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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public

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

Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning $$ JUL $1,$ 2013 $$ and endi	ng JŬN	7 30, 2014	
В	Check if applicab	CLEVELAND STATE UNIVERSITY	D	Employer identif	cation number
	Addre	FOUNDATION			
	Name chang	Doing Business As			316665
	lreturn Termi ated	Number and street (or P.O. box if mail is not delivered to street address) 2121 EUCLID AVENUE UN	n/suite E 501	Telephone numbe)687-5522
L	Amen return Applie tion	City or town, state or province, country, and ZIP or foreign postal code	T-	Gross receipts \$ a) Is this a group re	38,292,822.
	pendi	F Name and address of principal officer: STEPHEN KIRK SAME AS C ABOVE		for subordinates b) Are all subordinates in	s? ☐Yes ☒No
$\overline{}$	Tax.ox	empt status X 501(c)(3)	527	•	list (see instructions)
		te: N/A	=	c) Group exemptio	·
					A State of legal domicile OH
_	art I	Summary	L real of lo	mation. 1505 N	M State of legal dofficite O11
		Briefly describe the organization's mission or most significant activities THE CLE	MA.THY	ा चण्ठण त	VTVFPCTTV
Governance	'	FOUNDATION IS ORGANIZED PRIMARILY TO ENGAGE	A LVI A	PATUTUTO	AND
Га	1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Į.		Check this box If the organization discontinued its operations or disposed o	f more tha	1	
် ဗိ	1	Number of voting members of the governing body (Part VI, line 1a)		3	42
৺	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	42
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	42
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	l			Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line (fh)	7	,127,932.	18,503,065.
5		Program service revenue (Part VIII, line 2g))		27,146.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2	,994,966.	2,531,505.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		84,000.	27,504.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10	,234,044.	21,062,074.
		Grants and similar amounts paid (Part IX, Column (A), lines 1-3)	 5	,777,756.	13,368,556.
		Benefits paid to or, for members (Part IX, column (A), line 4)	 	0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Se	1	Professional fundraising fees (Part IX, column (A), line 11e)	 	0.1	0.
Expenses	1	405 055		- 	
찣	l		 	,390,042.	1,586,339.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,167,798.	14,954,895.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,066,246.	6,107,179.
- Se	19	Revenue less expenses Subtract line 18 from line 12			
ts o				ng of Current Year	End of Year
Net Assets		Total assets (Part X, line 16)		,162,879.	97,633,528.
et A	1	Total liabilities (Part X, line 26)		,305,577.	12,255,023.
		Net assets or fund balances. Subtract line 21 from line 20	1 71	,857,302.	85,378,505.
Ц	ırt II	Signature Block			
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements,	and to the best of my	knowledge and belief, it is
true,	correct	, and complete Declaration of preparer (other than officer) is based on all information of which pre	eparer has a	ny knowledge	
		X Berntlin L. Luha		X 3/12	115
Sıgr	·	Signature of officer		Date	7
Here	e	▶ BERINTHIA R. LEVINE, EXECUTIVE DIRECTOR			
	}	Type or print name and title			
		Print/Type preparer's name Preparer's Symplores	Date	Check	PTIN
Paid	- 1	DAVID M. REAPE, CPA	2/2	3/15 if self employed	P00068117
Prep	-	Firm's name CIUNI & PANICHI, INC.	- 10 600	Firm's EIN	34-1322309
Use	H	Firm's address 25201 CHAGRIN BLVD. #200		I IIII 3 EIN	
- - • ·		CLEVELAND, OH 44122-5683		Phone no (21	6)831-7171
	the ID			Tribile HO (Z.)	
ividy	are IH	S discuss this return with the preparer shown above? (see instructions)			X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	art III Statement of Program Service Accomplishments	CCS Fage 2
ـــــــا	Check if Schedule O contains a response or note to any line in this Part III	
1		
	THE CLEVELAND STATE UNIVERSITY FOUNDATION IS ORGANIZED PRIMARIL	OT Y
	ENGAGE IN ACTIVITIES AND PROGRAMS TO PROVIDE SUPPORT AND SERVICE	ES TO
	CLEVELAND STATE UNIVERSITY.	
		· ·
2	Did the organization undertake any significant program services during the year which were not listed on	
		Yes X No
	If "Yes," describe these new services on Schedule O	
3		Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xpenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	
4a	13 005 500	·
	THE FOUNDATION SUPPORTS CLEVELAND STATE UNIVERSITY AND HELPS T	 '
	FURTHER THE UNIVERSITY'S EDUCATIONAL MISSIONS AND PROGRAMS. IT	
	EFFORTS INCLUDE PROVIDING FUNDS FOR STUDENT INSTRUCTIONAL SUPPO	
		THE
	FOUNDATION PROVIDED FROM ITS ENDOWMENT OVER \$2.5 MILLION TO CSU	·
	INCLUDING \$1.6 MILLION IN FINANCIAL AID FOR STUDENTS.	<u>′</u>
	INCUODING \$1.0 MIDDION IN FINANCIAL AID FOR STODENIS.	
		
