Form <b>990</b>
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# **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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection			
	A For the 2022 calendar year, or tax year beginning and ending								
B a	Check if pplicab	le: C Name o	forganization	D Employer identification number					
	Addre	ge KALA	MAZOO FOUNDATION FOR EXCELLENCE						
	Name Chang	ge Doing b	usiness as		82-258777	71			
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final returr		W. SOUTH STREET		269-337-8	3047			
	termi ated	<sup>n-</sup> City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	42,670,854.			
	Amer returr	KALA	MAZOO, MI 49007		H(a) Is this a group re	turn			
	Appli tion	F Name a	nd address of principal officer: STEVE VICENZI		for subordinates?	? Yes X No			
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No			
<u> </u> ]	Tax-ex	empt status: [		or 📃 527	If "No," attach a	list. See instructions			
	Nebsi		KALAMAZOOFFE.ORG		H(c) Group exemption				
	_		X Corporation Trust Association Other	L Year	of formation: 2017 M	I State of legal domicile: MI			
Pa	art I	Summary							
Ð	1		e the organization's mission or most significant activities: TO S			OF THE CITY			
Governance			MAZOO, FUND INVESTMENTS, AND EMPOW						
er n (	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass				
Š	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	16			
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			16			
es	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)	<b></b>		0			
Viti	6	Total number	of volunteers (estimate if necessary)	<b>U</b>		17			
Activities &	1		d business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
					Prior Year	Current Year			
e	8		and grants (Part VIII, line 1h)	3	67,158,392.	488,232.			
ent	9	•	ce revenue (Part VIII, line 2g)	······	0.	0.			
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	······ —	2,384,094.	-534,228.			
-	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3	69,542,486.	-45,996.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		to or for members (Part IX, column (A), line 4)		0.	0.			
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b		ing expenses (Part IX, column (D), line 25)	0.	410 001	440 576			
ш	1 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		416,961.	442,576.			
	1		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		416,961.	442,576.			
	19	Revenue less	expenses. Subtract line 18 from line 12		69,125,525.	-488,572.			
Net Assets or Fund Balances		<b>_</b>		1	ginning of Current Year	End of Year			
Sset	20	Total assets (F		4	79,208,810.	449,296,586.			
etA	21		(Part X, line 26)	······	22,833.	33,160.			
_			fund balances. Subtract line 21 from line 20	4	79,185,977.	449,263,426.			
	art II					In an inclusion of the Port of the P			
und	er pen	anies or perjury,	I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	KIIOWIEUGE AND DEIIET, IT IS			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
-	STEVE VICENZI, CFO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	AMBER RATHBUN, CPA	AMBER RATHBUN, CPA	05/02	/23 self-employed P01786612			
Preparer	Firm's name MANER COSTERISAN	PC		Firm's EIN 38-2157642			
Use Only	Firm's address 2425 E. GRAND RIV	ER, SUITE 1					
	LANSING, MI 48912	-3291		Phone no. 517 - 323 - 7500			
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	EX32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

Form	990 (2022) KALAMAZOO FOUNDATION FOR EXCELLENCE	82-2587771	Page 2
Par	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 MISSION OF THE KALAMAZOO FOUNDATION FOR EXCELLENCE IS		
	THE GOALS OF THE CITY OF KALAMAZOO, FUND ASPIRATIONAL IN		
	THE CITY, AND EMPOWER KALAMAZOO RESIDENTS TO ACHIEVE THE	LIVES THEY	
	WANT FOR THEMSELVES AND THEIR FAMILIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Yes 2	A NO
•	If "Yes," describe these new services on Schedule O.	Yes	V No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as r	manurad by avaanaa	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
	revenue, if any, for each program service reported.	s, the total expenses, and	
4a	(Code: ) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
iu	SPURRED THE EXPANSIONS OF SUCCESSFUL YOUTH PROGRAMS AND		гн ′
	DEVELOPMENT, RENOVATIONS OF PARKS, NEIGHBORHOOD ENHANCEM		-
	CREATION OF AFFORDABLE HOUSING, BUILDING INFRASTRUCTURE,		)F
	SMALL BUSINESS ACTIVITY.		
	0.		
	02		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	)
	Y		
	<b>V</b>		
40			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses		
		Form <b>990</b>	<b>)</b> (2022)
232002	12-13-22		
	2		

Form 990 (2022)		FOUNDATION	FOR	EXCELLENCE
Part IV Checklist	of Required Schedu	lles		

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		<u> </u>
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
•	Schedule D, Part III	8		
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?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		- 22
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
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		х
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		х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
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			37
. –	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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,			х
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			- 23
19		19		х
202	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		х
232003	12-13-22		<b>990</b> (	(2022)

232003 12-13-22

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Form	990	(2022)
	330	

 Form 990 (2022)
 KALAMAZOO FOUNDATION FOR EXCELLENCE
 82-2587771
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u> </u>
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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 23	
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or of some and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, '' complete</i>	- 51		<u> </u>
52		32		x
33	Schedule N, Part II	52		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
•.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
232004	12-13-22	Form	990	(2022)
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Form	990 (2022) KALAMAZOO FOUNDATION FOR EXCELLENCE	82-258	7771	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return		<u>)</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
3a			3a	⊢−−∔	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of		3b	⊢−−∔	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		
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 Ac	counts (FBAR).			37
5a			5a		<u>x</u> x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			v
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	<del> </del>	<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gints	0		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		7.		v
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	nces provided to the payor?			<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 20202	s required	70		х
<b>ا</b> م	to file Form 8282?	7d	7c		<u></u>
u	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
י מ	If the organization received a contribution of qualified intellectual property, did the organization file Fol		7g		
y h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
U	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.		Ū		
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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			
с	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	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	ə O	14b	⊢──┤	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	1 <b>990</b> (	(2022)

5

Form 990	(2022)
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Section A. Governing Body and Management

