** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A	For the	2014 calendar year, or tax year beginning JUL 1, 2014 and ending	JUN 30, 2015				
В	Check if	C Name of organization	D Employer identifi	cation number			
- 2	applicable	KALAMAZOO VALLEY COMMUNITY					
	Addres	COLLEGE FOUNDATION					
	Name change	Doing business as	38-2	307720			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s					
	Final return/	6767 MROW "O" ATTENTION)488-4777			
	termin- ated		G Gross receipts \$	1,967,707.			
	Amend		H(a) Is this a group re				
	Application			? Yes X No			
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	Control of the Contro			
	Tax-exe		PARTY OF THE PARTY	list. (see instructions)			
		e: HTTP://FOUNDATION.KVCC.EDU	H(c) Group exemptio				
				A State of legal domicile; MI			
	art I	Summary	car or formation, 1900 R	n State on legal donniche, MI			
		Briefly describe the organization's mission or most significant activities: TO SOLIC	TT COLLECT A	ND TNVEST			
Activities & Governance		DONATIONS MADE FOR THE PROMOTION OF EDUCATIO					
2		Check this box if the organization discontinued its operations or disposed of n					
ş	V.		I' II	17			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		17			
•ජ ග	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0			
itie	6	Total number of volunteers (estimate if necessary)	6	16			
₹	7.	Total unrelated business revenue from Part VIII, column (C), line 12	7a				
ĕ		Net unrelated business taxable income from Form 990-T, line 34		0.			
	<u></u>	Net differences business taxable income from Form 990-1, life 34	Prior Year	0.			
0.00	8	Contributions and grants (Part VIII, line 1h)	170,172.	Current Year 140,105.			
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.			
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	490,253.	854,433.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,866.	57,086.			
	A CONTRACTOR OF THE	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	703,291.	1,051,624.			
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	606,149.	615,132.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.00	015,132.			
	1 222	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
<u>8</u>	h	Total fundraising expenses (Part IX, column (D), line 25)	0.				
Δ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,234.	1,229.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	607,383.	616,361.			
		Revenue less expenses. Subtract line 18 from line 12	95,908.	435,263.			
200	1,0	Totalida loss expanses. Cabitas: III o 10 flori III o 12	Beginning of Current Year				
ets	20	Total assets (Part X, line 16)	15,001,701.	End of Year 15,399,318.			
ASS	21	Total liabilities (Part X, line 26)	61,821.	85,628.			
Net Assets Fund Balance	22	Net assets or fund balances. Subtract line 21 from line 20	14,939,880.	15,313,690.			
	art II	Signature Block	14,555,000.	13,313,030.			
-		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of m	v knowledge and helief it is			
		t, and complete. Declaration of prevarer (other than officer) is based on all information of which prep		y knowledge and benef, it is			
1		Mahinter	il.17	4.15			
Sign Signature of efficient Date							
Hei		STEPHEN DOHERTY, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature 1	Date Check	PTIN			
Pai	d	CAROL LALONDE, CPA CULTOTICALO	ULIDILS H self-employ	P00181637			
Preparer Firm's name PLANTE & MORAN, PLLC Firm's EIN 38-1							
	Only	Firm's address 750 TRADE CENTRE WAY, STE 300					
PORTAGE, MI 49002 Phone no. 269 - 567 - 4500							
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No			
	001 11-0			Form 990 (2014)			

COLLEGE FOUNDATION

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION SERVES TO SUPPORT
	AND BENEFIT OF THE KALAMAZOO VALLEY COMMUNITY COLLEGE, ITS STUDENTS,
	FACULTY, STAFF AND ENTITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 477,699 • including grants of \$ 477,699 •) (Revenue \$)
	GRANTS TO KALAMAZOO VALLEY COMMUNITY COLLEGE
46	(Code:) (Expenses \$ 87,433 • including grants of \$ 87,433 •) (Revenue \$)
4b	(Code:) (Expenses \$ 87,433 · including grants of \$ 87,433 ·) (Revenue \$) GRANTS TO KALAMAZOO VALLEY MUSEUM
	GRANIS TO RADAMAZOO VADDET MOSEOM
4c	(Code:) (Expenses \$
	GRANTS TO KALAMAZOO COMMUNITY COLLEGE - BRONSON HEALTHY LIVING CAMPUS
4d	Other program services (Describe in Schedule O.)
2000	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 615,132.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1600		
0.000	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			CANIGN
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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			
1279000	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,0		
43 7 0	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

