

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



SCANNED DEC 2 3 2010

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

OMB No 1545-0047

Open to Public

Department of the Treasury

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

		iue Service	″ ▶ 1	The org	ganization i	nay have to	use a copy	of this return	to satis	fy state	report	ing requ	ireme	nts.	Inspecti	on
<u>A</u>	For the	e 2009 ca	lendar	r year,	or tax yea	r beginning	Ju	ıly 1,	2009, ar	nd endii	ng	Jun	e 30		20 10	
В	neck if a	policable	Please		ne of organiz	ation Kent S	State Univ	versity Foun	dation,	Inc.			D Em	ployer	identification	number
	ddress	change	use IRS label or		ng Business	As							3		65763	07
	lame ch		print or type	r Num	iber and street	(or PO box if m	ail is not aeliv	ered to street add	ress)	Room/s	uite	l	E Tel	ephone	number	
	nitial ret		See Specific		Box 519								( 33	0)	672-22	22
□т	erminat	ted	Instruc-	-   City		ite or country,	and ZIP + 4					l				
	mende	d return	tions		t, OH 442								<b>G</b> Gro	ss receid	ots S 52,7	<u> 59,419</u>
	pplication	n pending				orincipal officer		e Finn			H	(a) Is this	a group	return tor	affiliates? Ves	
	<u>.                                    </u>					OH 44242					H(				uded? <b>Ye</b> s	
		empt status			3 ) <b>∢</b> (inse		947(a)(1) or	<u></u> 527							(see instruct	ons)
						ment/ksufo		<u> </u>	l Vans	al farma		(c) Group e				
_				poration (	Trust	Association L.J	Other >		L Year	of forma	tion	1965	M Sta	ite or tec	gal domicile (	<u> </u>
Pe	rt I	Summ								The	Kont 6	State II	nivor	city E	oundation	
								significant a		•						
e	-							State Unive			enis a	ing con	eges	. Ine	se iunus ai	.e
Jan	-	useu ioi	gene	iai Su	ppoir, sci	ioiai silip a	iio teilow	ships, and r	eseaici	···						
Activities & Governance	, ,	Ob1. 4b			the erganizat	ion discontinue	ad ite operat	tions or dispose	d of more	than 25	04 of its	not acce				
တ္					=			(Part VI, line					- 1	3		42
ණ ග				_				rerning body					. –	4		42
/#e	l .			•	_	art V, line 2	=		-					5	·	0
(cţi				•	•	timate if ne							.	6		0
•					•		• .	III, column (0					· [-	7a		0
								990-T, line 3			: :		: [	7b		0
												Prior Ye	ar		Current Y	ear
	8 (	Contribu	tions a	and gr	ants (Part	VIII, line 1h	)					16,	894.9	78	12.6	556,629
ure	1			-		VIII, line 2g										
Revenue	1	_			•	_		and 7d) .			<u></u>	_4,	076,3	35	2,3	361,844
Œ								, 9c, 10c, an It VIII, column					1,2			733
	12	Total reve	enue — a	add lif	nes 8 thro	資かに一個	egual Par	t VIII, column	(A) line	= 12 )			819.9	-		019,206
	13	Grants a	nd sım	nilar 🏰	qunts pa	ud (Part IX,	colump (	A), lines 1–3)			<u> </u>	20,	720,3	09	17.3	<u>352,425 </u>
tΛ	14	Benefits	paid to	to or fe	men be	版 (图22 多n)	poluming/	A), line 4) .			<u> </u>					
ıse	15	Salanes,	other c	compe	nsation, er	nployee ben	efits (Parl	IX. column (A	), lines 5	5–10)						
Expenses	16a	Profession	onal fur	ındralısı	ing fees (P	art X, colun	nn (A), oith	e 11e)			<u> </u>					
ũ						elx dolymla					<u> </u>	<del></del>	470.5			
								, 11f–24f) .					473.5			585,960
						17 (must ec ct line 18 fro		X, column (A	A), line 2	25)			<u>193,8</u> 373,9			938,385 919,179
- 6		nevenue	less ex	xpense	35 Subilat	A line to ito	III IIIIE 12		<u> </u>	· · ·	Beam	ning of C	·····		End of Y	
ets c		Tatal ass	nata (D	2 may V	line 16)						Degin		376.9			576,694
Assets or displaying	20 21		•		line 16) . X, line 26)								194.3			794,148
Net A	22					 Subtract line	 21 from	ine 20					182.5			782,546
	art II		ature						*	··	<b></b>					
_								tum, including a								
		and belie	ef it is tr	true, con	rect and cor	npiete Declara	ition of prep	arer (other than	officer) is	based o	on all inf	iormation	of whi	ch prep	arer has any k	.nowledge
Sig	gn		Jμ.		W								,	11-15	- 10	
He	re	Sign	nature of	of officer		1 .	, ,	· · · · · · · · · · · · · · · · · · ·				Dat	e			
			<u>like</u>	$\frac{1}{2}$	rebler	, <i>H5</i> sic	stant	Treasure	v_							
		Тур	e or prin	nt name	and title	, 			,			_	,			
		Preparer							Date		Check if self-	i 		rer's idei istructioi	ntifying number ns)	
Pai	d	signature	•								employe	ed ▶ 📙	`~~"		i	
Pre	parer's	Errela =	amo las :					·	L			I	1			
	Only	if self-en	nployed),	1),	<b></b>							EIN	<u> </u>			
<u> </u>	41	address			rp 11.145 45	o properti	chows at	0402 la== :=	atriatio	,no)		Phone r	10 •			
_								ove? (see in			· ·	· ·	· ·	<del></del>	Yes	No No
FΩ	Private	cv Act an	id Pape	ierwork	Reductio	n Act Notice	. see the :	separate inst	ructions		C	at No 1	1282Y		Form 9	90 (2009)