### KALAMAZOO FOUNDATION FOR EXCELLENCE

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

82-2587771 Page 6

X

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 on Schedule O. See instructions.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?					X
3	Did the organization delegate control over management duties customarily performed by or under the					
			•	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		lers. or			
	persons other than the governing body?	()	)	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	followina:			
а	The governing body?		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	cts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					v
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			10		
<u>Soc</u>	exempt status with respect to such arrangements?			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed $\underline{ML}$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000 -	$\Gamma$ (section 501/a)/2		availa	ble
10		u 990-		js orny)	avalla	DIE
	for public inspection. Indicate how you made these available. Check all that apply.	an 0.1				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		,	nd finan	cial	
13	statements available to the public during the tax year.	mot UI	morest policy, al	ia man	Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
20	STEVE VICENZI, CFO - 269-337-8020					
	241 W. SOUTH STREET, KALAMAZOO, MI 49007					
232006	12-13-22			Forr	n <b>990</b>	(2022)
	6					、)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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 the instructions for definition of "key employee."

List al of the organization of current key employees, if any, dee the instructions for deminitor of key employees.

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per nd a d	rson i	s both	n an	compensation	compensation	amount of
	week				reciu	i/irus	lee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1099-1120)	and related
	below	dual t	nstitutional trustee	L_	n ploy	st col	5			organizations
	line)	Individual t	Institu	Officer	Key employee	Highest compensated employee	Former	0		
(1) DAVID ANDERSON	1.00						_	r O		
DIRECTOR		х						0.	0.	0.
(2) JEANNE HESS	1.00									
DIRECTOR		х					)	0.	0.	0.
(3) RACHEL LONBERG	1.00				$\square$					
DIRECTOR		х						0.	0.	0.
(4) ALICE TAYLOR	1.00									
DIRECTOR		x	0					0.	0.	0.
(5) CHARLENE TAYLOR	1.00									
DIRECTOR		x						0.	0.	0.
(6) STEPHANIE HOFFMAN	1.00									
DIRECTOR	$\overline{\mathbf{N}}$	х						0.	0.	0.
(7) VON WASHINGTON JR.	1.00									
DIRECTOR	)	Х						0.	0.	0.
(8) BOBBY J. HOPEWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL HARRISON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DR. ANDREA BOSTROM	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARY BALKEMA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) IDA SALAS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BARBARA HAMILTON-MILLER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(14) ALISA CARREL	2.00									
TREASURER		Х		Х				0.	0.	0.
(15) JAMES K. RITSEMA	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(16) SANDRA CALDERON-HUEZO	2.00									
PRESIDENT		Х		X				0.	0.	0.
(17) STEVE VICENZI	2.00									
CFO				Х				0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

### 18570501 755817 702250

Form §		022) KALAMAZOO	) FOUNDA	ΔTI	ON	F	OR	Σ	XC	CELLENCE	82-25	<u>87'</u>	771	Pa	age <b>8</b>
Part	VII	Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
		(A)	(B)			(0	C)			(D)	(E)			(F)	
		Name and title	Average	(do	not ch		itior			Reportable	Reportable		Est	timate	d
			hours per	box	, unles	s per	rson i	is both	an	compensation	compensatior	n	am	ount o	of
			week		cer and	dad	recto	or/trus	iee)	from	from related		(	other	
			(list any	ector						the	organizations			pensa	
			hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C/		om the	
			organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati I relate	
			below	lual tr	tional		ploy6	st con	L	1099-1120)				nizatio	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgu	mzan	
			-			0	×	Ξæ	ш.						
				1											
				1											
								+			$\mathbf{A}$				
											) )				
										$\sim$					
								$\vdash$							
										0					
										KO (					
1b 3	Subto	tal				<b>.</b>	(	)		0.		0.			0.
c .	Total	from continuation sheets to Part VII	, Section A							0.		0.			0.
d	Total	(add lines 1b and 1c)								0.		0.			0.
2	Total r	number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	000 of reportable				•
	compe	ensation from the organization												Vee	0
												1		Yes	No
		e organization list any former officer,	<b>•</b> • • •												37
		? If "Yes," complete Schedule J for s											3		<u>X</u>
		y individual listed on line 1a, is the su													v
		lated organizations greater than \$150											4		X
		y person listed on line 1a receive or a											_		v
Secti	on B.	red to the organization? <u>If "Yes," com</u> Independent Contractors	plete Schedule	e J fo	or su	ch i	bers	ion .					5		Х
		lete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	3100.000 of comp	ensa	ion fro	m	
		ganization. Report compensation for t													
		(A)								(B)			(C		
		Name and business	address	NC	ONE	]			_	Description of s	services	C	omper	satior	ו
									_						
2	Total r	number of independent contractors (ir	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received m	ore than				
	\$100,0	000 of compensation from the organiz	zation				(	)						00	

Form **990** (2022)

232008 12-13-22

				OUNDATION	FOR EXCELLE	ENCE	82-2587	771 Page 9
Par	t VII	Statement of Rev	enue					
		Check if Schedule O co	ontains a respon	se or note to any lir		(5)	(0)	
					<b>(A)</b> Total revenue	(B) Related or exempt		(D) Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 51
S S	1 a	Federated campaigns	1a					
unt		Membership dues						
۵Ĕ	с							
ifts ar A	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contrib						
ŝ	f	All other contributions, gifts, g	rants, and					
but		similar amounts not included a		488,232.				
d dr	g	Noncash contributions included in lin	nes 1a-1f <b>1g</b> \$	485,400.				
anc	h	Total. Add lines 1a-1f			488,232.			
				Business Code				
e	2 a							
Program Service Revenue	b							
Se	с							
eve	d							
<sup>og</sup>	е							
<u>م</u>	f	All other program service re	evenue					
	g							
	3	Investment income (includi	ng dividends, in	terest, and				
					1,392,531.			1392531
	4	Income from investment of	tax-exempt bon	d proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a		<u>6a</u>					
	b	· · · · ·	6b					
	С		6c					
		Net rental income or (loss)			r			
	7 a	Gross amount from sales of	(i) Securitie					
			<b>7a</b> 40,790,09					
	b	Less: cost or other basis	- 40 716 94					
venue			7b         42,716,8           7c         -1,926,7					
A)					1 0 26 750			1026750
, R	d	Net gain or (loss)			-1,926,759.			-1926759
Other	8 а	Gross income from fundraising						
0		including \$ contributions reported on li						
		Part IV, line 18		8a				
	Ь	Less: direct expenses	*	8b	-			
		Net income or (loss) from fu						
		Gross income from gaming		<u>s</u>				
	Ja	Part IV, line 19		9a				
	h	Less: direct expenses		9b				
		Net income or (loss) from g	•••••••••••••••••••••••••••••••••••••••					
		Gross sales of inventory, le	1					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
		Net income or (loss) from sa	•••••••••••••••••••••••••••••••••••••••					
	-			Business Code				
sno	11 a							
nue	b							
scellaneo <u>Revenue</u>	c							
Miscellaneous <u>Revenue</u>	d	All other revenue						
2		Total. Add lines 11a-11d						
	12	Total revenue. See instruction			-45,996.	0.	0.	-534,228
32009	12-13							Form <b>990</b> (202