38-2307720

KALAMAZOO VALLEY COMMUNITY

Form 990 (2014) COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
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		х
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</i> "Yes," <i>complete Schedule J</i>	23	х	
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		х
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	===	_
25a	Section 501(c)(3), 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			7252
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		х
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2014) COLLEGE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter O if not applicable 10 0 10 10 0 10 0 10 0		Check if Schedule O contains a response or note to any line in this Part V							
18 Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 10 Enter the number of Forms W250 included in line 15. Enter 0- if not applicable 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withoutings to prize withholding rules for reportable payments to vendors and reportable gamining (gambling) withoutings to prize within the year covered by this return 10 Did the organization server of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 10 Did the organization have venteded business gross is some of \$1,000 or more during the year? 11 Statement of the stateme			A)			Yes	No		
be first the number of Forms W-SG included in line 1a. Enter 0-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0					
Coli the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) witnesser? 25 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 26 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 37 Did the organization have unrelated business gross income of \$1,000 or more during the year? 38 J If Yes, 1 has it filed a Form 990-T for this year? If Yes, 1 file is the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 39 Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 Did the organization and the form \$200 or more during the year? 31 A tran yriting 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. 40 Different the name of the foreign country. 51 If Yes, 1 file the organization and the file of the properties account, or other financial accountly? 52 Was the organization so party to a prohibited tax shefter transaction at any time during the tax year? 53 A X Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 54 Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 55 A X Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 55 A X Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 56 A X Did any taxable party notify the organization that it was ori is a party to a prohibited to a sheft the organization solicit any contributions of an exhaust that the org	b		1b	0					
28 Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lied for the calendary year ending with or within the year covered by this return 19 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 19 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 20 Id the organization have unrelated business gross income of \$1,000 or more during the year? 21 If Yes, Thas it filed a form 990-T for this year? If Ye, To line 3b, provide an explanation in Schedule O 22 If Yes, Thas it filed a form 990-T for this year? If Ye, To line 3b, provide an explanation in Schedule O 23 If Yes, The stress of the development of the stress 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)? 34 If Yes, The stress is the did not foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country for the foreign country. 35 Was the organization for foreign country. 36 Was the organization of financial in the stress in, or a signature or other authority over, a financial account in a foreign country for provided the stress of the s	С		eporta	ble gaming	l life				
28 Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lied for the calendary year ending with or within the year covered by this return 19 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 19 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 20 Id the organization have unrelated business gross income of \$1,000 or more during the year? 21 If Yes, Thas it filed a form 990-T for this year? If Ye, To line 3b, provide an explanation in Schedule O 22 If Yes, Thas it filed a form 990-T for this year? If Ye, To line 3b, provide an explanation in Schedule O 23 If Yes, The stress of the development of the stress 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)? 34 If Yes, The stress is the did not foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country for the foreign country. 35 Was the organization for foreign country. 36 Was the organization of financial in the stress in, or a signature or other authority over, a financial account in a foreign country for provided the stress of the s		(gambling) winnings to prize winners?			1c				
filed for the calendary year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1 4 5		
Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b			2a	0		113			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		rns?		2b				
38 March terroganization have unreliated business gross income of \$1,000 or more during the year? 39 March terroganization have unreliated business gross income of \$1,000 or more during the year? 30 March terroganization have unreliated business gross income of \$1,000 or more during the year? 30 March terroganization apart of 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 infinancial accounts (FBAR). 30 March terroganization aparty to a prohibited ten foreign country (such as a bank account, securities account, or other infinancial Accounts (FBAR). 30 March terroganization aparty to a prohibited ten shelter transaction? 30 March terroganization of the foreign country (such as a bank account, a farty to a prohibited tent of the year of the year of the organization that it was or is a party to a prohibited tent and the year of the year on the year of the year of the year year of the year of th									
b 1"Yes, 'has it filled a Form 99.0T for this year? If 'No.' 16 line 3b, provide an explanation in Schedule O A Arry 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)? A S b 1"Yes, 'enter the name of the foreign country; 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for this requirements for Financial Accounts (FBAF). See instructions for this requirements for Financial Accounts (FBAF). See instructions for this requirements for Financial Accounts (FBAF). See instructions for this requirements for Financial Accounts (FBAF). See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid as a filing for possible for the foreign data for end that developed for the payor? Foreign for filing for end that are normally greater than \$100,000, and did the organization solid to the payor. Foreign for filing for end that are normally greater than \$100,000, and did the organization solid to the payor. Foreign for filing for greater than \$100,000, and did the organization solid to the payor. Foreign for	3a	Did the eventing hour constant by the constant of the constant			За		Х		
triancial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if 'Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See in the property for a provibility of organization that it was or is a party to a prohibited tax shelter transaction? 5b	b				3b				
b If "Yes," enter the name of the foreign country; b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Uses the organization that was or is a party to a prohibited tax shelter transaction? So Uses 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? Bank X If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). But the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? The sy of the deganization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? The sy of the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to file payor? The sy of the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? The sy of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-07 The sy of the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-07 The synaptic paymen	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X X 5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization file Form 888F.T? 5c If Yes,* to line 5a or 5b, did the organization file Form 888F.T? 5c If Yes,* to line 5a or 5b, did the organization file Form 888F.T? 5c If Yes,* did 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? 6c If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes,* did the organization notifity the donor of the value of the goods or services provided? 9 If Yes,* did the organization notifity the donor of the value of the goods or services provided? 10 If Yes,* did the organization notifity the donor of the value of the goods or services provided? 11 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 If Yes,* did the organization received a contribution of qualified intellectual property, did the organization flee form 8899 as required? 13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 1098-C? 14 If Yes,* did the organization make any flee organization such as a proposed programization organization make any distribution or devised funds. Did a donor and value of fund maintained by the sponsoring organization make any calculations. Enter: 15 Section 501(C)70 ganization make any taxable distributions under section 4966? 16 Section 501(C)70 gan		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886.T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If If Yes," did the organization receive a payment in excess of \$75 made party as a contribution of the goods or services provided? 7c If If Yes, "In the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization did in the payor, pay premiums, directly or indirectly, on a personal benefit contract? 7r If If If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 9 If the organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Gross rec	b	If "Yes," enter the name of the foreign country: ▶							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 a or 5 b, did the organization file Form 886F." 6 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization set payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 Diff "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Diff the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 16 If "Yes," indicate the number of Forms 8282 filed during the year 17 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 18 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 19 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 19 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distribution in the		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).					
to If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 16 If "Yes," inclinate the number of Forms 8282 filed during the year 17 If "Yes," inclinate the number of Forms 8282 filed during the year 18 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 19 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 19 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 10 If the organization maintaining donor advised funds. 10 Did the sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 11 Section 501(c)(12) organizations. Enter: 11 Did because of the section of the section of the section 501(c)(12) organizations. Enter: 2 If the section 501(c)(12) organization included on Part VIII, line 12 3 Gross income from members or shareholders 4 Gross income from other sources (Do not net amounts	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	10010101		5a				
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? b	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?) 	5b		Х		
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X V b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X J Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Te X J If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 90, Part VIII, line 12 b Gross receipts, included on Form 90, Part VIII, line 12, for public use of club facilities 11 Did 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross receipts, included on Form 90, Part VIII, line 12, for public use of club facilities 11 Did 12 Section 501(c)(29)	C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X The X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X The X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262? 7c X Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Pe X The Order or Press, and the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 1 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 2 Sponsoring organization make any taxable distributions under section 4966? 3 Did the sponsoring organization make any taxable distributions under section 4966? 4 Did the sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make any taxable distributions under section 4966? 6 Gross receipts, included on Form 990, Part VIII, line 12 10 a Did the sponsoring organizations. Enter: 1 Gross income from members or shareholders 1 Gross income from there sources (Do not net amounts due or paid to other sources against amounts due	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit					
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization more organization file a form 1098 to the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization more organization file person? 10 Section 501(c)(21) organizations. Enter: a forse income from					6a		Х		
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b if "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b X c Did the organization receive appayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," inclicate the number of Forms 8282 filed during the year Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 10 Section 501(c)(7) organizations. Enter: 21 Gross income from members or shareholders 22 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(7) organizations Enter: 12 Gross income from members or shareholders 13 Section 501(c)(2) qualified nonprofit health insurance issuers. 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(2) qualified nonprofit health plans in more than one sta	b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions c	r gifts					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d if "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X g If the organization, during the year, pay premiums, directly or indirectly, or in a personal benefit contract? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a		were not tax deductible?			6b				
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make eany taxable distributions under section 4966? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities f Tib Gross income from members or shareholders a Gross income from members or shareholders b Gross income from members or shareholders f Tib Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. b If "Yes," enter the amount of reserves the organization is required to m	7					41			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If X 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 B D Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 11	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a	1967.5			
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7t X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organizations make any taxable distributions under section 4966? 9 b Did the sponsoring organizations make any taxable distributions under section 4966? 9 c Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a	b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The proof of the organization receive any funds, directly or indirectly, on a personal benefit contract? The proof of the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? The proof of the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required? The proof of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12 Did Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Did Gross income	С						58		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Bettien 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. In the the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand Did the organizati		to file Form 8282?			7c		Х		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11b 5 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13c 14d Did the organization receive any payments for indoor tanning services during the tax year?	d						700		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 100		THE STATE OF THE PROPERTY OF T		ct?	10332		715-57/5-1		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 X 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make and istribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13a Under the amount of reserves on hand 13b Under the amount of reserves on hand 13c Under the amount of reserves any payments for indoor tanning services during the tax year?				DESCRIPTION OF THE PROPERTY OF			X		
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did 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.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? 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 C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the xyear? 14a X	576				NO. 150 D.	,			
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 111 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?	0.0				7h				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11d If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11d Section 501(c)(29) qualified nonprofit health insurance issuers. 11d Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 13b	8		by th	e	-		77		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	•				8		X		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		- Age 1 - 1 (22) - 1 (22) - 1 (23) - 1 (23) - 2 (23) -			E I		125		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a X	-	- 50% 10% 50%			1-204				
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b Did the organization receive any payments for indoor tanning services during the tax year? 14a X			10001100		9b				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X		THE STANDARD AND AND AND THE STANDARD CONTROL OF STANDARD CONTROL	ا مد ا	1					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 13b C Enter the amount of reserves on hand 13c X			0.000						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13b 14a X			100						
b 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. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 13b C Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X		Constitution from the state of	أعفا						
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 14a X			1 la						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 14a X	-	2 4 3017 00 959 55 55 56 56 50 50 50 50 50 50 50 50 50 50 50 50 50	446						
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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13c 14a X	12a	5. C. S. S. Brack Control (1997) (199							
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a X			1	(4).	IZa	. 12			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a X			120	1277					
Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a X		Table and the Brooking Andropers and Property and Propert			132	-			
b 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-				108				
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-	TO DESCRIPTION OF THE PROPERTY	13h						
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С	Character and the formation of the control of the c							
X 200000 950 C 971		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			14a		Х		
			e O						

KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 17 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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? Section C. Disclosure

	Allon of Distriction of						
17	List the states with which a copy of this Form 990 is required to be filed ►MI						
18	8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available						
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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: ► LOUISE ANDERSON - (269) 488-4777 6767 WEST "O" AVE., KALAMAZOO, MI 49009						

COLLEGE FOUNDATION

38-2307720

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest (Compensated	1
	Employees, and Independe	ent Contrac	tors					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organ (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	14-	net -	Pos	Position neck more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)					from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mper		(** 2) (600 (***100)		and related
	below	ndual	nstitutional trustee	Ja	Key employee	Highest compensated employee	ıer			organizations
	line)	Indi	insti	Officer	Key	High	Former			
(1) THOMAS SCHLUETER	0.30									
CHAIR	0.00	Х		Х	g			0.	0.	0
(2) DAVID JARL	0.30							0.0000	nerty (
VICE CHAIR	0.00	X		Х				0.	0.	0
(3) GARY KUSHNER	0.30							-		200
SECRETARY	0.00	Х		Х				0.	0.	0
(4) DANIEL SCHEID TREASURER	0.30									_
(5) DANNIE ALEXANDER	0.00	Х		Х		_		0.	0.	0
TRUSTEE	0.30	v						_	~	
(6) PATRICK ALLKINS	0.30	Х		_	_			0.	0.	0
TRUSTEE	0.30							٥	•	0
(7) MICHELLE ELDRIDGE	0.30	Λ	-		-			0.	0.	0
TRUSTEE	0.00	X						0.	0.	0
(8) JEFF GARDNER	0.30	27	55765-5		-			0.	0.	0
TRUSTEE	0.00	X						0.	0.	0
(9) TRAVIS GRIMWOOD	0.30	22	_		-	-		0.	<u> </u>	
TRUSTEE	0.00	х						0.	0.	0
(10) GARY GUNIA	0.30								•	
TRUSTEE	0.00	х						o.l	0.	0
(11) WHITNEY KEMERLING	0.30									<u>~</u>
TRUSTEE	0.00	Х						0.	0.	0
(12) MATT LAHMAN	0.30									
TRUSTEE	0.00	Х						0.	0.	0
(13) REBECCA PIERCE	0.30									900
TRUSTEE	0.00	X						0.	0.	0
(14) MATT RZEPKA	0.30									
TRUSTEE	0.00	X						0.	0.	0
(15) JOHN SAUNDERS	0.30									
TRUSTEE	0.00	Х						0.	0.	0
(16) MIKE WAY	0.30									
TRUSTEE	0.00	X						0.	0.	0
(17) T. KENNETH YOUNG	0.30		11					V ===		
TRUSTEE	0.00	Х						0.	0.	0

Form 990 (2014)

Page 7

(A) Name and title	week officer and a director/trustee) from								(E) Reportable compensation from related	am	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensa om th aniza d rela unizat	ation le tion ted
(18) LOUISE ANDERSON ASSISTANT TREASURER	5.00 35.00			х				0.	148,996.	3	5,2	45.
(19) MARILYN J. SCHLACK EX-OFFICIO TRUSTEE	5.00 35.00			х				0.	241,901.			25.
(20) STEPHEN DOHERTY	38.00			х				0.	91,570.			35.
EXECUTIVE DIRECTOR	2.00			Λ				0.	31,370		,, 2	
1b Sub-total								0.	482,467	11	7,1	.05.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	II, Section A			15555				0.			7.1	0.
Total number of individuals (including but n compensation from the organization							ho r	received more than \$10				0
3 Did the organization list any former officer,	director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated	employee on		Yes	
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le c	omp	ens	ation	n an	d of			3	х	Х
and related organizations greater than \$15 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." com	accrue compe	nsat	tion	from	any	y un			vidual for services	5		x
Section B. Independent Contractors							0.00	that received more than	\$100,000 of compan		from	
Complete this table for your five highest countries the organization. Report compensation for								in the organization's tax				
(A) Name and business	address	N	ON:	E				(B) Description of	services	Compe	C) nsati	on
											0000000115	
											-	
Total number of independent contractors (\$100,000 of compensation from the organi		not I	imite	ed to		ose I 0	iste	I d above) who received	more than			

Form 99 Part \

			COTTION
0 (201		FOUNDATIO	NC
MI	Statement of Revenue		

		Check if Schedule O conf			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			1-464 1-3	V. 2		
ar A	d	Related organizations	1d					
S, E	e	Government grants (contribut		22-5				
Sign		All other contributions, gifts, gran						
the		similar amounts not included abo		140,105.				
E 9	a	Noncash contributions included in lines						
Con		Total. Add lines 1a-1f			140,105.			
			******************	Business Code	III. Eyrler III			
g	2 a			Pasilicas Sous				
۵ <u>ج</u>	b							-
Program Service Revenue	С						(
eve	d							1
P. C.	е							
4	f	All other program service reve	enue					1
	g	Total. Add lines 2a-2f					33 1	
	3	Investment income (including						
l		other similar amounts)			550,161.			550,161
E	4	Income from investment of ta						
	5	Royalties		>				
			(i) Real	(ii) Personal				
4	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securitie	s (ii) Other			L. L.	
		assets other than inventory	1,191,23	1.		1- 1		
	b	Less: cost or other basis				- 20		
		and sales expenses						
	С	Gain or (loss)	304,27	and the second s		*		
	d	Net gain or (loss)			304,272.			304,272.
φ_	8 a	Gross income from fundraisin	g events (not					
Revenue		including \$	of			47 1X 53 11 1		
é		contributions reported on line	1c). See		The still			
호		Part IV, line 18		a 86,210.				
Other		Less: direct expenses		b 29,124.	7	X. 2		
		Net income or (loss) from fund	A CONTRACTOR OF THE PARTY OF TH	· · · · · · · · · · · · · · · · · · ·	57,086.			57,086.
	9 a	Gross income from gaming ac			1			W. In
	1 200	Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from gam	Section Control of the Control of th	······				
	и а	Gross sales of inventory, less				5.2		
	E.	and allowances						
1		Less: cost of goods sold		b		1 -		7
-	С	Net income or (loss) from sale						
1	11 a	Miscellaneous Revenu	е	Business Code				
	n a	· · · · · · · · · · · · · · · · · · ·		-				
				-			-	
	d C	All other revenue		-				+
	u	All other revenue			****			
	12	Total. Add lines 11a-11d Total revenue. See instructions.	***********		1,051,624.	0 -		011 510
432009 11-07-1		. C.L. 10701100. Oct monutuills.		ALDER STREET, CONTRACTOR OF THE STREET, CONT	1,031,024.	0.	0	911,519. Form 990 (2014)

KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		his Part IX		QUARTER STREET, STREET
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	615,132.	615,132.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	2.5		000	
а	Management	923.		923.	
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	Will was a second			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				,
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				D.C.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	205		287.	
23	Insurance	287.		207.	Comments with the second
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 0.)				
•	amount, list line 246 expenses on senedule o.)				Section 1971 - Sillian 1
a b					
C					
d					
	All other expenses	19.		19.	
25	Total functional expenses. Add lines 1 through 24e	616,361.	615,132.	1,229.	0.
26	Joint costs. Complete this line only if the organization	00.000 to \$1.00 to \$1	2000 <u>- 1900 - 1900 - 1900 - 1900 - 1900 - 1900</u>	20.0 2000	
	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 (2014)
Part X | Balance Sheet

	Check if Schedule O contains a response or no	te to any line in this Part X			
-			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1	
2	Savings and temporary cash investments	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	388,296.	2	217,017
3	Pledges and grants receivable, net	PROPERTY OF THE PROPERTY OF TH	35,967.	3	28,558
4				4	
5	Loans and other receivables from current and f	ormer officers, directors,	That is the		
	trustees, key employees, and highest compens	ated employees. Complete			
506	Part II of Schedule L	**************************************		5	
6	Loans and other receivables from other disqual				
	section 4958(f)(1)), persons described in section				
	employers and sponsoring organizations of sec				
	employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7		
. 8				8	
9	Droppid superses and deferred the			9	
10a	Land, buildings, and equipment: cost or other		778933		
4	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation			10c	
11	Investments - publicly traded securities		14,577,438.	11	15,153,743
12	Investments - other securities. See Part IV, line	11		12	
13	Investments - program-related. See Part IV, line	11		13	
14	Intangible assets	one a sure exercise and the surface in Exception of	i i i i i i i i i i i i i i i i i i i	14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	15,001,701.	16	15,399,318
17	Accounts payable and accrued expenses		61,821.	17	85,628
18	Grants payable			18	
19	Deferred revenue	424.7 (4.10 LV) : 30-3047-500-47-970-20 (4.2 (4.10 LV)		19	
20				20	
21	Escrow or custodial account liability. Complete			21	
22	Loans and other payables to current and forme	r officers, directors, trustees,			
	key employees, highest compensated employee	es, and disqualified persons.			
22	Complete Part II of Schedule L	\$6580 St. William 17 10 10 10 10 10 10 10 10 10 10 10 10 10		22	
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities (including federal income tax, pa				
	parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
	Schedule D	200000000000000000000000000000000000000		25	
26	Total liabilities. Add lines 17 through 25		61,821.	26	85,628.
1	Organizations that follow SFAS 117 (ASC 958	3), check here X and			
it F	complete lines 27 through 29, and lines 33 an	nd 34.			
27	Unrestricted net assets	200000000000000000000000000000000000000	5,494,757.	27	5,491,346.
28	Carried Commence and Commence a		8,277,794.	28	8,612,251.
29			1,167,329.	29	1,210,093.
	Organizations that do not follow SFAS 117 (A				
	and complete lines 30 through 34.		-67		
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or ec	uipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated in			32	
33	Total net assets or fund balances		14,939,880.	33	15,313,690.
34	Total liabilities and net assets/fund balances		15,001,701.	34	15,399,318.

Form 990 (2014)

	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1	1,05	1 6	24.
1	Total revenue (must equal Part VIII, column (A), line 12)		- 1,03	6,3	61
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	14,93		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5	- 0	1,4	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		45 04		
	column (B))	10	15,31	.3,6	90.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_	Yes	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	x	
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		X	
За	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	edule O. ngle Aud	2c		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired aud			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2014

Open to Public Inspection

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

KALAMAZOO VALLEY COMMUNITY

Emplo

COLLEGE FOUNDATION

Employer identification number 38-2307720

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9) support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes Nο (see instructions)) KALAMAZOO VALLEY COMMUNITY COLLEGE 38-1850178SECTION 115 X 615,132.

615,132.

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions					4 9 7 7		
	by each person (other than a		For 1 C-					
	governmental unit or publicly				11.5			
	supported organization) included		7.75					
	on line 1 that exceeds 2% of the		-	J. 1				
	amount shown on line 11,				i Al			
	column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities,					12	79	
13	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)		
	organization, check this box and stop	here	er e			*******************		
Se	ction C. Computation of Publi	c Support Pe	rcentage			T		
	Public support percentage for 2014 (li					14	%	
	Public support percentage from 2013					15	%	
16a	33 1/3% support test - 2014. If the o						x and	
	stop here. The organization qualifies as a publicly supported organization							
t	b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization quali							
172	10% -facts-and-circumstances test							
	and if the organization meets the "fact	ts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in Pa	rt VI how the organ	zation	
	meets the "facts-and-circumstances"							
Ł	10% -facts-and-circumstances test						10% or	
	more, and if the organization meets th							
	organization meets the "facts-and-circ						▶⊟	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17				
					Sch	edule A (Form 990	or 990-F7\ 2014	

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			(-/	(4)2010	(C) 2014	(i) rotai
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
-	merchandise sold or services per-						
	formed, or facilities furnished in		i				
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	inose under section 513			a			
1						+	
	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
-	7.77. 90 WOOD FOR 1995						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		,				
	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
- 10	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					3	
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				2 124		
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties				1		
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ĺ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b					†	
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital		·				
12	assets (Explain in Part VI.)	7.414.7					
	Total support. (Add lines 9, 10c, 11, and 12.)	7 31	72	4 2 4 au			
14	First five years. If the Form 990 is for t						CONTRACTOR OF THE PARTY OF THE
500	check this box and stop here	C		*************************			>
	tion C. Computation of Public			Wass			
15	Public support percentage for 2014 (lin	e 8, column (f) di	ivided by line 13, o	olumn (f))		15	%
500	Public support percentage from 2013 S	chedule A, Part	III, line 15	***************************************	Personal property consult	16	%
	ction D. Computation of Invest			Was VAV VOICE			
	Investment income percentage for 201			ie 13, column (f))		17	<u>%</u>
	Investment income percentage from 20			***************************************		18	%
192	33 1/3% support tests - 2014. If the o						7 is not
	more than 33 1/3%, check this box and						>
b	33 1/3% support tests - 2013. If the o						
^~	line 18 is not more than 33 1/3%, check	this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	> _
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, 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 organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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," provide detail in part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	х	
2		Х
За		Х
3b		
3с		
4a		х
4b		51
4c_		
5a		х
5b 5c		
Ju		
6		Х
7_		x
8		х
9a		Х
9b	Daile	X
9c		Х
10a	5	х
10b		

Schedule A (Form 990 or 990-EZ) 2014 COLLEGE FOUNDATION 38-2307720 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? X 11a b A family member of a person described in (a) above? X 11b c A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in part VI X 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). X Section D. Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. h The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. No Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