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

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission  To achieve the University's needs and priorities, Kent State University Foundation, Inc. provides leadership,
	to raise private sector funds and exercises stewardship of assets.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 17,352.425 including grants of \$ 17,352,425 ) (Revenue \$)
4b	(Code·) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 17,352,425

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>√</b>	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓_
8	Did the organization maintain collections of works of art historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	*4.
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	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			
	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	<b>√</b>	で煮ゆ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		1
14a		14a		<b>✓</b>
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	1
15	Did the organization report on Part IX, column (A). line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<b>✓</b>
16	Did the organization report on Part IX, column (A) line 3. more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20	If "Yes," complete Schedule G, Part III	19 20		<b>▼</b>

	990 (2009)		P	age 4
Par	t IV Checklist of Required Schedules (continued)			
04	Did the experience constitution that OF COO of course of the		Yes	No
21	Did the organization report more than \$5.000 of grants and other assistance to governments and organizations in the United States on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25.	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		1
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		1
26	Was a loan to or by a current or former officer. director, trustee, key employee. highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III. IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		1
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.			

	t V Statements Regarding Other IRS Filings and Tax Compliance		•	
Lei	Statements negarding Other ins Fillings and Tax Compliance		Yes	No
40	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
ıa	U.S. Information Returns Enter -0- if not applicable	]		i
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
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 2a   0			}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		-11	
3a	Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	<u>4a</u>		<b>V</b>
р	If "Yes," enter the name of the foreign country ►		-	
	and Financial Accounts	1	3	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	the An Tab	1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ı		
	Prohibited Tax Shelter Transaction?	5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_6a		<b>√</b>
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. 3	P	بور - " - ا
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ھ ست	
	and services provided to the payor?	7a	<b>√</b>	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>✓</b>	<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 3		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		┼
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		[a] (	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	224.4		· <del> </del>
	organization, have excess business holdings at any time during the year?	8_	-	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		1
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	الله الا الا الله الا الا	161.	£ 4 1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1. 47 %	ا -بر <mark> </mark>	1
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	1		
b	` '   445			1
120	amounts due or received from them)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		T	

Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	-	-1 -1	•
2	Did any officer, director, trustee. or key employee have a family relationship or a business relationship with	_		;
	any other officer, director, trustee. or key employee?	2	` -	1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<del></del>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		$\overline{}$
6	Does the organization have members or stockholders?	6		<b>/</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			<u> </u>
	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, ,	1 2	
•	the year by the following	ة و المحادث		- 1 <sup>24</sup> 12 <u>-22-</u> 1
а	The governing body?	8a		لمتثثثت
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			<del></del>
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	海海	""
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		<b>√</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>√</b>
15	Did the process for determining compensation of the following persons include a review and approval by	73.5	4	( )
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			~~~
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	÷ \$	1.5	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	و الم الما الما الما الما الما الما الما	- ~ %	
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		,	ţ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio			<b>-</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization > Yvonne Lee, 1061 Fraternity Circle, Kent. OH 44242 330-672-2222	rds o	f the	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization s tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100.000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	mpensate	any c	curre	ent	offic	cer, d	irec	tor, or trustee.		
(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	_	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Barry E. Fetterman Chair		1		1				0	0	0
Cathy D. Hemming Chair-elect and Secretary		1		1				0	0	0
Mel B. Mellis Immediate past chair		1		1				0	0	0
James M. Pazderak				<b>y</b>				0	0	0
Treasurer Lawrence R. Armstrong		<b>✓</b>		<b>V</b>				0	0	0
James W. Arthur		<b>√</b>						0	0	(
Harvey J. Bazaar		1						0	0	(
Gary L. Brahler		1		-				0	0	(
John S. Brinzo		/			-			o	0	(
R. Douglas Cowan		1						0	0	
Barbara A. Donaho		/						0	0	(
Timothy D Eippert		1						0	0	(
Gregg S. Floyd		1						0	0	(
Robert Frank		1	T					0	0	(
Roe Green		1						0	0	
Judith Gentile Hackett		•						0	0	