		-
	(Code) (Expenses \$ 204,118. Including grants of \$ 204,118.) (Revenue \$	
4b		OVTITO)
	THE CLEVELAND SCHOOLS BOOK FUND HELPS STUDENTS DEVELOP READING	
	FOR ACADEMIC AND LIFE SUCCESS AND OVER THE PAST 10 YEARS HAS GROWN THE THAN CAMPAIN THE SUCCESS AND OVER THE PAST 10 YEARS HAS GROWN THE THAN THE SUCCESS AND OVER THE PAST 10 YEARS HAS GROWN THE THAN THE SUCCESS AND OVER THE PAST 10 YEARS HAS GROWN THE PAST 10 YEARS HAS HAS GROWN THE PAST 10 YEARS HAS HAS GROWN THE PAST 10 YEARS HAS HAS HAS HAS HAS HAS HAS HAS HAS HA	
	MORE THAN \$4 MILLION. THE FUND HAS HELPED CHILDREN IN THE CLEVE	
	METROPOLITAN SCHOOLS BECOME BETTER READERS AND CITIZENS BY PROV	
	EACH PRE-K TO FOURTH GRADE CLASSROOM WITH A LIBRARY OF HIGH-QUAN	
	STORYBOOKS THAT ARE SPECIFICALLY CHOSEN TO PRESENT MODELS OF GOO	
	BEHAVIOR AND CITIZENSHIP. THE BOOK FUND HAS DELIVERED ALMOST 200	
	BOOKS TO CLASSROOMS THROUGHOUT THE CITY, INCLUDING CAMPUS INTERI	
	SCHOOL WHICH RESIDES ON CSU'S CAMPUS, AND NEARLY 20,000 STUDENTS	S READ
	THOSE BOOKS EVERY YEAR. IN ADDITION, MORE THAN 1,000 CLASSROOMS	HAVE
	RECEIVED SPECIALLY DESIGNED BOOK CASES.	
		
4c	(Code) (Expenses \$)
		
4d	Other program services (Describe in Schedule O)	
TU		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 14,189,620.	
<u> </u>		orm 990 (2013)
332002	12	-omi 330 (2013)

34-1316665 Page 3

CLEVELAND STATE UNIVERSITY FOUNDATION Form 990 (2013)