Form 990 (2022)
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Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):		0.		
а	Management				
b	Legal	14,596.		14,596.	
С	Accounting	11,300.		11,300.	
d	Lobbying		9		
е	Professional fundraising services. See Part IV, line 17		)		
f	Investment management fees	232,880.		232,880.	
g	Other. (If line 11g amount exceeds 10% of line 25,			100.050	
	column (A), amount, list line 11g expenses on Sch 0.)	183,250.		183,250.	
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				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
2	amount, list line 24e expenses on Schedule 0.)	550.		550.	
b					
с С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	442,576.	0.	442,576.	0.
26	Joint costs. Complete this line only if the organization	,•.••		,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

232010 12-13-22

Form **990** (2022)

### KALAMAZOO FOUNDATION FOR EXCELLENCE

	990 (2 <b>t X</b>	2022) KALAMAZOO FOUNDATION FOR EXCI Balance Sheet	ELLENCE	82-	2587771 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		• 1	8,097.
	2	Savings and temporary cash investments	= 1 0 1 0	• 2	75,845.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		(1)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	150,609,739	• 11	160,566,644.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		• 15	288,646,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		• 16	
	17	Accounts payable and accrued expenses	21,832	• 17	32,153.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,001		1,007. 33,160.
	26	Total liabilities. Add lines 17 through 25		• 26	33,160.
		Organizations that follow FASB ASC 958, check here			
sec		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	151,231,485	• 27	160,617,426.
Bal	28	Net assets with donor restrictions	327,954,492	• 28	288,646,000.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ΓĽ		and complete lines 29 through 33.			
10 s	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	479,185,977		449,263,426.
	33	Total liabilities and net assets/fund balances		• 33	449,296,586. Form <b>990</b> (2022)

Form 990 (2022)

	1 990 (2022) KALAMAZOO FOUNDATION FOR EXCELLENCE	82-	2587	771	Pa	.ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				96.
2	Total expenses (must equal Part IX, column (A), line 25)	2				76.
3	Revenue less expenses. Subtract line 2 from line 1	3		-488		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,185		
5	Net unrealized gains (losses) on investments	5	-29	,433	3,9	<u>79.</u>
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					<b>~ ~</b>
De	column (B))	10	449	,263	3,4	26.
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
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 on Schedule	0.				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
h	Were the organization's financial statements audited by an independent accountant?			2b	х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			20		
	consolidated basis, or both:	04313,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit				
•	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)
	PUDIC					

SCHEDULE A Public Charity Status and Public Support							OMB No. 1545-0047			
(Form 990)			つりつつ							
	Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		2022		
Department of the Treasury			ttach to Form 990 or Fo					Open to Public		
Internal Revenue Service		Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.		Inspection		
Name of the organization								identification number		
Part I Reason f		MAZOO FOUN	DATION FOR EX (All organizations must c			an instruction	0	2-2587771		
							15.			
The organization is not a	•	(	0,	,	,	I// <b>A</b> //:\				
			n of churches described		)(מ)סייו הפ	I)(A)(I).				
			Attach Schedule E (Form anization described in <b>se</b>		V6V1VAV;;	:)				
							Viii) Enter	the hospital's name		
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's na city, and state:										
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
•	•	Complete Part II.)	lege of aniversity owned	i or operat	cu by u ge					
			nental unit described in a	section 17	70(h)(1)(A)	(v)				
	-	-	ntial part of its support fr				ne deneral r	ublic described in		
		complete Part II.)		onn a gove	innontai		le general p			
			(1)(A)(vi). (Complete Parl	ни)						
			in section 170(b)(1)(A)(i	-	ed in conii	inction with a	land-grant	college		
			ulture (see instructions).							
university:		grant contege et agrie					and comoge			
· _	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	nip fees, and	d aross receipts from		
•			t to certain exceptions; a			•	•	•		
			(less section 511 tax) fro							
		mplete Part III.)	,			, ,				
			vely to test for public sal	fety. See	section 50	)9(a)(4).				
			vely for the benefit of, to				rry out the	purposes of one or		
•			d in section 509(a)(1) o							
			f supporting organization							
			upervised, or controlled					giving		
			gularly appoint or elect a							
		complete Part IV, Se								
b 🗌 Type II. A s	upporting org	anization supervised	or controlled in connect	ion with it:	s supporte	d organizatio	n(s), by hav	ing		
control or m	nanagement o	of the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
organization	n(s). You mus	st complete Part IV,	Sections A and C.							
			g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,		
its supporte	ed organizatio	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.				
d 📃 Type III noi	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	/ith its suppo	rted organiz	ation(s)		
that is not f	unctionally int	tegrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	reness		
requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
e X Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
functionally	functionally integrated, or Type III non-functionally integrated supporting organization.									
f Enter the number of	of supported of	organizations						1		
		n about the supporte		(iv) to the error	nization listed					
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	1	(v) Amount o		(vi) Amount of other		
organization			above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)		
CITY OF KALAN	MAZOO,		-				•			
MICHIGAN		38-6004627	6	X			0.			