Part VII Section A. Officers, Directors, Tru	istees, Key	Employees, and Highest					hest	Compensated	I Employees (continued)			
(A)	(B)			•	C)			(D)	(E)	(F)		
Name and title	Average hours per week	individual trustee or director	nstitutional trustee	Office	Rey employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Peter Holway		1						0	0	0		
Candice A. Hughes		1						0	0	0		
Lee Irving		1						0	0	0		
Nora C. Jacobs								0	0	0		
Therese J. Kent		<b>√</b>						0	0	0		
Richard H. Kolbe		<b>✓</b>					-	0	0	0		
Judie Fall Lasser		<b>✓</b>						0	0	0		
Lester A. Lefton		<b>√</b>		+		<u> </u>	-	0	0	0		
Craig D. Lucas		<b>✓</b>	-	-	-			0	0	0		
Douglas M. Mancino		<b>√</b>			$\vdash$		-	0	0	0		
Richard H. Marsh		<b>✓</b>	-					0	0	0		
Linda M. Neiherser		1			-		_					
Vernon R. Nelson		<b>✓</b>		+		<u> </u>		0	0			
		✓				<u> </u>		0	0			
1b Total							<b>•</b>	0	0	<del></del>		
Total number of individuals (including but reportable compensation from the organiz	ation ► 0									Yes No		
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							loye · ·	e, or highest o	compensated	3 🗸		
4 For any individual listed on line 1a, is the the organization and related organizations individual.										4		
5 Did any person listed on line 1a receive services rendered to the organization? If '	or accrue 'Yes," com	com plete	per Scl	nsati hedi	ion ule	from J for s	any sucl	unrelated org	anization for	5 🗸		
Section B. Independent Contractors									·			
Complete this table for your five highest compensation from the organization.	ompensate	ed inc	depe	end	ent	contr	acto	ors that receive	d more than \$1	00,000 of		
(A) Name and business ad	dress							(B) Description of s	services	(C) Compensation		
Kent State University, P.O. Box 5190, Kent, C							C	ontract labor		345,617		
Playhouse Square Foundation, 1501 Euclid		eland	, OI	Н			+-	onstruction		416,780		
RCS Corporation, 3303 W. 65th Street, Cleve	напа, ОН						e	vent production	""	126,980		
Total number of independent contractors more than \$100.000 in compensation from					d to	those	e list	ted above) who	received	The same of the sa		

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513 or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	12.656,629 1,768,814	12.656.629			
Program Service Revenue	b c d e f g	All other program service revenue .  Total. Add lines 2a-2f					
	4	Investment income (including dividends, other similar amounts)	▶ proceeds ▶	2.312,802	2.312,802		
	6a b c d	Royalties				, ,	- 100
	С	Less cost or other basis and sales expenses .  Gain or (loss) .  Net gain or (loss)	•	49,042	49.042	,	
Other Revenue	b	Gross income from fundraising events (not including \$	vents				
	ь	Gross income from gaming activities.  See Part IV, line 19 a  Less. direct expenses b		, <sup>10</sup>		ا من جد المحد -	ere e
	10a b	Net income or (loss) from gaming activit  Gross sales of inventory, less returns and allowances a  Less cost of goods sold b  Net income or (loss) from sales of inventor  Miscellaneous Revenue					
	b						
		All other revenue L  Total. Add lines 11a-11d  Total revenue. See instructions		15.019,206	2.362,577		

Part IX	Statement of Functional Expenses	
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	
AII	allow appealmations would associate actions (A) but any actions and to associate action in (D) (A)	٠