38-2307720 Page 6

Schedule A (Form 990 or 990-EZ) 2014 COLLEGE FOUNDATION

1	Lippe III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying	*	230 C S S S S S	ictions. All
	other Type III non-functionally integrated supporting organizations must co	~		
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	30)44-004	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		The second second	
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	10	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014	COLLDON	TIATETA BET ANT
Cobodula A (Farm 000 as 000 F7) 001 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P. CHINITA THE LAND
Schedule A Form 990 or 990-E/1 2014	COLLEGE	T. COUNTY TICH

Par	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	C 2307720 Fage
Sect	on D - Distributions		į (commuco)	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	- 10		
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive)	
Territoria.	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6	v 1 2		
2	Underdistributions, if any, for years prior to 2014	Tajiii .		
	(reasonable cause required-see instructions)	1947		
_3	Excess distributions carryover, if any, to 2014:		***E	
a	- The state of the			
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$		n =	
73	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
-20	Remainder. Subtract lines 4a and 4b from 4.			and the second second
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount	1/1		
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j		X.Ing	
	and 4c.			
8	Breakdown of line 7:		TO LECT.	
a				
b				
_ c	Excess from 2013			
	Excess from 2014	L		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 COLLEGE FOUNDATION	38-2307720 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	
Also complete this part for any additional information. (See instructions).	
PART IV, SECTION C	
THE PRESIDENT OF KALAMAZOO VALLEY COMMUNITY COLLEGE, MARILYN	SCHLACK,
IS THE EX-OFFICIO OF KALAMAZOO VALLEY COMMUNITY COLLEGE FOUN	DATION.
STEPHEN DOHERTY, EXECUTIVE DIRECTOR OF THE FOUNDATION, IS A	KALAMAZOO
VALLEY COMMUNITY COLLEGE EMPLOYEE. BOOKS AND SUPPORT FOR KAL	AMAZOO
VALLEY COMMUNITY COLLEGE FOUNDATION ARE COMPILED THROUGH COL	LEGE STAFF
AND RESOURCES.	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION **Employer identification number**

38-2307720

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
As a second						
Parketing and the control of the con	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
KALAMAZOO VALLEY COMMUNITY
COLLEGE FOUNDATION

Employer identification number

38-2307720

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if	additional sp	ace is needed.
--------	--------------	---------------------	------------------	-------------------	---------------	----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,771.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll

Name of organization
KALAMAZOO VALLEY COMMUNITY
COLLEGE FOUNDATION

Employer identification number

38-2307720

Part I	Contributors	(see instructions).	Use duplicate copies of	f Part I	if additional	space is needed.
--------	--------------	---------------------	-------------------------	----------	---------------	------------------

(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.		Total contributions	Type of contribution
7	Name, address, and zir + 4	\$ 8,660.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$15,000.	Person X Payroll
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
10		\$15,925.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$12,204.	Person X Payroll
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION

Employer identification number

38-2307720

Part II	Noncash Prop	erty (see instructions)	. Use duplicate copies of Part II if additional space is needed.
---------	--------------	-------------------------	--

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7 STOC	K	_	
1		\$8,660.	12/20/15
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION 38-2307720 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. [Enter this info. once.] Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Relationship of transferor to transferee

(a) No. from Part I

(b) Purpose of gift

(d) Description of how gift is held

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KALAMAZOO VALLEY COMMUNITY

COLLEGE FOUNDATION

Employer identification number 38-2307720

Par	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds	or Acco	unts.Complete if the
-1.5	organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	ing that the assets held in donor advised	d funds	
	are the organization's property, subject to the organization's exc			Yes No
6	Did the organization inform all grantees, donors, and donor advis			
1.7	for charitable purposes and not for the benefit of the donor or do			
				Yes No
Pai				•
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or educ		cally impo	ortant land area
	Protection of natural habitat	Preservation of a certifi		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	a conserv	ation easement on the last
· 	day of the tax year.			
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			- EV.	
C	Number of conservation easements on a certified historic struction		22.5	
d	Number of conservation easements included in (c) acquired after			
u	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	sed extinguished or terminated by the	10 TAC	on during the tax
3	year	sed, extinguioned, or terminated by the	ga	
4	Number of states where property subject to conservation easen	nent is located		
5	Does the organization have a written policy regarding the period			
3	violations, and enforcement of the conservation easements it has			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and			05035500000
7	Amount of expenses incurred in monitoring, inspecting, and enfo			
8	Does each conservation easement reported on line 2(d) above s			
J	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
3	include, if applicable, the text of the footnote to the organization			
	conservation easements.	13 mandar statemente that describes to	io organiza	anon o associating to
Pai	t III Organizations Maintaining Collections of A	rt. Historical Treasures, or Ot	ner Simi	ilar Assets.
	Complete if the organization answered "Yes" to Form 990			
12	If the organization elected, as permitted under SFAS 116 (ASC 9		ent and ba	lance sheet works of art.
10	historical treasures, or other similar assets held for public exhibit			
	the text of the footnote to its financial statements that describes	A 72		
b			and haland	se sheet works of art, historical
J	treasures, or other similar assets held for public exhibition, educ	87(1) 35		
		ation, or research in farther ance of pub	10 30 100,	provide the following difficulties
	relating to these items:			\$
	(i) Revenue included in Form 990, Part VIII, line 1			\$
^	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasure.	uses or other similar assets for financial	SAMMESSAM	
2	the following amounts required to be reported under SFAS 116		gairi, provi	ue
100	Distriction of the Control of the Co	30 12 13		¢
	Revenue included in Form 990, Part VIII, line 1			,
n	ASSES INCUMED IN FORM 990 PART.			·D

		OO VALLEY						
		FOUNDATIO				38-23	07720	Page 2
Pa	rt III Organizations Maintaining (Collections of Ar	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	significant	use of its	collection i	tems
	(check all that apply):				ā			
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е						
С	Preservation for future generations		V-1					
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's ex	empt purp	ose in Parl	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			Yes	No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" to	Form 990	, Part IV, I	ine 9, or	
3	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		3/10/10/10	2102220000		
							Amount	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	oility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.						AND CONTROL OF	
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	9,665,480.	8,185,213.	6,706,974.	6,7	27,179.		53,829
b	Contributions	42,764.	28,178.	37,300.		57,948.	4	14,092
С	Net investment earnings, gains, and losses	553,826.	1,664,536.	1,567,110.		46,809.	1,2	29,641
d	Grants or scholarships	152,764.	212,447.	126,171.	1	24,962.	19	46,358
	Other expenditures for facilities							
	and programs							
f	Administrative expenses			Market 1970				24,025
g	End of year balance	10,109,306.	9,665,480.	8,185,213.	6,7	06,974.	6,7	27,179
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment	6.40	%	A CONTRACTOR OF THE CONTRACTOR				
b	Permanent endowment ►11.97	%	-					
С	Temporarily restricted endowment ▶ 8	1.6 3 %						

	The percentages in lines 2a, 2b, and 2c should equal 100%.
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization
	by:
	(i) unrelated organizations

	1 Section 10 the organization	ation		
	by:		Yes	No
	(i) unrelated organizations	3a(i)		X
	(ii) related organizations	3a(ii)		Х
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		
33				

Part VI Land, Buildings, and Equipment.

