1a	Land		0			6,776	,277				6,776,27
	Building		0			130.732			79.699.688		51.032.89

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

23,733,793

63,282,617

 $\begin{array}{lll} \textbf{c} & \text{Leasehold improvements} \\ \textbf{d} & \text{Equipment} & . & . & . \\ \end{array}$ 

**e** Other .

4,804,855

51,500,646

114,114,668

18,928,938

11,781,971

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 99  (a) Description of security or category	90, Part IV,   (b) Book		90, Part > 1ethod of v	
	(including name of security)	value	Cost or e	nd-of-year	market value
<ul><li>(1) Financia</li><li>(2) Closely-l</li><li>(3)Other</li></ul>	I derivatives				
See Addition (B)	al Data Table				
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					•
	n (b) must equal Form 990, Part X, col. (B) line 12.)	49,090,341			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	90, Part IV. I	ine 11c. See Form	990, Part	X, line 13.
	(a) Description of investment	., » • • y 11	(b) Book va	alue (c	Method of valuation: t or end-of-year market
				Cos	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		•		
Part IX	Complete if the organization answered 'Yes' on Form 99	0, Part IV, lii	ne 11d. See Form 99	0, Part X, li	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X	Other Liabilities.	O Dart IV !:-			Part V line 25
1.	Complete if the organization answered 'Yes' on Form 99(  (a) Description of liability	o, rail IV, III	ne 11e oi 111.5ee F	(b)	Book
	income taxes			va	lue
(2) Gift Annu					1,839 1,575
(4) Accrued	set Retirement Obligation crued Expenses & Other Liabilities				2,969
(4)					
(5)					
(6)					
(7)		_			
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)	thooks 4- 41	ranning tion 1 - 6:	▶ 3,78	
	or uncertain tax positions. In Part XIII, provide the text of the foo x positions under FIN 48 (ASC 740). Check here if the text of the				unat reports the organization's lia

2

а

b

4

b

C

Part XII

5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2020

Page 4

20,157,657

76,824,796

5,531,683

82,356,479

61,415,127

61,415,127

3,993,406

65.408.533

Schedule D (Form 990) 2020

### 2c 0 d Other (Describe in Part XIII.) 2d e 2e 3 3

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Add lines **4a** and **4b** . . . . . . . . . . .

Total expenses and losses per audited financial statements . . . . . .

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Other losses . . . . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

20,157,657

5,531,683

4c

0

3.993.406

2e

3

4c

5

0

2a

2b

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

Page <b>5</b>		chedule D (Form 990) 2020			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2020

## **Additional Data**

ArcLight Energy Partners VI

ArcLight Energy Partners VII

EnCap Energy Cap Fund XI LP

HIG Advantage Buyout Fund

Henderson Park Real Estate Fund I

Marathon Distressed Credit (Europe) Fund

Coatue Growth Fund V

Arrowgrass International Fund Ltd

Columbia Capital Equity Partners VI (QP) LP

**Software ID: 20012124** Software Version: v1.00 **EIN:** 38-2410852 Name: KETTERING UNIVERSITY

form 990, Schedule D, Part VII - Investments Other Securities	
(a) Description of security or category	(1

<ul><li>(a) Description of security or category (including name of security)</li></ul>	<b>(b)</b> Book value
Acadian Global Managed Volatility Equity	

6,080,150

1,332,309

451,306

534,350

1,129,049

1,759,728

642,034

683,274

2,525,860

588,925

(c) Method of valuation: Cost or end-of-year market value F

F

F

F

F

F

Form 990, Schedule D, Part VII - Investments Other Securities (a) Description of security or category (b)Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value MB Special Opportunities Fund II 586,721 Oak Hill Capital Partners IV 1,527,966 Oak Hill Capital Partners V 694,936 1,689,966 Oak Hill Strategic Capital Credit Fund II Paloma International Limited 2,491,123 6,294,637 Parametric Defensive Equity Fund LLC Rimrock High Income Plus (Cayman) Fund Ltd 2,252,155 Walton Street RE Fund VIII LP 901,362 Warburg Pincus Global Growth LP 1,471,584 Warburg Pincus Private Equity XII LP 2,539,325