	All other organizations must complete col	umn (A) but are not	required to comp	ilete columns (B), (	C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	17,352,425	17,352,425	- , i <sub>2</sub>	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S 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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		j		
а	Management				
þ	Legal				·
С	Accounting	34,470		34,470	
d	Lobbying				
е	Professional fundraising services See Part IV line 17		- É		
f	Investment management fees	61,216		61.216	
g	Other	346,548		346.548	V
12	Advertising and promotion				
13	Office expenses	6,407		6,407	
14	Information technology				
15 <sup>^</sup>	Royalties				
16	Occupancy	41,380		41,380	
17	Travel	2,568		2.568	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	44.866		44.866	
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	3,924		3.924	
23	Insurance	11,112		11,112	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together	-, 4		France Vertical A	
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	,	1		
а	Bank fees	26,454		26.454	<del></del>
þ	publications	6,360		6.360	<del> </del>
С	professional advancement	655		655	
d	•				
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	17,938,385	17,352,425	585,960	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** End of year Beginning of year 1,587,638 2,235,699 Cash-non-interest-bearing . . . . . . . . . . . . 2 9,271,068 13,921,571 3 3 1,705 3,870 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 7 8 Inventories for sale or use . . . . . . . . . 9 Prepaid expenses and deferred charges . Land. buildings, and equipment cost or 10a 10a other basis Complete Part VI of Schedule D b Less accumulated depreciation . . . . 10b 522,637 961.074 1.258,418 96,465,021 11 103,331,549 11 Investments—publicly traded securities . . . . 4,108,841 12 8,183,488 12 Investments - other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 Intangible assets . . . . . . . . . . . . . . . . 14 14 15 331,077 15 292,602 16 Total assets. Add lines 1 through 15 (must equal line 34) 117,376.927 16 124.576.694 114.898 17 67,406 Accounts payable and accrued expenses . . . . . . . 17 18 18 19 19 20 20 21 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities. Complete Part X of Schedule D . . . . . . . . . . 9.079.463 25 25 10.726.742 Total liabilities. Add lines 17 through 25 . . . . . . . . . . . . . 26 9,194,361 10,794,148 Organizations that follow SFAS 117, check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. 342.043 27 2,079,007 27 79,168.629 28 81.326,680 28 Fund 28,671,894 29 30,376,859 29 Organizations that do not follow SFAS 117, check here ▶ □ ō and complete lines 30 through 34. 30 Assets Capital stock or trust principal, or current funds . . . . . . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds Net 108,182,566 33 113,782,546 33 Total liabilities and net assets/fund balances 124.576,694 117,376,927 34

Pa	t XI Financial Statements and Reporting			-				
			Yes	No				
1	Accounting method used to prepare the Form 990	- t - 4	## · -					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	42	4.5	 % =,				
	Schedule O	-2.3 =						
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	Were the organization's financial statements audited by an independent accountant?	2b	✓					
	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?							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O		2, 4	- A 20 pm				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1. j	- 14 T				
	issued on a consolidated basis, separate basis, or both	- q	- 3	12				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	, ş						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			,				
	the Single Audit Act and OMB Circular A-133?	3a		✓				
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b						

Form **990** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 34 6576307 Kent State University Foundation. Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33\% % of its support from contributions, membership fees, and cross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33\% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(ı) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Nο Yes No Total

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 22,025,004 22,173,570 19,804,236 16,894,978 12,656,629 93,554,417 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 22,173,570 16.894.978 93,554,417 22.025.004 19,804.236 12,656.629 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or دىغوڭ ئى الم در محافظ المواجع publicly supported organization) included on line 1 that exceeds 2% of the amount 5 + W. 716 En 5.748.267 shown on line 11, column (f) 1 5 . . . . . . . . 87,806,150 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 22,025,004 22,173,570 19,804,236 16,894,978 12,656.629 93,554,417 7 Amounts from line 4 . . . . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 2,167,942 3,304,518 2,852,856 2,219,615 2,312,802 12,857,733 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) . . . . . . 106,412,150 Total support. Add lines 7 through 10 . 11 724.764 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 83 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

Sect	tion A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
_	any "unusual grants ")						
2	Gross receipts from admissions merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				<b>1</b>		
	tion B. Total Support	1 1 2 2 2 2		( ) 222	( ) 2222		
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third fourti			
Sec	tion C. Computation of Public Su	pport Perce	ntage			г	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008)					15	<u>%</u> %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20					18	<u>%_</u>
19a b	33\% % support tests – 2009. If the org 17 is not more than 33\% %, check this t 33\% % support tests – 2008. If the organ	oox and stop h	<b>ere</b> . The organ	ization qualifie:	s as a publicly	supported orga	ınızatıon 🕨 🗆
U	line 18 is not more than 33\%, check this						
20	Private foundation. If the organization	_	•	•			