Part IV Checklist of Required Schedules

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII d 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 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 X III d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Was the organization as school described in section 170(b)(1)(A)(ii)" If "Yes," complete Schedule E Schedule D, Parts X I and XII is optional III Is the organization in the organization in the organization in the organization of the or				1.63	1110
3 Dut 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' 4 Section 501(5)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? I' 'Yes, 'complete Schedule C, Part II' 5 Is the organization as excent os DIC(4)(8, 501(5)(6), 501(6)(6)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96.193 I' Yes, 'complete Schedule C, Part III 6 Did the organization revenue, robid a conservation ensement, including assements to precious perspect. 7 Did the organization revenue or hold a conservation ensement, including assements to precious open space, the environment, historic land areas, or historic structures? I' 'Yes,' complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 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 engolation services? If 'Yes,' complete Schedule D, Part IV 10 Did the organization did in Part X, in Part X, line 121, 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 engolation services? If 'Yes,' complete Schedule D, Part V, III If the organization services or any of the following quastions is 'Yes,' then complete Schedule D, Parts V, III, VIII, IX, or X as applicables 10 Did the organization seport an amount for investments or Yes, the complete Schedule D, Part X, III III X 110 Did the organization seport an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 1	'n			х	
3 Dut the organization enjoage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offices? "Pes," "complete Schedule C, Part II" 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? II" "Yes," complete Schedule C, Part III 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership diues, assessments, or similar amounts as defined in Revenue Procedure 96.19.11" "Yes," complete Schedule C, Part III 6 Dut the organization nearest any divisor any amantar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wireld Complete Schedule D, Part II 7 Dut the organization report an amount in Part X, line 21, for escrivor or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide cried it counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 Dut the organization service of through a related organization, hold assets in temporarily restricted endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 10 Lift the organization sharped for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? II" "Yes," complete Schedule D, Part V 11 If the organization sharped for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? II" "Yes," complete Schedule D, Part V, III III III III III III III III III	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section \$91(6)(3) organizations. Did the organization engage in Noblying activities, or have a section \$01(6)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II set the organization a section \$01(6)(4), \$01(6)(6), or \$60(6)(6) organization that receives membership dives, assessments, or similar amounts as defined in flevenue Procedure 96:197 If "Yes," complete Schedule C, Part II but the organization remarks any donor advised funds or any semilar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Old the organization remarks in or hold a conservation exessment, including assemments to processor papeae, the environment, instoncial areas, or histonic structures? If "Yes," complete Schedule D, Part II II Old the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II Old the organization report an amount for large the management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.192 // **Pes*, complete Schedule C, Part III Did the organization maintain any donor advesded funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of any similar funds or accounts for which donors have the night to provide advice on the distribution or investments for provide property of the complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escriving or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization report an amount for all publishings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V Did the organization report an amount for investments of the securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other tassets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other tassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other tassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
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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 Did the organization directly or through a related organization, hold assets in temporanily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, XI, or X as applicable a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 Did the organization report an amount for investments - organize 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 VII 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 VII 11c X 11d X 11d X 11d X 11d X 11d X 11t X 11d X 11t X 11d X 11t X 11d X 11t X 11t X 11d X 11t X 11t X 11d X 11t X 11d X 11t X		Schedule D, Part III	8	 	Х
# "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 d 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 d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 If X 12 Did the organization is ability for uncertain tax positions under Fill 48 (ASC 740)? If "Yes," complete Schedule D, Part X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is ophonal 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is ophonal 14 If X 15 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report more than \$15,	9		1	}	ĺ
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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 Be Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization attach a copy of its audited financial statements to this return?	16			}	37
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1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17		17		<u>X</u>
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or	18		18	x	
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19				
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		· · · · · · · · · · · · · · · · · · ·	19	1	Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		•	$\overline{}$		
		-		$\neg \neg$	
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Form 990 (2013) FOUNDATION

Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	1	1]
	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	ł		1
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	}	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		37
	Schedule K If "No", go to line 25a	24a		<u> </u>
b	The second secon	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	, ,	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1	}	v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
D	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	051		Х
26	Schedule L, Part I	25b		
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1	1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	Ì	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	300000000000000000000000000000000000000	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	1	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	1 1	j	
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1	- [
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 1		
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]	- 1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\dashv	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
2Ω	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20	x	
	Motor Anni 555 mers are required to complete scriedule o	Form 9		012)
		COULT	200 (2	013)

FOUNDATION 34-1316665 Form 990 (2013) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 21 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Mig. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes." has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Entera 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 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Form 990 (2013)