Total

0.

0.

Schedule A (Form 990) 2022	KALAMAZOO	FOUNDATION	FOR	EXCELLENCE	82-2587771
Part II Support Schedule for	or Organizations	s Described in S	ections	s 170(b)(1)(A)(iv) an	d 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.)

Page 2

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	1	1	0.			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			5			
	securities loans, rents, royalties,			)			
	and income from similar sources $\dots$						
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						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2021					15	%
<b>16</b> a	<b>33 1/3% support test - 2022.</b> If the	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
k	<b>33 1/3% support test - 2021.</b> If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported or	rganization		
k	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	S
						Schedule A	(Form 990) 2022

				EXCELLENCE	82-258	7771 Page 3						
Part III Support Schedule for C	Organizations	Described in Se	ection 5	09(a)(2)								
(Complete only if you checked	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to											
qualify under the tests listed below, please complete Part II.)												
Section A. Public Support												
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 202	20 <b>(d)</b> 2021	(e) 2022	(f) Total						

Caler	ıdar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	inors under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			O.			
b	Amounts included on lines 2 and 3 received			S S			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			G			
	Add lines 7a and 7b		. (				
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		<b>S</b>				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	he organization's fir	rst, second, third.	fourth, or fifth tax v	vear as a section 5	D1(c)(3) organizatio	n,
	check this box and stop here	-		-			
Sec	tion C. Computation of Publ	ic Support Per	centage				
	•		-				

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%		
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%		
Se	ction D. Computation of Investment Income Percentage				
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%		
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%		
<b>19</b> a	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	tion			
k	33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re th	an 33 1/3%, and		
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructi	ons		

232023 12-09-22

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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.
- c 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")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 IPS 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 lines 5b and 5c below (if applicable). Also, provide detail in Partvi, 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on 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 on line 9a) 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 disgualified person (as defined on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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.)

232024 12-09-22

Yes No Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 Х 8 х 9a Х 9b Х 9c Х 10a 10b Schedule A (Form 990) 2022

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16

	dule A (Form 990) 2022 KALAMAZOO FOUNDATION FOR EXCELLENCE 82	-258777	1 Pa	age 5
Par	t IV Supporting Organizations (continued)		N <sub>2</sub>	
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		x
b	A family member of a person described on line 11a above?	11b		X
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
-	detail in Part VI.	11c		x
Sec	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directory or the interval of the organization of the second directory of t	S,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	organization, describe how the powers to appoint and/or remove officers, 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		
2	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
Sec			Vee	
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	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	X	
3	By reason of the relationship described on line 2, above, 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	Х	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	lions).		
a b	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c b	Image: State of the parent of each of its supported organizations. Complete line S below.           Image: State of the parent of each of its supported organizations. Complete line S below.           Image: State of the parent of each of its supported organizations. Complete line S below.           Image: State of the parent of each of its supported organizations. Complete line S below.           Image: State of the parent of the p	aa inatuuatiau		
2	Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	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 on line 2a, above, 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 lines 3a and 3b below.			
а	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? If "Yes" or "No" 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.	3b		
232025	5 12-09-22 Sch	edule A (Fori	m 990)	2022

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	dule A (Form 990) 2022 KALAMAZOO FOUNDATION FOR			82-2587771 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t All other Type III non-functionally integrated supporting organizations must co			In Part VI). See Instructions.
Sect	ion A - Adjusted Net Income	ompier	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
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 factors	0		
	(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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
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-functionally	integra	ted Type III supporting or	ganization (see
	instructions)			

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (	(Form 990)	2022	

### KALAMAZOO FOUNDATION FOR EXCELLENCE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019	0				
d	From 2020	<u> </u>				
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,	2				
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
c	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

KALAMAZOO FOUNDATION FOR EXCELLENCE 82-2587771 Schedule A (Form 990) 2022 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART IV, SECTION A, LINE 2 THE SUPPORTED ORGANIZATION IS A GOVERNMENTAL UNIT, WHICH AUTOMATICALLY QUALIFIES UNDER IRC SECTION 509(A)(1). PART IV, SECTION E, LINE 1C THE ORGANIZATION IS RESPONSIVE TO THE NEEDS OF THE CITY OF KALAMAZOO, MICHIGAN. THIS REQUIRES THAT THE OFFICERS AND DIRECTORS OF THE ORGANIZATION MAINTAIN A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE CITY COMMISSION, AS REQUIRED BY THE ARTICLES OF INCORPORATION. DIRECTOR POSITIONS SHALL BE FILLED BY VOTE OF THE BOARD OF DIRECTORS FOLLOWING NOMINATION BY THE CITY COMMISSION. THE CITY DIRECTORS CONSISTS OF THE MAYOR OF THE CITY OF KALAMAZOO AND THE CITY MANAGER OF THE CITY OF TWO PERSONS WHO ARE CURRENT COMMISSIONERS ON THE CITY KALAMAZOO, AND ONE PERSON NOMINATED AND ELECTED BY THE CITY COMMISSION COMMISSION, WHO SHALL BE CHOSEN FROM THE KALAMAZOO COMMUNITY. THE ORGANIZATION OPERATES IN AN EXCLUSIVE FINANCIAL RELATIONSHIP WITH THE CITY OF KALAMAZOO IN A NATIONALLY UNIQUE MODEL. THE ORGANIZATION'S

FUNDS DIRECTLY SUPPORT PROGRAMS AND PROJECTS OF CITY DEPARTMENTS IN

THEIR WORK, OFTEN CONDUCTED WITH PARTNERS WHOSE MISSIONS ALIGN WITH THE

GOALS AND OBJECTIVES OF THE IMAGINE KALAMAZOO 2025 STRATEGIC VISION AND

OTHER ADOPTED CITY PLANS.