	3111 330 Or 330-LZJ 2003					Page 🕶
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this	part to provide	the explanation	ns required	by Part II, line 10;
	Tart ii, iiile 17a oi 17b, ailu	ran in, line 12.	. Provide any of	ner additional ii	normanon.	see instructions.
					·	
					·•••••••••••••••••••••••••••••••••••••	
					·	
				••••		
			*			
			······			
	••••••			••••		
		· · · · · · · · · · · · · · · · · · ·				
		•••••				
•••••						

## **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

	of the organization				er identification number
_	State University Foundation, Inc.			34	6576307
Par	Organizations Maintaining Don the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Fun	ds or A	Accounts. Complete if
		(a) Donor advised funds		(b) Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year				<del></del>
5	Did the organization inform all donors and funds are the organization's property, subj	ect to the organization's exclusive legal c	ontrol	۱۶	Yes No
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private to	for the benefit of the donor or donor advi	isor, c	or for an	y other
Par	t II Conservation Easements. Com	olete if the organization answered "Yes	" to F	orm 99	0. Part IV. line 7
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiz easement on the last day of the tax year	d by the organization (check all that apply , recreation or pleasure)    Preservation Preservation	r) ion of tion of	an histo f a certif	rically important land area fied historic structure
				<del>-</del>	Held at the End of the Tax Year
а	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation e	asements			
С	Number of conservation easements on a conservation	ertified historic structure included in (a).			
d	Number of conservation easements includ	ed in (c) acquired after 8/17/06,		2d	
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, extinguished, or	r term	inated t	by the organization during
4	Number of states where property subject	to conservation easement is located >			-
5	Does the organization have a written polic violations, and enforcement of the conserv				·
6	Staff and volunteer hours devoted to mon	tonng, inspecting, and enforcing conserve	ation	easeme	nts during the year
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing conservation	ease	ments d	luring the year
8	Does each conservation easement reporte $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?				🗌 Yes 🗌 No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations are conservations.	the text of the footnote to the organization the desements	n's fin	ancial s	tatements that describes
Pai		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8		her Sim	nilar Assets.
1a	If the organization elected, as permitted us art. historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	ets held for public exhibition education, or	resea	arch in fi	urtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to (i) Revenues included in Form 990. Part V	held for public exhibition, education, or rithese items ////////////////////////////////////	resear	rch in fu	rtherance of public service,  \$
2	(ii) Assets included in Form 990, Part X.  If the organization received or held works following amounts required to be reported.	of art, historical treasures, or other simi			financial gain, provide the
а	following amounts required to be reported Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1			
D	ASSERS INCIDIDED IN FORM 990, Fan A				<b>\$</b>

_			•
٠,	an	e	_

Par	III Organizations Maintaini	ng Collections of	of Art, Histo	orical	Treasures,	or O	ther Similar As	sets (cont	inued)
	Using the organization's acquisition, collection items (check all that apply		ther records	, chec	k any of the f	oliow	ing that are a sig	nificant us	e of its
а	Public exhibition		d <u> </u> _	_	an or exchan	-	_		
b	Scholarly research		e L	」 Ot	her				
C	Preservation for future generat	ions							
4	Provide a description of the organiz Part XIV	ation's collections	and explain	how	they further t	he or	ganization's exer	npt purpos	se in
	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive do r than to be mainta	onations of ar lined as part	t, histo of the	oncal treasures organization's	s, or o	other similar ction?	<b>√</b> Yes	☐ No
Par	t IV Escrow and Custodial A					swer	ed "Yes" to For	n 990, Pa	rt
	IV, line 9, or reported an	amount on Form	990, Part X	. line	21				
	Is the organization an agent, trusted included on Form 990. Part X?							Yes	□ No
b	If "Yes," explain the arrangement in	Part XIV and com	nplete the fo	llowing	g table.		1 ^~	nount	
	_					1	Aff	iount	
С	-					1c			
d	Additions during the year					1d			
е	Distributions during the year		• • • •			1e	<del> </del>		
f	Ending balance					1f		<u> </u>	
	Did the organization include an ame If "Yes," explain the arrangement in	Part XIV.			· · · ·			Yes	∐ No
Par	t V Endowment Funds. Co		<del>7 ··· · </del>			T			
		(a) Current year	(b) Prior ye		(c) Two years b	ack	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	68,350,984	83,841	<del></del>				·	
b	Contributions	3,479,540	7,593	3,279				<u> </u>	<del></del>
С	Net investment earnings, gains, and losses	8,457,073	-19,213	3,054	- r	•		z	, ,
d	Grants or scholarships	3,095,600	2,952	2,687			-		
	Other expenditures for facilities				÷ -				: ;
	and programs						-		1
f	Administrative expenses	492,833	917	7.905			7	3 =	Lg*
g	End of year balance	76,699,164	68,350	),984				<u>, , , , , , , , , , , , , , , , , , , </u>	j
2	Provide the estimated percentage of	of the year end ba	ilance held a	ıs.					
а	Board designated or quasi-endown		<u>%</u> %						
b	Permanent endowment ►3	<u>5%</u> %							
С	Term endowment ► 63% 9	6							
3a	Are there endowment funds not in the	ne possession of th	ne organization	on tha	t are held and	adm	inistered for the	_	
	organization by								s No
	(i) unrelated organizations							3a(i) 🗸	
								3a(ii)	✓
	If "Yes" to 3a(ii). are the related org							3b	
4	Describe in Part XIV the intended u			_					
Pai	t VI Investments—Land, Bu	uildings, and Ed	uipment. S	See Fo	orm 990, Pa	rt X,	line 10.		
	Description of investment	(a) Cost or o (investri			st or other s (otner)		Accumulated epreciation	(d) Book v	alue
1a	Land				1,086,978			1,0	86,978
b	Buildings				655,237		483,797	1	71,440
С	Leasehold improvements								
d	Equipment	. ,			38,840		38,840		0
_е	Other								
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 9	990, Part X. co	olumn	(B), line 10(c))		▶	1,2	258,418