Form 990, Schedule D, Part VII - Investments Other Securities							
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation: Cost or end-of-year market value					
WCP Real Estate Fund IV LP	1,136,960	F					
BNY Mellon - 2020 Bond Proceeds	11,776,621	F					

Supplemental Information Return Reference Explanation Schedule D, Part III, Line 1 The University holds a historical collection with an approximate value of \$1,200,000 that has not been capitalized as any proceeds from the sales of items would be reinvested in th

e collection.

Supplemental Information									
Return Reference	Explanation								
Schedule D, Part III, Line 4	Since 1973, GMI and Kettering University have assisted in creating one of the largest auto motive archives in the country that attracts researchers from around the globe. They assis ted the University in receiving the Charles Kettering Collection, which attracts many rese archers, with its hundreds of patents and documents related to the gasoline, Freon, jet fu el, and fast drying paint, to name only a few subject areas. The Frigidaire Collection, an other General Motors division, showcases the advancement of refrigeration in the 20th cent ury and highlights the advancement of technology in the home. Additionally, alumni have as sisted the University in obtaining the photograph collection of AC Spark Plug, with an est								

imated collection of 40,000 negatives.

upplemental Information							
Return Reference	Explanation						
chedule D, Part V, Line 4	The Kettering University Endowment Fund is used for a variety of purposes, including stude nt scholarships, instructional chairs, and support of specific programs.						

Su

upplemental Information	
Return Reference	Explanation
schedule D, Part XI, Line 4b	Grant and scholarship assistance of \$3,993,405 netted with tuition revenue in audited fina ncial statements, plus realized gain on investments of \$1,538,278.

Su

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Grants and Scholarships expense netted with tuition revenue of \$3,993,405; rounding \$1.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE E** 

**Schools** 

▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

DLN: 93493131032372 OMB No. 1545-0047

Department of the Treasury Namel & the cospanization

(Form 990 or 990-

EZ)

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990EZ for the latest information.

**Open to Public** Inspection **Employer identification number** 

KETTE	RING UNIVERSITY								
		38-2410852							
Pal	rtI			VEC	NO				
				YES	NO				
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its character governing instrument, or in a resolution of its governing body?	arter, bylaws,	1	Yes					
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in a brochures, catalogues, and other written communications with the public dealing with student admissi								
	programs, and scholarships?								
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible I all times during its taxable year in a manner reasonably expected to be noticed by visitors to the hom newspaper or broadcast media during the period of solicitation for students, or during the registration	epage, or through							
	solicitation program, in a way that makes the policy known to all parts of the general community it se	rves? If "Yes," please							
	describe. If "No," please explain. If you need more space use Part II								
4	Does the organization maintain the following?								
а	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 nondisbasis?	•	4b	Yes					
c	Copies of all catalogues, brochures, announcements, and other written communications to the public of 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					
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?		5a		No				
b	Admissions policies?		5b		No				
c	Employment of faculty or administrative staff?		5c		No				
d	Scholarships or other financial assistance?		5d		No				
e	Educational policies?		5e		No				
f	Use of facilities?		5f		No				
g	Athletic programs?		5g		No				
h	Other extracurricular activities?		5h		No				
6a	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 th	rough 4.05							
			7	Yes					

Schedule E (Form 990 or 990EZ) (2020)							
<b>Part II</b> Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.							
Return Reference Explanation							
Schedule E, Part I, Line 3	In public relations releases and interviews with the media, the policy of non-discrimination is made clear. All published recruiting materials for both students and employees carry a statement which declares the institution's policy of non-discrimination.						
Schedule E, Part I, Line 6	Kettering University receives multiple federal and state grants.						