	Complete if the organization answered "Y	es" to Form 990, Part IV	, line 11a. See Form 990), Part X, line 10.	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings			Cartin Co.	
С	Leasehold improvements				
d	Equipment				
е	Other				

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

Schedule D (Form 990) 2014

0.

COLLEGE	ECHMINA
CODDEGE	LOUNDAI

(a) Description of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or end	of-year market value
Financial derivatives			
Closely-held equity interests			
Other			1, 111124
(A)			
(B)			
(C)			
(D)			
(E)	10000		
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	-6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)	5 -		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		312.00	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
		-	
art IX Other Assets.	o Form 990 Part IV line 1	11d See Form 990 Part Y line 15	The state of the s
Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" to (a) D	o Form 990, Part IV, line 1 escription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		(b) Book value
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	description	→	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	15.) o Form 990, Part IV, line	→	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

Sch	edule D (Form 990) 2014 COLLEGE FOUNDATION			38-2	2307720 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	Return	l.
y	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		37-		
1	Total revenue, gains, and other support per audited financial statements			11	1,204,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		. *************************************		, , , , , , , , , , , , , , , , , , , ,
а	Net unrealized gains (losses) on investments	2a	-61,453.		
b	Donated services and use of facilities	2b	184,952.		
С	Recoveries of prior year grants	2c	, , , , , , , , , , , , , , , , , , , ,	1 1	
d	Other (Describe in Part XIII.)			1 [
е	Add lines 2a through 2d			2e	123,499.
3				3	1,080,748.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,000,740.
a	PROPERTY AND	انتجا			
b	Other (Describe in Part XIII.)	4a	-29,124.		
				1	20 124
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			4c	-29,124.
	t XII Reconciliation of Expenses per Audited Financial Stater	nanta Wit	L F	5	1,051,624.
			n Expenses per	Retui	rn.
7 241	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l			
1	Total expenses and losses per audited financial statements			1	830,437.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	. 2a	184,952.	5-5	
b	Prior year adjustments			- 3	
C	Other losses	2c			
d	Other (Describe in Part XIII.)		29,124.		
е	Add lines 2a through 2d	2.552.67.580.68.60.68.669.66		2e	214,076.
3	Subtract line 2e from line 1			3	616,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII.)	4b		1	
	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	616,361.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b	and 2b; Part V. line	4: Part)	X. line 2: Part XI
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional infor	mation.	(1) E 10 (100 TE) (5 10 1	
	0. 0. A20 8				
G.					
PAI	RT V, LINE 4:				
SCI	IOLARSHIPS AND GRANTS TO KALAMAZOO VALLEY	COMMUN	IITY COLLEG	E AN	ID THE
					111111
KAI	AMAZOO VALLEY MUSEUM.				
PAF	T X, LINE 2:				
	11 11 11 11				
тнт	FOUNDATION QUALIFIES FOR EXEMPT STATUS F	משש פרטי	מ עגש זגמשו	TID DO	AGEG TIMBED
	TOUNDATION QUALITIES FOR EXEMPT STATUS F	OK FEL	ERAL TAX P	URPC	SES UNDER
CEC	TON 501/C\/3\ OF THE INTERNAL DEVENUE OF	, n m	WED EEOD E		
250	TION 501(C)(3) OF THE INTERNAL REVENUE CO	DE. T	HEREFORE,	TT T	S NOT
CIII	TECH MO MAY INDED DECEME DEPOSIT AND CO-				20000-00-00-00-00-0
501	JECT TO TAX UNDER PRESENT FEDERAL AND STA	TE TAX	LAWS. ACC	TUUO	ING
PRI	NCIPLES GENERALLY ACCEPTED IN THE UNITED	STATES	OF AMERIC	A RE	QUIRE
202202	200 (2009)(1009-1009)(1) - FE-1996 - W. 200-1906 - 100-1009 - 100-100 - 100-100 - 100-100				
MAN	AGEMENT TO EVALUATE TAX POSITIONS TAKEN E	BY THE	FOUNDATION	AND	RECOGNIZE
					7
<u>A</u>]	AX LIABILITY IF THE ORGANIZATION HAS TAKE	EN AN U	NCERTAIN P	OSIT	TAHT NOI!
MOF	E LIKELY THAN NOT WOULD NOT BE SUSTAINED	UPON E	XAMINATION	BY	THE IRS OR
432054 10-01-	14				ule D (Form 990) 2014

Part XIII Supplemental Information (continued)
OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX
POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30,
2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE
TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE
FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY
TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX
PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO
INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES -29,124.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 29,124.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990.

Name of the organization KALAMAZOO VALLEY COMMUNITY Employer identification number COLLEGE FOUNDATION 38-2307720 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e □ Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2014 COLLEGE FOUNDATION

38-2307720 Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE OPPORTUNITIE (add col. (a) through FOR EDUCAT col. (c)) (total number) (event type) (event type) Revenue 86,210. 86,210. Gross receipts 2 Less: Contributions 86,210. 86,210. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 21,624. 21,624. 7 Food and beverages 7,500. 7,500. 8 Entertainment 9 Other direct expenses 29,124. 10 Direct expense summary. Add lines 4 through 9 in column (d) 57,086. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

KALAMAZOO VALLEY COMMUNITY Schedule G (Form 990 or 990-EZ) 2014 COLLEGE FOUNDATION

Scl	nedule G (Form 990 or 990-EZ) 2014 COLLEGE FOUNDATION 38	-2307	720	Page 3
11	Does the organization conduct gaming activities with nonmembers?		/es	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	0005	163	
	to administer charitable gaming?		Vac.	☐ No
13	Indicate the percentage of gaming activity conducted in:	3855	163	NO
	a The organization's facility	13a		0/
1	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		%
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		/es	□ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
-	of gaming revenue retained by the third party > \$			
,	or If "Yes," enter name and address of the third party:			
•	on Too, short hame and address of the tillid party.			
	Name			
	Address	-		
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
	C STANDARD TO THE TAXABLE OF THE STANDARD STANDA	ГП.	esses 1	
h		Ү	es	No
~	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	ž		
Pa		now and	a sesson	Mark Vi
-	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	I, lines 9, 9	b, 10t	, 15b,
	136, 16, and 176, as applicable. Also provide any additional information (see instructions).			

Schedule G	G (Form 990 or 990-EZ) COLLEGE FOUNDATION	38-2307720 Page 4
Part IV	G (Form 990 or 990-EZ) COLLEGE FOUNDATION Supplemental Information (continued)	
W		
	- Market St. Communication of the Communication of	
		0.0000000000000000000000000000000000000
		- Control of the cont
Ua		
(
15		
SEC.		
Electrical designation of the control of the contro		
IA-		
ù		Name of the second seco
W		
ж—		
h		The section of the se
		

SCHEDULE I (Form 990)

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

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

2014 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Internal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization KALAMAZOO VALLEY COMMUNITY