Part VII Investments—Other Securities	. See Form 990, Part X	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	467,323	
Other Alternative investments	7,711,165	
Government bonds	5,000	Cost
••••••		
•••••••		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	8,183,488	
Part VIII Investments—Program Related		line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
N/A		
Total. (Column (b) must equal Form 990 Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Pa	rt X. line 15	L
2000, 1000, 200, 300, 700, 700	(a) Description	(b) Book value
N/A	·	
Total (Column /h) must occur! Form 200 Day V!	/P) Inc. 15 )	
Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. See Form 990.		
1. (a) Description of liability	(b) Amount	
Federal income taxes		0
Funds held as agent	6.714,59	- <u>-</u>
Actuarial Liability	4,012,14	
<u> </u>	, , , , , ,	
		<u> </u>
		_
Total. (Column (b) must equal Form 990 Part X col (B) line 25 ) ▶	10.726,74	12

_				
P	2	1	۵	

Pari	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tem	ients
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,019,206
2		2	17,938,385
		3	-2,919,179
		4	8,669,642
5	Donated services and use of facilities	5	
		6	
	Prior period adjustments	7	
	Other (Describe in Part XIV.)	8	-150,483
9	Total adjustments (net). Add lines 4 through 8	9	8,519,159
		10	5,599,980
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per	
1	Total revenue, gains, and other support per audited financial statements	1	23,672,454
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	7 . Var	
	Net unrealized gains on investments		
	Donated services and use of facilities	, 48/2 2.	
	Recoveries of prior year grants	١.	=
đ	Other (Describe in Part XIV.)	χ -1#F	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,010,00
4	Amounts included on Form 990, Part VIII. line 12, but not on line 1:	## ## ##	<u>-</u>
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		े । 
	Other (Describe in Part XIV.)		, <sup>1</sup> 2
_	Add lines 4a and 4b	40	<del></del>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1010101200
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements		18,072,474
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	- 3	1
а	Donated services and use of facilities	· (ii)	
b	Prior year adjustments	4	<b>4</b>
С	Other losses	ماعيد	<u> </u>
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2€	<del></del>
3	Subtract line 2e from line 1	3	17,938,385
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		. <b>4</b> :
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-	`` <b>`</b>
b	Other (Describe in Part XIV.)	11	
_c	Add lines 4a and 4b	40	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I, line 18.)	5	17,938,385
	t XIV Supplemental Information		<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
	2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	d 4b	Also complete
tnis į	part to provide any additional information.		
Par	t III, 1a: Purchases of collection items are expensed as incurred. Items contributed to collect	ions	; 
dur	ing the year are not reflected in the Foundation's financial statements. Proceeds from deacc	essi	ons or insurance
rec	overies are reflected as increases in the appropriate net asset classes. There were no collect	ion	purchases or
pro	ceeds received during the years ended June 30, 2010 and 2009.		•••••
Par	t III, 4: The Foundation owns certain historical fashion items. The Kent State University Mus	eum	ı maintains custody
of t	hese items which provide the basis for the museum's exhibits and an academic resource for	Ken	t State University.
Par	t V, 4: The endowment funds of the Foundation are invested with the purpose of using the ea	rnin	igs to support the