Schedule F (Form 990 or 990-F7) (2020)

	HEDULE F	Stateme	ent of	Activities (	Outside the Uni	ited St	tates	OMB No. 1545-0047
(Form 990) ► Comp		► Complete if	elete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1  ► Attach to Form 990.  ► Go to www.irs.gov/Form990 for instructions and the latest informatio					2020 Open to Public Inspection
Nam	e of the organization						Employer iden	tification number
KET	TERING UNIVERSITY						38-2410852	
Pā	<b>General Infor</b> Form 990, Part			Outside the U	United States. Comple	te if the	organization a	nswered "Yes" on
1	For grantmakers. Do	es the organiz	zation mai	intain records to	substantiate the amoun	t of its gra	ants and	
		_	•	-	stance, and the selectior		ısed	
	to award the grants or	assistance?						☐ Yes ☐ No
2	For grantmakers. De outside the United Sta		V the org	anization's proce	edures for monitoring the	use of its	grants and oth	ner assistance
3	Activites per Region. (Th	ne following Par	rt I, line 3	table can be dupli	icated if additional space is	needed.)		
	(a) Region	offi	Number of ces in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program	program :	ty listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region
	See Add'l Data				,			
	Sub-total Total from continuation s	heets to						
c Totals (add lines 3a and 3b)		<b>├</b> ──		1	-			11,239,653

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . 

90, Part IV, line 16	swered "Yes" on Form 9	tne organization ans	ea States. Complete if				
				eded.	<u>tional space is ne</u>	duplicated if addit	Part III can be d
<b>(h)</b> Method of valuation (book, FMV, appraisal, other	(g) Description of noncash assistance	(f) Amount of noncash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	Type of grant or assistance

Sched	dule F (Form 990) 2020		Page <b>4</b>
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see		
	Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>⊻</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>☑</b> Yes	□No
_		E les	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	<b>☑</b> No

Page	Schedule F (Form 990) 2020	Sche
uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting metho expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide	amounts of investments vs.	Pa
Explanation	ReturnReference	

Schedule F (Form 990) 2019

### **Additional Data**

Europe (including Iceland and

Greenland)

**Software ID:** 20012124 **Software Version:** v1.00

**EIN:** 38-2410852

Name: KETTERING UNIVERSITY

3,114,785

#### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	<ul><li>(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)</li></ul>	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the	0	0	Investments		8,096,643

0 Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region region recipients located in the reaion) Europe (including Iceland and 1 |Program Services 28,225 Online Instructor Greenland)

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2020

DLN: 93493131032372

Open to Public Inspection

nternal Revenue Service		F 40 to <u>ww</u>	<u>w.m.s.gov/1 omn.550</u> 101	the latest information	<b>511.</b>		
ame of the organization						Employer identific	ation number
ETTERING UNIVERSITY						38-2410852	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used to Describe in Part IV the org	to award the grants anization's procedur	or assistance? es for monitoring the us	se of grant funds in the U	nited States.			☑ Yes ☐ No
Part III Grants and Other I that received more			i <b>nd Domestic Governme</b> ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sections Enter total number of othe							

(Form 990)

Department of the

Page 2

Schedule I (Form 990) 2020

# (5)

- (6)
- (7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

luniversity. Records are maintained for eligibility and the selection criteria.