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable assistance (d) Amount of non-cash assistance (e) Amount of non-cash assistance (h) Purpose of grant or assistance (h) Purpose of	COLLEGE F	OUNDATION	N					38-2307720
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (c) IRC section if applicable (c) IRC section or cash grant (c) Amount of non-cash assistance (d) Amount of non-cash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) KALAMAZOO VALLEY COMMUNITY COLLEGE	Part I General Information on Grants a	and Assistance						30-2307720
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (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 non-cash assistance (h) Purpose of grant or assistance (a) Amount of non-cash assistance (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)	criteria used to award the grants or ass	istance?						100 to 10
Teciplent that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (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 (g) Description of valuation (book, FMV, appraisal, other) (h) Purpose of grant or assistance (a) Amount of non-cash assistance (b) EIN (c) IRC section if applicable (d) Amount of non-cash assistance (h) Purpose of grant or assistance	Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments	complete if the ord	ranization answered "	Ves" to Form 000 Best	IV line Of for any
1 (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 non-cash assistance (h) Purpose of grant or assistance (a) Amount of valuation (book, FMV, appraisal, other)	recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	ded	garnzation answered	res to ronn 990, ran	. IV, line 21, for any
6767 WEST "O" AVENUE	1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of non-cash	valuation (book, FMV, appraisal,		
38 1850178 SECTION 115 615,132. 0.N/A N/A SCHOLARSHIPS AND GRANT	6767 WEST "O" AVENUE							
	RALAMA200, MI 49009	38 18501/8	SECTION 115	615,132.	0.	.N/A	N/A	SCHOLARSHIPS AND GRANTS
							1	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	nd government or s listed in the line	ganizations listed in the table	ne line 1 table				1.

Schedule I (Form 990) (2014)

432101 10-15-14

Schedule I (Form 990) (2014)	COLLEGE FOUNI		111			38-2307720	Page 2
Part III Grants and Other A	Assistance to Domestic Individuated if additional space is need	duals. Complete if the	organization answ	ered "Yes" to Form 9	90, Part IV, line 22.		
	rant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	h assistance
			A				
Part IV Supplemental Info	rmation. Provide the informatio	n required in Part I, lir	ne 2, Part III, colum	n (b), and any other a	dditional information.		
PART I, LINE 2:							
FOR GRANTS - EXP	PENSES ARE REVIE	WED TO MAKE	SURE THE	Y MEET THE	INTENT OF THE		
GRANT AWARD (DES						L. Villey	
GUIDELINES ARE P							
GOIDEDINES ARE F	ROVIDED TO TIME	HCIMD HID I	Olt DIODELL				
				***		30,000	
	32000		39243001111				
				200			
	10000 At St					1.00	
432102 10-15-14						Schedule I (F	orm 990) (2014

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KALAMAZOO VALLEY COMMUNITY

COLLEGE FOUNDATION

Employer identification number 38-2307720

P	art I Questions Regarding Compensation	0112		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		14	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			H
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			e lear
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			W.
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations Approval by the board or compensation committee			
				4
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			7
	contingent on the revenues of:			
а	The organization?	5a	721	х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	100		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	-		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	1 .		

COLLEGE FOUNDATION

38-2307720

Page 2

Schedule J (Form 990) 2014 COLLEGE FOUNDATION 38-2307720

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

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

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

	(B) Breakdown of \	W-2 and/or 1099 MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellents	(B)(I)(O)	reported as deferred in prior Form 990
(i)	0.	0.	0.	0.	0.		
(ii)	148,996.		3707				
(i)	0.	A0000 1554					
(ii)	199,901.	0.	42,000.	51,545.	13,080.	306,526.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)	10000-110-11						
(ii)					V		
(i)							
(ii)							
(i)							
					<u> </u>		
						_	
		-	-				
							
							1
					1000		
	-						
				-			
						<u> </u>	
						1	†
							t
	(i) (ii) (i) (i) (i) (ii) (i) (ii)	(i) Base compensation (i) 0. (ii) 148,996. (i) 0. (ii) 199,901. (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	(i) Base compensation (ii) 0. 0. 0. (iii) 148,996. 0. (i) 0. 0. (ii) 199,901. 0. (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	Compensation Comp	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation (iii) Other reportable compensa	(i) Base compensation (iii) Bonus & (iii) Other reportable compensation (iii) 148,996. O.	(i) Base compensation incentive compensation

Schedule J (Form 990) 2014

432112 10-13-14

Schedule J (Form 990) 2014 COLLEGE FOUNDATION	38-2307720	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. A	also complete this part for any additional information	١.
	× × ×	
	The state of the s	
	Marie and the second se	
	7000	

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

KALAMAZOO VALLEY COMMUNITY

Emplo COLLEGE FOUNDATION

Employer identification number 38-2307720

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF KALAMAZOO VALLEY COMMUNITY COLLEGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION STRIVES TO BE A WELL RECOGNIZED, MANAGED, GROWING,
COMMUNITY-BASED FOUNDATION MEETING THE NEEDS OF THE COLLEGE THROUGH
CHARITABLE FUND-RAISING AND ETHICAL FINANCIAL MANAGEMENT.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 IS REVIEWED WITH THE AUDIT COMMITTEE (EXECUTIVE/OPERATIONS
COMMITTEE-BOARD CHAIR, VICE CHAIR, TREASURER, SECRETARY AND ASSISTANT
TREASURER AND EXECUTIVE DIRECTOR) OF THE FOUNDATION PRIOR TO FILING THE
RETURN. THE COMMITTEE REPORTS TO THE ENTIRE BOARD. THE 990 IS POSTED ON A
WEBSITE ACCESSIBLE TO ALL BOARD MEMBERS. BOARD MEMBERS ARE ASKED TO ACCESS
THE 990 PRIOR TO ITS DISTRIBUTION AND ASK ANY QUESTIONS THEY MAY HAVE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY (JULY 2009). THE
BOARD IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT
ANNUALLY. IF A CONFLICT EXISTS THE BOARD WILL TAKE APPROPRIATE AND
IMMEDIATE ACTION.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION WILL BE MADE
AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION	Employer identification number 38-2307720
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN PROCESS SINCE THE PRIOR YEAR	•
	1001

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Legal domicile (state or

(d)

Total income

(e)

End of year assets

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Name, address, and EIN (if applicable)

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/torm990

KALAMAZOO VALLEY COMMUNITY

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

COLLEGE FOUNDATION

Employer identification number 38-2307720

(f)

Direct controlling

entity

*							
	=						
	-ti Camplete if the experient	ion anguiered "Vee" on Form 00/	Dort IV line 24 h	occurs it had one	or more related tay even	int	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations Complete if the organizat	ion answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more related tax-exen	npt	
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	cations Complete if the organizat (b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling	Section 5	g) 512(b)(13) rolled rity?
organizations during the tax year. (a) Name, address, and EIN	(b)	(c)	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5	rolled
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE -	(b)	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling	Section 5 contr enti	rolled ity?
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE - 38-1850178, 6767 WEST O AVENUE, KALAMAZOO,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled hty?
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE - 38-1850178, 6767 WEST O AVENUE, KALAMAZOO, MI 49009	(b)	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling	Section 5 contr enti	rolled ity?
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE - 38-1850178, 6767 WEST O AVENUE, KALAMAZOO,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled hty?
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE - 38-1850178, 6767 WEST O AVENUE, KALAMAZOO, MI 49009	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti Yes	rolled hty?
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE - 38-1850178, 6767 WEST O AVENUE, KALAMAZOO, MI 49009 KALAMAZOO VALLEY COMMUNITY COLLEGE HOLDING	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled hty?
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE - 38-1850178, 6767 WEST O AVENUE, KALAMAZOO, MI 49009 KALAMAZOO VALLEY COMMUNITY COLLEGE HOLDING COMPANY - 38-3363347, 6767 WEST O AVENUE,	(b) Primary activity EDUCATION	(c) Legal domicile (state or foreign country) MICHIGAN	(d) Exempt Code section GOVERNMENTAL UNIT	(e) Public charity status (if section	(f) Direct controlling entity N/A KALAMAZOO VALLEY	Section 5 contr enti Yes	rolled hty?
organizations during the tax year. (a) Name, address, and EIN of related organization KALAMAZOO VALLEY COMMUNITY COLLEGE - 38-1850178, 6767 WEST O AVENUE, KALAMAZOO, MI 49009 KALAMAZOO VALLEY COMMUNITY COLLEGE HOLDING COMPANY - 38-3363347, 6767 WEST O AVENUE, KALAMAZOO, MI 49009	(b) Primary activity EDUCATION	(c) Legal domicile (state or foreign country) MICHIGAN	(d) Exempt Code section GOVERNMENTAL UNIT	(e) Public charity status (if section	(f) Direct controlling entity N/A KALAMAZOO VALLEY	Section 5 contr enti Yes	rolled hty?