Dage	•

Part XIV Supplemental Information (continued)
needs and priorities of Kent State University.
Part X, 2: Pursuant to determination by the Internal Revenue Service, the Foundation is exempt from federal income tax
under section 501 (c) (3) of the Internal Revenue Code.
The Foundation adopted guidance issued by the FASB with respect to accounting for uncertainty in income taxes as of
July 1, 2009. A tax position is recognized as a benefit only if it is "more-likely-than-not" that the tax position would be
sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest
amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the
"more-likely-than-not" test, no tax benefit is recorded. Management has concluded that they are unaware of any tax
benefits or liabilities to be recognized at June 30, 2010.
The Foundation would recognize interest and penalties related to unrecognized tax benefits in interest and income tax,
respectively. The Foundation has no amounts accrued for interest or penalties at June 30, 2010 and is no longer subject
to examination by taxing authorities for years before 2007. The Foundation does not expect the total amount of
unrecognized tax benefits to significantly change in the next twelve months.
Part XI, 8: Change in actuarial liability: 818,827; Change in amounts due to KSU Alumni Association969,310.
Part XII, 2d: Change in amounts due to KSU Alumni Association -969,310; Change in actuarial liability: 818.827;
Cost recovery 134,089.
Part XIII, 2d: Cost recovery 134,089.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

1545-0047	60
OMB No	20

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

▶ Attach to Form 990.

Name of the organization	Ş					Eniployer iden	Employer identification number
Part I General Information on Grants and Assistan	Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ecords to subsard the grants of	tantiate the amount assistance?	nt of the grants or as	sistance, the granteer in the United States	ne amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and note?	ants or assistance, a	od Ses No
Form 990, Part IV, line 21, form 990) if additional space is needed	stance to Gov 1, for any rec (Form 990) if	rernments and ippent that received	Organizations in the ed more than \$5,00 s is needed	re United States. C	Complete if the orgalif no one recipient	inization answered eceived more than	"Yes" to \$5,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	1.55	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kent State University PO Box 5190, Kent, OH 44242	34-6402079	115(a)	17,352,425				general support
ŀ	c)(3) and govern	ment organizations					1
3 Enter total number of other organizations	nizations .						
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice, s	ee the Instructions	for Form 990.	O	Cat No 50055P	n	Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. The Kent State University Foundation receives grant requests from the various departments and colleges of Kent State University (KSU). The Foundation verifies Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant that each grant request supports the mission of KSU and meets fund restrictions. (b) Number of recipients (a) Type of grant or assistance Part IV Part III

Schedule I (Form 990) 2009

# SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Name of the Organization

Employer identification number

34 6576307 Kent State University Foundation, Inc. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week	ndividual trustee or director	c Institutional Irustee	Officer	Rey employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Ronald A. Pizzuti		/				_		0	0	0
Lori A. Randorf		1						0	0	0
Robert G. Risman		1						0	0	0
Catherine L. Ross		1						0	0	0
Robert E. Ross		1					T	0	0	0
David J. Sibits		<b>V</b>					T	0	0	0
Michael D. Solomon		<b>y</b>						0	0	0
Donald L. Stallard		\ \ \						0	0	0
F. Carl Walter Jr		1						0	0	0
J. Todd Walters		\ \ \						0	0	0
Robert W. Woolf		/	-					0	0	0
Nicholas R. Sucic	-	1						0		0
Jacqueline F. Woods		<b>V</b> ✓					-	0		
	1			-						
	-									
	1									

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open To Public Inspection

Kent State University Foundation, Inc. 6576307 Part I Types of Property (b) (a) (c) (d) Check if Method of determining Number of contributions Revenues reported on applicable Form 990, Part VIII, line 1q revenues 2 0 Art-Works of art . . 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications . . 1 3 5 Clothing and household goods . . . . . . 6 Cars and other vehicles 1 0 7 Boats and planes 10 0 8 Intellectual property . . . . 38 1.751.678 Ave of high and low price 9 Securities-Publicly traded . 1 17,136 cash proceeds 10 Securities—Closely held stock. 11 Securities-Partnership LLC. or trust interests . . . . Securities-Miscellaneous 12 13 Qualified conservation contribution-Historic structures . . . Qualified conservation contribution-Other . . . . Real estate-Residential . . 15 16 Real estate—Commercial . . . Real estate-Other . . . . 17 18 Collectibles Food inventory . . . . . 19 20 Drugs and medical supplies . 21 Taxidermy . . . . . . 32 0 22 Historical artifacts . . . . 23 Scientific specimens 24 Archeological artifacts . . . 7 0 Other ▶ ( food items ) 25 4 0 26 Other ▶ (.service.payment.) 27 Other ▶ ( academic supply) 50 0 Other ▶ ( athletic supply ) 28 24 0 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283. Part IV, Donee Acknowledgement . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a b if "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Kent State University Foundation, Inc.