PART IV, SECTION D, LINE 3

A FINANCE COMMITTEE HAS BEEN ESTABLISHED, WHICH INCLUDES THE
232028 12-09-22
Schedule A (Form 990) 2022
20

Schedule A (Form 990 Part VI Supple	mental Information. Prov	ide the explanations	ION FOR EXC required by Part II, lir	ne 10; Part II, line 17a c	82-2587771 Page 8
line 1; Pa Section I	Section A, lines 1, 2, 3b, 3c, 4b, 4 art IV, Section D, lines 2 and 3; P D, lines 5, 6, and 8; and Part V, 5 ructions.)	art IV, Section E, line	es 1c, 2a, 2b, 3a, and	3b; Part V, line 1; Part	V, Section B, line 1e; Part V,
ORGANIZATIO	N'S TREASURER, T	HE CITY'S 1	FINANCE DIR	ECTOR, OR A	SIMILAR
POSITION (O	R A PERSON APPOI	NTED BY THI	E CITY'S FI	NANCE DIRECT	FOR), THE
CITY MANAGE	R AND TWO STAKEH	OLDER DIREC	CTORS.		
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232028 12-09-22			21		Schedule A (Form 990) 2022

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## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

82-2587771

Department of the Treasury

# Schedule B

Organization type (check one):

X 501(c)( 3) (enter number) organization Form 990 or 990-EZ

Section:

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

KALAMAZOO FOUNDATION FOR EXCELLENCE

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)



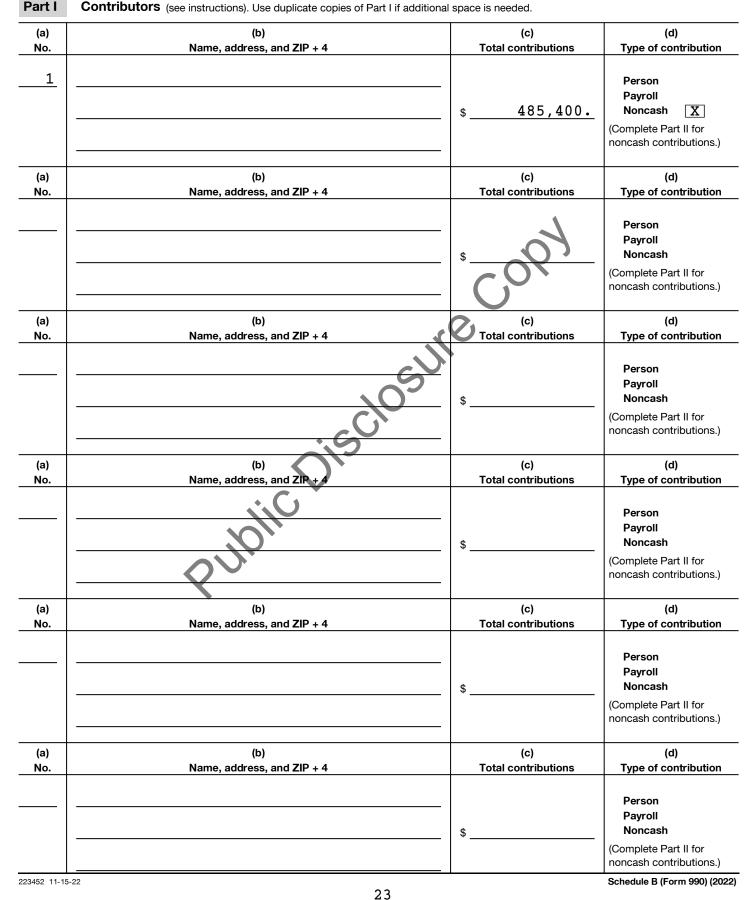
OMB No 1545-0047

Filers of:

Internal Revenue Service

Name of the organization

(Form 990)



18570501 755817 702250

KALAMAZOO FOUNDATION FOR EXCELLENCE

Name of organization

Employer identification number

82-2587771

Page 2

1     PLEDGRD SECURITIES THAT EXCEEDED ORIGINAL CONTRIBUTION REPORTED.     \$	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No. Part 1     (c) Pert (or estimate) (See instructions.)     (c) Date received       (a) (b) FWV (or estimate) (See instructions.)     (c) (c) FWV (or estimate) (See instructions.)     (c) Date received       (a) (b) Form     (c) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (c) Date received       (a) No. from     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (c) Date received       (a) No. from     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (c) Date received       (a) No. from     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (d) Date received       (a) No. from     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (d) Date received       (a) No. from     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (d) Date received       (a) No. from     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (d) Date received       (a) No. from     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (d) Date received	1	PLEDGED SECURITIES THAT EXCEEDED	\$485,400.	02/24/22
(a)       (b)       (c)       (d)         Part1       Description of noncash property given       (e)       (f)         (a)       (b)       (c)       (f)         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (c)         Part1       Description of noncash property given       (c)       (d)         Part1       Description of noncash property given       (c)       (d)         (a)       (b)       (c)       (c)       (d)         (a)       (b)       (c)       (c)       (d)       (d)         (a)       (b)       (c)       (c)       (d)       (d)       (d)         Part1       Description of noncash property given       S       (c)       (d)       Date received         (a)       (b)       (c)       FMV (or estimate)       (c)       Date received         (a)       (b)       (c)       FMV (or estimate)       (c)       Date received         (a)       (b)       (c)       FMV (or estimate)       (c)       Date received         (a) </td <td>No. from</td> <td></td> <td>FMV (or estimate)</td> <td></td>	No. from		FMV (or estimate)	
No. Part I       (b) Description of noncash property given       (c) FWV (or estimate) (See instructions.)       (d) Date received         (a)       (b)       (c) FMV (or estimate) (See instructions.)       (d)         (a)       (b)       (c) FMV (or estimate) (See instructions.)       (d)         Part I       (c)       (d)       (d)         (a)       (b)       (c)       (d)         Part I       (c)       (d)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         No.       (b)       (c)       (d)         Part I       Description of noncash property given       (c)       (d)         Part I       (b)       (c)       (d)       Date received         (a)       (b)       (c)       (c)       (d)       Date received         No. <t< td=""><td></td><td></td><td>\$ 0007</td><td></td></t<>			\$ 0007	
(a)     (b)     (c)     (d)       Part 1     Description of noncast property given     (c)     (d)       Part 1     (d)     Date received       (a)     (c)     (c)     (d)       No.     (c)     (c)     (d)       (a)     (b)     (c)     (d)       No.     (b)     (c)     (d)       Part 1     Description of noncast property given     (d)       (a)     (b)     (c)     (d)       Part 1     Description of noncast property given     (c)     (d)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (c)     FMV (or estimate)     (c)       (c)     FMV (or estimate)     (c)       (a)     (b)     (c)     FMV (or estimate)       (b)     (c)     FMV (or estimate)     Date received       Part 1     Description of noncast property given     (c)     FMV (or estimate)       (b)     (c)     FMV (or estimate)     (c)       (c)     FMV (or estimate)     (c)     Date received	No. from		FMV (or estimate)	
No. from Part 1     (c) Description of noncash property given     (d) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)       (b)       (c)       (d)         From       Description of noncash property given       (see instructions.)       (d)         Part I	No. from		FMV (or estimate)	
No.       (b)       (c)       (d)         Part I       Description of noncash property given       (See instructions.)       Date received			\$	
(a)     (b)     (c)     (d)       from     Description of noncash property given     (see instructions.)     Date received	No. from		FMV (or estimate)	
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received       Part I			\$	
	No. from		FMV (or estimate)	
			\$	