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

Schedule R (Form 990) 2014

432161 08-14-14 LHA

Schedule R (Form 990) 2014 COLLEGE FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership Comp

38-2307720 Page 2

Part III	organizations treated as a pa	ganizations Taxab irtnership during the	le as a Partner e tax year.	ship Complete if t	the organization ansv	vered "Yes" on Forn	n 990, Part IV, line	e 34 because it	had one or mo	re related	E .
	(a)	/b)	(a)	/all	7.5	l (n	(v v	1	7000	T	r

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under	Share of total income	Share of end of year assets	Disproportionate a locations?		amount in box	managin partner	Percentage ownership
		country)		sections 512-514)		433613	Yes	No	K 1 (Form 1065)	Yes No	
	-										
	-										
										Ħ	
											1

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	, (i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	(i) Section 512(b)(1 controlle entity?	
VALUE AND THE PROPERTY OF THE		country)		0. 0.007		433613		Yes	No
KALAMAZOO VALLEY EDUCATION AND OFFICE PARK CONDOMINIUM ASSOC 38-3506205, 6767 WEST	-								
"O" AVENUE, KALAMAZOO, MI 49009	CONDO ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A		х
	_								
No.									_
	1								
		-	01						
	-								
	┥								

432162 08-14-14

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2014 KALAMAZOO VALLEY COMMUNITY
COLLEGE FOUNDATION

38-2307720 Page 3

Note.	Complete line	I if any entity is listed in Parts II, III, or IV of this schedule.	311111111111111111111111111111111111111				Yes	No			
1 D	uring the tax y	ear, did the organization engage in any of the following trans	sactions with one or more re	elated organizations listed	in Parts II-IV?		4 6	111			
		erest, (ii) annuities, (iii) royalties, or (iv) rent from a controlle				1a		Х			
b G	ift, grant, or ca	pital contribution to related organization(s)				1b	Х				
c G	lift, grant, or ca	pital contribution from related organization(s)		0 11 11 11 11 11 11 11 11 11 11 11 11 11		1c		Х			
d L	oans or loan gu	uarantees to or for related organization(s)	ATTACANA O WINNER HAT A	a compression and a second	Designation of the second seco	1d		Х			
e L	oans or loan gu	uarantees by related organization(s)		and the state of the state of the state of	DE SOLESIO CONTRACTOR CONTRACTOR SOLES	1e		Х			
f D	ividends from I	related organization(s)	MANAGEMENT - MANAGEMENT		- In - I was proposed with a control	1f	-	X			
g S	ale of assets to	related organization(s)	man		m maxwell and the continues of the conti	1g		Х			
h P	urchase of ass	ets from related organization(s)	***************************************	and the same of th		1h		Х			
i E	xchange of ass	sets with related organization(s)		SIS LIBERT BESTERNAN	Management of the state of the	1i		Х			
jL	ease of facilitie	s, equipment, or other assets to related organization(s)		WALLEY AND A STREET AND ADDRESS.	THE STATE OF THE PARTY OF THE STATE OF THE S	1j		Х			
k L	ease of facilitie	s, equipment, or other assets from related organization(s)				1k	X	X			
LE	Performance of services or membership or fundraising solicitations for related organization(s)										
m P	erformance of	services or membership or fundraising solicitations by relate	ed organization(s)		Sales (Sales) = (to the sales) = (to the sales) to the sales	1m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o S	haring of paid	employees with related organization(s)		I I I I I I I I I I I I I I I I I I I		10	Х				
ρР	teimbursement	paid to related organization(s) for expenses	ter a a memora non-mapicare	STATE OF THE STATE	A KIND OF THE RESIDENCE OF THE PARTY OF THE	1p		X			
q F	teimbursement	paid by related organization(s) for expenses		THE CONTRACTOR OF THE CONTRACT	or tree, exception of the representation of the control of the con	1q		Х			
rC	other transfer o	f cash or property to related organization(s)				1r	_	X			
		f cash or property from related organization(s)			To see the second second second	1s	L	Х			
2 If	the answer to	any of the above is "Yes," see the instructions for information	on on who must complete t	his line, including covered	relationships and transaction thresholds.						
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1) K.F	LAMAZOO	VALLEY COMMUNITY COLLEGE	В	615,132.	ACTUAL GRANTS PAID						
(2)					100						
(3)											
(4)								-			
(5)											
(6)					morror believe m		30000	v de tro			
432163 (08-14-14				Schedule I	R (Forn	n 990)	2014			

KALAMAZOO VALLEY COMMUNITY Schedule R (Form 990) 2014 COLLEGE FOUNDATION

38-2307720 Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b)	(c)	(d)	Are partne 5010 org	a)	(f)	(9)		h)	(i)	(i)	(k)
	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne	s sec	Share of	Share of	Dispr	0201-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	Percentag
of entity		(state or foreign	excluded from tax under	org	52	total	end of year	flor alloca	tions?	of Schedule K-1	partn	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	10
							2010	1.00	1.10		1	
			1	l l								- 1
SHOUL	i			li							1 1	1
	l			H						0	1	1
				1 1								1
											\vdash	
	1			1 1				1		H	1	
				П				1				1
	l i			H								1
	1			ΙI	- 1	(1			1	i
	1			1		Ĭ		f			1	1
	1			l							ш	1
			S									
	1			H				1	0		ш	1
	1			l						j.		1
	1			ll						ľi		
				Ш								
									1			
	1					l l					1 1	
				H					1		1 1	
				Ш							\sqcup	
				H								
												1
				Н							1	
								1	8 8		1	
				Н				\perp			\vdash	
				1	- 14						1	
				ΙI				8			1	8
				l								F .
				\vdash	-			+-			\vdash	
	3		-		1							
												8
			l .	ıl				1		1	1 1	

Schedule R (Form 990) 2014

432164 08-14-14

Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST	<u>:</u>
NAME OF RELATED ORGANIZATION:	
KALAMAZOO VALLEY EDUCATION AND OFFICE PARK CONDOMINIUM	
ASSOC.	
DIRECT CONTROLLING ENTITY: KALAMAZOO VALLEY COMMUNITY COLLEGE	
	-