# Supplemental Information to Form 990

on <u>2009</u>

Employer identification number

34

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

Attach to Form 990.

Open to Public Inspection

6576307

OMB No 1545-0047

Form 990, Part VI. 12c: Annually, board members of the Kent State University Foundation must review the conflict-of-
interest policy. disclose any conflicts, and acknowledge this by signing a letter stating adherence to the policy. Members
who have a conflict of interest with a proposed transaction must excuse themselves from voting on and discussion of the
transaction.
Form 990, Part VI, 19: The Kent State University Foundation makes its govening documents, conflict of interst policy,
and financial statements available to the public upon request. All requests need to be in writing and delivered by hand
or email.
•
•
•
•

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

A

instructions.
separate
See
▲

Open to Public 2009

OMB No 1545-0047

Employer identification number

Schedule R (Form 990) 2009 (f) Direct controlling (f) Direct controlling 6576307 entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it Public charity status (if section 501(c)(3)) (e) End-of-year assets 34 e Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 115(a) (d) Total income Cat No 50135Y (c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Ohio Higher Education Primary activity Primary activity had one or more related tax-exempt organizations during the tax year For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Kent State University Foundation, Inc. Kent State University 31-6402079 PO Box 5190, Kent, OH 44242 Name of the organization Part I Part II

Schedule R (Form 990) 2009

General or managing partner? Yes No Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g)
Share of
end-of-year assets (h) Disproportionate allocations? ž Yes (f) Share of total income (g) Share of end-of-year line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp. S corp or trust) (f) Share of total income (d) (Direct controlling | Predomnant moome (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
( Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Prinary activity Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

				I
		<u>~</u>	Yes No	0
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	!	-	↓_	l
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?	Parts II-IV?		` 	Ι,
Becaut of (i) interest (ii) annumes (iii) rovalties or (iv) rent		1 <u>a</u>	>	
necelpt of (i) interest (ii) continues (iii) regarded of (ii)		1p	<u>`</u>	
b Gift, grant, or capital contribution to other organization(s)		1	>	L
c Gift, grant, or capital contribution from other organization(s)		2 :	1	L
d Loans or Ioan cuarantees to or for other organization(s)		9	>	
		1e	<u> </u>	
e Loans or toan guarantees by outer organization(s)		- 2-	_	l
		- ;	_	
f Sale of assets to other organization(s)		=	>	
		ō	_	
g Purchase of assets from other organization(s)		÷		L
h Exchange of assets				l
i Lease of facilities equipment or other assets to other organization(s)		=	>	۱
- Fedde of delipticity of one delection of the second of t				
		Ŧ	_	
i Lease of facilities, equipment, or other assets from other organization(s)		-	<u>`</u>	1
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	>	
to successful a contract to contract to the contract of the co		=	<u> </u>	
Periormance of services of membership of fundralshing som		<u>ا</u>		İ
m Sharing of facilities, equipment, mailing lists, of otner assets		5		L
n Sharing of paid employees		=	<u> </u>	l
o Dombren to other organization for avnances	•	10	>	
		<del>1</del> 0	<u> </u>	
<b>p</b> Heimbursement paid by other organization for expenses			-	
		- 1	_	_
a Other transfer of cash or property to other organization(s)		5	>	1.
r Other transfer of cash or property from other organization(s)		+	`	
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	lationships and transact	tion thre	splous	s
Ţ	141	3		
(a) Name of other organization	(b) Transaction A type (a-t)	(c) Amount involved	olved	
N/A	_			
(5)				l
•				
(3)				
(4)				1
(5)				1
(a)	School (Form 990) 2009	) (Earm 6	06 1000	8
	OCHEUNIO I		23 (200)	2

Schedule R (Form 990) 2009

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

Name, address, and EIN of entity Primary activity (state or (neign	Are all partners Share of section end-of-year S01(c)(3) assets organizations?  Yes No	Dsproportionale allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1055)	General or managing partner?
(stale or foreign country)		allocations?		managing partner?
	Yes No			
		Yes No		Yes No
		-		