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

KALAMAZOO FOUNDATION FOR EXCELLENCE

Name of organization

Part II

Employer identification number

82-2587771

18570501 755817 702250

24 2022.03040 KALAMAZOO FOUNDATION FOR 702250\_1

Page 3

Schedule	B (Form 990) (2022)			Page <b>4</b>			
Name of c	organization			Employer identification number			
KAT.AM	AZOO FOUNDATION FOR EXC	ELLENCE		82-2587771			
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in s					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	) through (e) and the following line er charitable, etc., contributions of <b>\$1,000 or</b>	Itry. For organizations Iess for the year. (Enter thi	is 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 g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee			
				A			
(a) No. from	(b) Purpose of gift	(c) Use of gift		Description of how gift is held			
Part I							
			-01				
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee			
		<u> </u>					
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held			
		J					
		(a) Turne for a for					
		(e) Transfer of g	π				
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee			
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held			
		(e) Transfer of g	ft				
	Transferee's name, address, a	of transferor to transferee					
223454 11-1	5-22			Schedule B (Form 990) (2022)			

## 18570501 755817 702250

(Form 9	90)
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# **Supplemental Financial Statements**

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

l **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Nam	e of the organization KALAMAZOO FOUNDATI	ON FOD FYCELLENCE	Em	ployer identification n 82-258777	
Pa					1
га	organization answered "Yes" on Form 990, Part IV, lin		OF ACCOUNT	Its. Complete if the	
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts	3
1	Total number at and of year		(2) * 0.1		-
2	Total number at end of year				
2	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		a al ferra al a		
5	Did the organization inform all donors and donor advisors in	0		Vee	Na
~	are the organization's property, subject to the organization's			Yes	No
6	Did the organization inform all grantees, donors, and donor a	• •	2		
	for charitable purposes and not for the benefit of the donor o		•	Vee	Na
Pa	impermissible private benefit?	conization anounced "Voo" on Form 000			No
			Fait IV, line 7	•	
1	Purpose(s) of conservation easements held by the organization			Service descriptions of a service	
	Preservation of land for public use (for example, recrea			important land area	
	Protection of natural habitat		r a certified hi	storic structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conserva	Held at the End of the T	
	day of the tax year.	· (7)			ax teal
	Total number of conservation easements				
b	· · · · · · · · · · · · · · · · · · ·				
С			<u>2c</u>		
d	()				
_	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	during the tax	
	year	6			
4	Number of states where property subject to conservation eas	-			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ease	ements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easemen	ts during the year	
	×				
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170	h)(4)(B)(i)		
					No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement an	ld	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that desc	cribes the	
	organization's accounting for conservation easements.				
Ра	rt III Organizations Maintaining Collections of		ner Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance s	heet works	

1a If th of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected as permitted under EASP ASC 058 to report in its revenue statement and below h orles of

D	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance snee	et works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	ublic service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$

	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22	

26

Sche		OO FOUNDAT							87771	Page <b>2</b>
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historio	cal Tre	easures, o	r Othe	r Sim	ilar Assets	s (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check an	/ of the t	following that	t make s	ignifica	ant use of its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	e	e 🔄 Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	-	-		-			-	XIII.	
5	During the year, did the organization solicit o		-		-					
Da	to be sold to raise funds rather than to be ma to be sold to be to be sold to be								Yes	No
Fai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the org	janizatio	on answered	"Yes" on	1 Form	990, Part IV,	line 9, or	
10	Is the organization an agent, trustee, custodi		lian, for cont	ribution	s or other as	sots pot	include			
Id									Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								165	NO
D			nowing table						Amount	
с	Beginning balance						1	с		
	Additions during the year							d		
	Distributions during the year							е		
								lf		
	Did the organization include an amount on Fo						lity?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Ye	s" on Fo					1	
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Thr	ree years back	(e) Four y	ears back
1a	Beginning of year balance			-						
b	Contributions			<del></del>						
c	Net investment earnings, gains, and losses									
	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities									
4	and programs									
	Administrative expenses End of year balance		$\bigcirc$							
2	Provide the estimated percentage of the curr	ent year end balance	line 1a. ca	olumn (a	)) held as:					
- a	Board designated or quasi-endowment		%	ianni (a						
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held ar	nd administer	red for th	ne		_	
	organization by:								Y	'es No
	(i) Unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4   Dou	Describe in Part XIII the intended uses of the		wment fund	S.						
Fai	rt VI Land, Buildings, and Equipm Complete if the organization answered		) Dort IV lin	o 110 C	Soo Earm 000	) Dort V	lino 10	h		
						1				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumu preciat		(d) Book	value
19	Land			54010			pi colui			
la b	Land Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		X. column (l	3). line 1	0c.)	•				0.