Explanation

Return Reference

Schedule I, Part I, Line 2

Schedule I (Form 990) 2020

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	49313	31032	:372
Schedule J (Form 990)		Co	mpensati	ion Information	10	4B No.	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					<b>2020</b>	
Depar	tment of the Treasury	► Go to <u>www.irs.go</u> v		to Form 990. instructions and the latest inform	nation.	)pen i	to Pul	blic
Interna	al Revenue Service					Insp	ectio	n
	ne of the organiz TERING UNIVERSIT				Employer identificat	tion nu	ımber	
	Oversti	Bdin- C			38-2410852			
Pa	rt I Questi	ons Regarding Compensati	ion				Yes	No
<b>1</b> a				the following to or for a person listed y relevant information regarding thes			103	
		s or charter travel	$\checkmark$	Housing allowance or residence for p	personal use			
		companions		Payments for business use of persor				
		nification and gross-up payments	님	Health or social club dues or initiatio				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chaufi	feur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all	- 1-3	2	Yes	
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Lin	elar			
3	organization's C	EO/Executive Director. Check all	that apply. Do r					
	used by a relate	ed organization to establish compe	ensation of the G	CEO/Executive Director, but explain in	n Part III.			
		ation committee	$\mathbf{Z}$	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensat	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fil	ling organization or a			
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	mental nonqual	ified retirement plan?		4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?							No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	· ·	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes,	" describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		_		NI -
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in I	Regulations section	9		No
For F		iction Act Notice, see the Inst			0053T Schedule J		1 990)	2020

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 on 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 other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	H							

Schedule J (Form 990) 2020 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation Schedule J. Part I. Line 1a Residence is provided to the President in which he is required by the Board of Trustees to reside as a condition of employment. Schedule J. Part I. Line 4 President McMahan participates in a deferred compensation plan, upon which payment is contingent on meeting contractual conditions authorized by the Board of Trustees. This deferred compensation is reported on Schedule J Part II line 1 column C. Performance bonuses paid to employees listed in Schedule J, Part II, Column B(ii).

Schedule J. Part I. Line 7 Amount shown is performance based bonus paid to President Robert K. McMahan as solely determined by the Board of Trustees. Schedule J. Part II. Line 1. Column Schedule J. Part II

C - Amount shown includes \$50,000 allowance for deferred compensation that will not be received by President Robert K. McMahan until a future year, contingent

on contractual conditions authorized by the Board of Trustees being met. Schedule J, Part II, Line 1, Column D - \$36,515 representing the estimated benefit value of the President's House in which the President is required by the Board of Trustees to reside as a condition of employment and is required to be reported as a non-

taxable benefit on this schedule.

Schedule 1 (Form 990) 2020

(A) Name and Title

(ii)

President

**Software ID:** 20012124

**Software Version:** v1.00

**EIN:** 38-2410852

Name: KETTERING UNIVERSITY

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

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

(i) Base Compensation

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
<b>1</b> Robert K McMahan President	(i)	570,830	100,000	46,213	75,650	28,259	820,952	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> James Zhang Provost	(i)	264,278	25,000	3,582	24,376	20,491	337,727	0
	(ii)	0	0	0	0	0	0	0
2Thomas W Ayers Treasurer	(i)	246,731	25,000	5,389	22,888	21,110	321,118	0
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ii)	0	0	0	0	0	0	0
3Donald Rockwell University Counsel	(i)	164,296	0	2,620	14,515	12,530	193,961	0
Cimitology Country	(ii)	0	0	0	0	0	0	0
<b>4</b> Susan Davies VP University Advancement	(i)	227,664	15,000	11,445	21,139	20,664	295,912	0
& External Relations	(ii)	0	0	0	0	0	0	0
<b>5</b> Cornelius Darcy VP Marketing,	(i)	224,219	10,000	4,447	20,562	18,561	277,789	0
Communication & Enrollment	(ii)	0	0	0	0	0	0	0
<b>6</b> Christine Wallace Vice President Kettering	(i)	178,362	33,500	5,297	16,544	18,934	252,637	0
Global	(ii)	0	0	0	0	0	0	0
<b>7</b> LB McCune VP Student Affairs	(i)	141,201	15,000	8,547	13,085	15,246	193,079	0
Vi Stadelit / livalis	(ii)	0	0	0	0	0	0	0
<b>8</b> Kathryn Svinarich Associate Provost	(i)	201,820	0	2,564	18,225	2,413	225,022	0
7133001412 1 10 10 32	(ii)	0	0	0	0	0	0	0
<b>9</b> Craig Hoff Dean of College of	(i)	184,773	0	2,566	17,447	23,815	228,601	0
Engineering	(ii)	0	0	0	0	0	0	0
<b>10</b> Bassem Ramadan Department Head -	(i)	156,416	0	1,305	14,141	7,459	179,321	0
Mechanical Engineering	(ii)	0	0	0	0	0	0	0
11Mehrdad Zadeh Associate Professor	(i)	157,020	0	1,475	11,532	30,563	200,590	0
Electrical & Computer Eng	(ii)	0		0	0	0	0	0
12Jane Homsher Special Assistant to the	(i)	151,641	0	3,575	14,031	10,794	180,041	0