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Form 990 (2013) FOUNDATION 34-1316665 Page Rait 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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management			-		
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		42	100	
	If there are material differences in voting rights among members of the governing body, or if the governing					, 1 d
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			The second		2, 13
b	Enter the number of voting members included in line 1a, above, who are independent	1b		42		ار الله الله الله الله الله الله الله ال
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ony other		jkrije,	
2	officer, director, trustee, or key employee?) WILLI	arry outer	2		X
_				-	+	
3	Did the organization delegate control over management duties customarily performed by or under the	airec	a supervision		}	х
	of officers, directors, or trustees, or key employees to a management company or other person?			3	 	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filea?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets		5	 	X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	_	[]	37
	more members of the governing body?			7a	}	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or	1		
	persons other than the governing body?			7b	20. 502.4	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:	1	(17 - 17 6 5 1 (17 - 17 6 5 1	200
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the	}	}	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
					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 ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	1 1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form	⁷ 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1 2 2 3 -		
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 t	o confl	ıcts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s, " de	scnbe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
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 inc	dependent		1. T. W. L.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~,		و الم		, e 🔠
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1.00	ر <u></u>	F. 7. 2
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a			53
	taxable entity during the year?	O. 16 111		16a	المستخشية	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite no	articipation	1, 12, 13	ar register	<u> </u>
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					". • 1
		Zalion	5	المتستثنا	ذ أ	أسنسا
	exempt status with respect to such arrangements? ion C. Disclosure		 	16b		
	List the states with which a copy of this Form 990 is required to be filed OH	C = -1	= E01(-\(c\) :	A ac = 1-1		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	n 50 1(c)(3)s onl	y, avallab	e	
	for public inspection. Indicate how you made these available. Check all that apply	0-1	ortota OV			
	Own website Another's website X Upon request Other (explain in					
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	flict of	interest policy,	and finan	cial	
	statements available to the public during the tax year			_		
	State the name, physical address, and telephone number of the person who possesses the books and JOHN N PETRUS - (216)523-7240		rds of the organi	zation >		
	CLEVELAND STATE UNIVERSITY, CLEVELAND, OH 44115-24	40				

Form 990 (2013)

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 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

(A) Name and Title	(B) Average			Pos	C) litior	1		(D) Reportable	(E) Reportable	(F) Estimated
Harrio ario Titto	hours per week	box	(do not check more than one box, unless person is both a officer and a director/trustee					compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVEN A MINTER DIRECTOR	1.00	x						0.	0.	0
(2) STEVEN W PERCY	1.00	<u> </u>				-			U .	<u> </u>
DIRECTOR	1.00	\mathbf{x}						0.	94,485.	31,652
(3) RICHARD FLEISCHMAN	1.00	-	\vdash				Н	`	34,103.	31,032
SECRETARY		x		х				0.	0.	0
(4) ANTHONY S BAKALE	1.00									
DIRECTOR		X						0.	0.	0
(5) RICHARD A BARONE	1.00						- {			_
DIRECTOR		X	_	_				0.	0.	0
(6) CRAIG A BLACK	1.00	_	}	1			1			•
DIRECTOR	1 00	X	_}			\vdash		0.	0.	0
(7) TIMOTHY J COSGROVE DIRECTOR	1.00	x		- }			- 1	0.	0.	0
(8) NATALIE J EPSTEIN	1.00	^								
DIRECTOR	1.00	x		-			- 1	0.	0.	0
(9) G WILLIAM EVARTS	1.00	-		-1		-				
DIRECTOR		X		- {	- {		}	0.	0.	0
(10) OLIVER HENKEL	1.00	\Box				7	7			
DIRECTOR		X	- {		- }		- {	0.	0.	0
(11) JENNIE S HWANG	1.00									
DIRECTOR		X						0.	0.	0.
(12) STEPHEN KIRK	10.00		-	}	- }		- {	_ }	_ }	_
BOARD CHAIR		X	_	X	_	_	_	0.	0.	0.
(13) JAMES C MASTANDREA	1.00		- {	-	- {	-	- }			
DIRECTOR		X		-4				0.	0.	0.
(14) PATRICK MANFRONI	1.00	.	- {		J	-	- {		_	^
DIRECTOR	1.00	X	\dashv		-	\dashv	-	0.	0.	0.
(15) NANCY MCCANN DIRECTOR	1.00	\mathbf{x}			- }	- }	-	0.	0.	0.
(16) PETER RUBIN	1.00	4	-	-+	\dashv	\dashv	-+		·	
DIRECTOR	1	\mathbf{x}	1	1	1	- 1	ĺ	0.	0.	0.
(17) JOSEPH M SHAFRAN	1.00	 +	-+	-+	-+	\dashv	-			
DIRECTOR		\mathbf{x}	- 1	- 1	- {	- 1	- 1	0.	0.	0.