Schedule D (Form 990) 2022

Sched	ule D (Form 990) 2022 KALAMAZOO F	OUNDATION FOR	EXCELLENCE	82-2587771 Page <b>3</b>
Part				
	Complete if the organization answered "Yes"			
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Fir	ancial derivatives			
	osely held equity interests			
<b>(3)</b> Ot	ner			
(A)				
<u>(B)</u>				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(F)				
(G)				
(H)	Col. (b) must equal Form 000, Dart V, col. (D) line 10.)			
Part	Col. (b) must equal Form 990, Part X, col. (B) line 12.) VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line	<u></u> 13
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	(			
(2)				)
(3)				
(4)				
(5)				
(6)			0	
(7)			30	
(8)				
(9)			<b>U</b>	
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part		$\langle 0 \rangle$		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	e 15.
	(a)	Description		(b) Book value
(1)	CONTRIBUTIONS RECEIVABLE			288,646,000.
(2)	4			
(3)				
(4)		•		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. Part	(Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	e 15.)		288,646,000.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	t X, line 25.
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	DUE TO CITY OF KALAMAZOO			1,007.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
	bility for uncertain tax positions. In Part XIII, provide			atements that reports the
org	ganization's liability for uncertain tax positions under	r FASB ASC 740. Check he	ere if the text of the footnote ha	as been provided in Part XIII 🚺

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 KALAMAZOO FOUNDATION FOR EXC				2587771 Page	<sub>je</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	-29,712,855	5.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-29,433,979.			
	Donated services and use of facilities	2b				
	Recoveries of prior year grants	2c		1		
	Other (Describe in Part XIII.)	2d				
	Add lines <b>2a</b> through <b>2d</b>			2e	-29,433,979	9.
3	Subtract line <b>2e</b> from line <b>1</b>			3	-29,433,979 -278,870	6.
	Amounts included on Form 990. Part VIII. line 12. but not on line 1:			-		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	232,880.			
	Other (Describe in Part XIII.)	4b		1		
	Add lines 4a and 4b			4c	232 880	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I. line 12.</i> )			5	232,880	6.
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per l		<u> </u>	••
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
	Total expenses and losses per audited financial statements			1	209,696	6
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	205,050	••
			$\mathbf{O}$			
	Donated services and use of facilities	2a 2b		-		
b	Prior year adjustments Other losses	20 2c		-		
C A		20 2d		-		
d	Other (Describe in Part XIII.)	20		0.		ο.
-	Add lines 2a through 2d	· <b>[</b> /s·		2e	209,696	6
3	Subtract line 2e from line 1			3	209,090	0.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		232,880.			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	232,000.	-		
	Other (Describe in Part XIII.)	40			232,880	0
	Add lines 4a and 4b			4c	442,576	6
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part ) line 18.) t XIII Supplemental Information.			э	<u> </u>	0.
		/	the and Ohy Davit \( line (		V line 0: Deut VI	
	de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1 a and 4; Part IV			i; Part	X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio	onal Inte	ormation.			
סגס	TX, LINE 2:					
<u>I AI</u>	I K, DINE 2;					
тм	PREPARATION OF TAX RETURNS, TAX POSITIONS A	ער בי	ПАКЕМ ВАСЕЛ	ON		
<u>1</u>	FREFARATION OF TAX ANTORNS, TAX FOSTITONS A	AND	TAKEN DAGED			
тмт	ERPRETATION OF INCOME TAX LAWS. MANAGEMENT	ססס	TODICALLY PE	ᇄ᠇ᢑ		
<u>T 11 T</u>	EXPREINITON OF INCOME TAX DAWS. MANAGEMENT	FER	IODICADDI KE			
5777		ינ א	אה אזעדים דפיז	ידארא	שדפ הד	
EVA	LUATES THE STATUS OF UNCERTAIN TAX POSITION	NS A.	ND MAKES ESI	IMA	IES OF	
3 MC		הדארא		ារក		
AMC	UNTS, INCLUDING INTEREST AND PENALTIES, ULT	I. T WA	TELY DUE OR	OWE	D. NO	
3 MC	UNING UNVE DEEN DECODDED IN MUE EINNNGING OF	יששעם		שמיניי	7 T NT	
AMC	UNTS HAVE BEEN RECORDED IN THE FINANCIAL ST	L'A'L'È	MENTS AS UNC	ER.L	AIN	
<b>D</b> OO		ייסד	ͲϪΫΜΤΝͽͲΤΟΫ	770	mite	
102	ITIONS. TAX RETURNS GENERALLY REMAIN OPEN F	UR	EXAMINATION	ВΪ	THE	
777		ייסכ	שע העונס אשיים	C		
VAR	IOUS TAXING AUTHORITIES FOR A PERIOD OF THR	166	IO FOUR IEAR	·0•		

232054 09-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

2

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

### KALAMAZOO FOUNDATION FOR EXCELLENCE

Employer identification number 82-2587771

2

Par	rt I   Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	485,400	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or			COX	*			
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential			<b>N</b>				
16	Real estate - Commercial		6	0				
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	*	5					
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	<u> </u>						
24	Archeological artifacts							
25	Other (							
26	Other (	•						
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used t	or			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	KALAMAZOO	FOUNDATION	FOR	EXCELLENCE	82-2587771	Page <b>2</b>
Part II	Supplemental is reporting in Part	Information. P	rovide the information umber of contributions	required	d by Part I, lines 30b, 3	2b, and 33, and whether the organiza l, or a combination of both. Also comp	tion
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232142 09-09-2	22					Schedule M (Form	990) 2022