(D) Nontaxable

benefits

(C) Retirement and

other deferred

(E) Total of columns

(B)(i)-(D)

(F) Compensation in

column (B)

DLN: 93493131032372 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** KETTERING UNIVERSITY 38-2410852 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No 40,002,602 Provide funds to refund a prior Michigan Finance Authority 80-0596186 594479FQ5 06-30-2020 Х Χ issue; capital projects Part  ${
m I\hspace{-.1em}I}$ **Proceeds** C Α В D 2 16,485,000 3 40,002,602 5 1.583.633 6 14,973,410 7 429,667 8 9 10 11 1,857,084 12 23,016,031 13 2022 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ bonds (or, if issued prior to 2019, a current refunding issue)? . . . . . . . . . . . . Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Are there any lease arrangements that may result in private business use of bond-financed Schedule K (Form 990) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E

6

8a

Part IV

b

C

Arbitrage

Page **2** 

D

Schedule K (Form 990) 2020

No

Yes

0 %

0 %

0 %

В

No

Yes

C

No

Yes

b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property?

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Х

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . 

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under 

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . . Has there been a sale or disposition of any of the bond-financed property to a Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Term of GIC . . . . . . . . . .

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Schedule K (Form 990) 2020

(GIC)?

period?

	Α		В			
	Yes	No	Yes	No	Yes	
Were gross proceeds invested in a guaranteed investment contract		V				

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Х	

Yes

Χ

No

Yes

No

Page 3

No

D

D

No

Yes

Yes

No

Yes

Nο

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131032372 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** KETTERING UNIVERSITY 38-2410852 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 23 1,155,077 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ► ( Equipment ) Χ 48.000 FMV 26 Other ► ( Software ) Χ 1 2,124,800 FMV 27 Other ► ( \_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2020)	Page <b>2</b>
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for any	ımn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2020)

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SCHEDUL (Form 990 or EZ)	990- Complete to provide information for resp Form 990 or 990-EZ or to provide a  Attach to Form 990 for any (Form 900 for	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.		
Name Setherofg KETTERING UNIVE	38-241085	identification number		
Return Reference	Ехр	lanation		
Form 990, Part VI, Section B, Line 11b	Kettering University reviews the completed Form 990 with the Committee for Audit and Compliance and provides an electronic copy to all Board of Trustee members prior to filing with the IRS.			

# 990 Schedule O, Supplemental Information Return Explanation

Reference	
,	The Conflict of Interest and Conflict of Commitment disclosures form is required to be com pleted by all full-time employees and trustees annually and then subsequently updated when
Section B,	a change occurs relative to the information most recently provided. Completed disclosure
Line 12c	forms submitted by faculty and staff are reviewed by Human Resources and trustees by the P resident's Office.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Line 15

The Board of Trustees hired a search firm to conduct the Presidential search. Benchmarking and market data was used to determine the compensation package offered and contract renew als. All increases to compensation are reviewed and approved by the Executive Committee an d the Board of Trustees.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

Kettering University's governing documents and conflict of interest policy (code of ethics
) are available for public inspection in the Office of Administration and Finance.

Return Explanation

990 Schedule O, Supplemental Information

Reference Form 990. Contracted Services \$5,415,010; Kettering University online service firm \$2,250,532; Miscellaneous \$123,264.

Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part XI, Line

Change in fair value - beneficial interest trusts.