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	Quantal Information to Forms 000 ar 000	C7 OMB No. 1545-0047
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ 2022 Open to Public
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization	KALAMAZOO FOUNDATION FOR EXCELLENCE	Employer identification number 82-2587771
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
THE FORM 990	IS REVIEWED BY AN OFFICER AND PROVIDED TO THE	BOARD BEFORE
FILING. AFTER	ANY QUESTIONS OR CONCERNS ARE ADDRESSED, THE	990 IS SIGNED BY
THE CFO AND F	ILED WITH THE IRS.	
FORM 990, PAR	T VI, SECTION B, LINE 12C:	
POTENTIAL CON	FLICTS OF INTEREST ARE REQUIRED TO BE BROUGHT	TO AN OFFICER'S
ATTENTION AS	THEY ARISE. BOARD MEMBERS ARE TRAINED IN ALL	KALAMAZOO
FOUNDATION FO	R EXCELLENCE POLICIES INCLUDING THE CONFLICT	OF INTEREST FORM
WITHIN 90 DAY	S OF THEIR APPOINTMENT.	
FORM 990, PAR	T VI, SECTION C, LINE 19:	
ALL DOCUMENTS	ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PAR	T IX, LINE 11G, OTHER FEES:	
CONSULTING FE	ES:	
PROGRAM SERVI	CE EXPENSES	0.
MANAGEMENT AN	D GENERAL EXPENSES	180,000.
FUNDRAISING E	XPENSES	0.
TOTAL EXPENSE	S	180,000.
OUTSIDE CONSU	LTING SERVICES:	
PROGRAM SERVI	CE EXPENSES	0.
MANAGEMENT AN	D GENERAL EXPENSES	3,250.
FUNDRAISING E	XPENSES	0.
TOTAL EXPENSE	S duction Act Notice, see the Instructions for Form 990 or 990-EZ.	3 , 250 . Schedule O (Form 990) 2022
232211 10-28-22		
	32	

	<u>) (Form 990</u> ne organizati	ion	LAM	AZOO I	FOUND	ATION	FOR	EXCE	LLENCE	2		Page Employer identification number 82-2587771
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### SCHEDULE R

(Form 990)

## **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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

82-2587771

Department of the Treasury Internal Revenue Service

## Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

#### KALAMAZOO FOUNDATION FOR EXCELLENCE

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

(a) Name, address, and EIN (if applicable)	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or	(d) Total incor	(e) ne End-of-year				9
of disregarded entity		foreign country)	1			en	tity	
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	-	.01						
	-	culle						
	-	0						
Part II         Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	inswered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one	or more re	elated tax-exen	npt	
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section		<b>(f)</b> t controlling entity		g) 512(b)(13) rolled ity?
CITY OF KALAMAZOO - 39-6004627				501(c)(3))			Yes	No
241 W. SOUTH STREET								
KALAMAZOO, MI 49007	GOVERNMENTAL ENTITY	MICHIGAN			N/A			Х

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

Schedule R (Form 990) 2022

## Schedule R (Form 990) 2022 KALAMAZOO FOUNDATION FOR EXCELLENCE

82-2587771 Page 2

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

organizations treated as a pa	intriership during the t	ax year.													
(a)	(b)	(c)	(d)		(e)		(f)	(	g)	()	ר)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	nant income unrelated, om tax under 5 512-514)	Share inc	of total come	end-c	ire of of-year sets	Disprop alloca	tions?	Code V-UB amount in bo 20 of Schedu K-1 (Form 100	ox mana le partn	er? OW	centage nership
		country)		360110113	512-514)					Yes	NO		y Yes		
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Part IV Identification of Related Organizations treated as a co	ganizations Taxable rporation or trust dur	as a Corpo	ration or Trust. C	omplete if t	he organizat	ion answ	vered "Yes	" on For	m 990, Pa	art IV, I	ine 34	, because it ha	d one or	more re	elated
(a)			(b)	(c)	(d)		(e)	)	(f)	)		(g)	(h)		(i) Section
Name, address, and E of related organizatio	IN n	Prim	ary activity	Legal domicile (state or foreign	Direct cont entity	trolling y	Type of (C corp, S or tru	S corp,	Share o inco			Share of end-of-year assets	Percenta ownersł		ection I2(b)(13) entrolled entity?
			$\cdot$	country)				151)				233613		Ye	s No
			<b>Q</b>												
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### Schedule R (Form 990) 2022 KALAMAZOO FOUNDATION FOR EXCELLENCE

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

			Yes	No			
Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						
	<b>b</b> Gift, grant, or capital contribution to related organization(s)						
	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d		X			
е	Loans or loan guarantees by related organization(s)	1e		X			
				37			
f	Dividends from related organization(s)	1f		X			
g	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h		<u>X</u>			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	x	Х			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
0	o Sharing of paid employees with related organization(s)						
	p Reimbursement paid to related organization(s) for expenses						
q	Reimbursement paid by related organization(s) for expenses	1q		Х			
r	Other transfer of cash or property to related organization(s)	1r		X			
s	Other transfer of cash or property from related organization(s)	1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						
	(a) Name of related organization (b) Name of related organization (c) Transaction type (a-s) (c) Amount involved (c) Amount involved (c) Amount involved (c)	olved					
<u>(1)</u>							
<u>(2)</u>							
<u>(3)</u>							
<u>(4)</u>							
(5)							
(6)							

### Schedule R (Form 990) 2022 KALAMAZOO FOUNDATION FOR EXCELLENCE

#### 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.

<u>_</u>	3 3			1			1		1	
(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	c. Share of	Share of	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	(related, unrelated,	partners se 501(c)(3) orgs.?	total	end-of-year	tionate	amount in box 20	managing	ownership
,		country)	excluded from tax under			assets		- Of Schedule K-1 (Form 1065)		· ·
			360110113 3 12-3 14)	Yes No			Yes No	(1011111003)	Yes NO	
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Schedule R (Form 990) 2022

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Part VII	Supplementa

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Provide additional information for responses to questions on Schedule R. See instructions.

105 ist 232165 09-14-22 Schedule R (Form 990) 2022 38