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Name and title Average Hours per week (list any hours for related organizations) Reportable compensation from the organizations and the week wines person a both an organization from the organizations and reportable compensation from the organizations of the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization is tany former officer, director, or trustee, key employee, or highest compensation from the organization and related organizations are from the organization and related organizations or from the organization and related organizations or from the organization and related organizations or from the organization and related organizations are sum of reportable compensation from the organization and related organizations are sum of reportable compensation from the organization and related organizations and related organizations are sum of reportable compensation from the organization and related organizations are such as a such part of the properties and related organizations and related organizations and	Part VIII Section A. Officers, Directors, True		plo	yees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	,
Control the American Branch Compensation Com	(A)	(B)			•	•			(D)	(E)	(F)
Compete and a sector/instead from related organization (N2/1099MISC) Compete from organization from f	Name and title	_	(de	o not d	POS heck	nore	ጊ e than	one	1		Estimated
(18) RONALD M BERKMAN DIRECTOR (19) C ELLEN CONNALLY 1.00 DIRECTOR (20) NATTHEW DOLAN DIRECTOR (21) DIANE M DOWNING (22) SALLY FLORKIEWICZ DIRECTOR (23) MYLES GALLAGHER 1.00 DIRECTOR (24) DEREK GREEN DIRECTOR (25) MYLES GALLAGHER 1.00 DIRECTOR (26) THOMAS E HOPKINS DIRECTOR (27) DIRECTOR (28) MYLES GALLAGHER 1.00 DIRECTOR (29) DEREK GREEN DIRECTOR (20) DIRECTOR (20) DIRECTOR (21) DIANE M DOWNING DIRECTOR (22) SALLY FLORKIEWICZ DIRECTOR (23) MYLES GALLAGHER 1.00 DIRECTOR (24) DEREK GREEN DIRECTOR (25) MATTHEW K HLAVIN DIRECTOR (26) THOMAS E HOPKINS DIRECTOR (27) DIRECTOR (28) DEREK GREEN DIRECTOR (29) DIRECTOR (20) DIRECTOR (20) DIRECTOR (20) DIRECTOR (21) DIRECTOR (22) SALLY FLORKIEWICZ DIRECTOR (24) DEREK GREEN DIRECTOR (25) MOTHEW K HLAVIN DIRECTOR (26) THOMAS E HOPKINS DIRECTOR (27) DIRECTOR (28) DEREK GREEN DIRECTOR (29) DIRECTOR (20) DIRECTOR (20) DIRECTOR (20) DIRECTOR (20) DIRECTOR (21) DIRECTOR (22) DIRECTOR (23) MYLES GALLAGHER DIRECTOR (24) DEREK GREEN DIRECTOR (25) MOTHEW K HLAVIN DIRECTOR (26) THOMAS E HOPKINS DIRECTOR (27) DIRECTOR (28) DIRECTOR (29) DIRECTOR (20) DIRECTOR (20) DIRECTOR (20) DIRECTOR (21) DIRECTOR (22) DIRECTOR (23) MYLES GALLAGHER DIRECTOR (24) DIRECTOR (25) MOTHEW K HLAVIN DIRECTOR (26) THOMAS E HOPKINS DIRECTOR (27) DIRECTOR (28) DIRECTOR (29) DIRECTOR (20) DIRECTOR (20) DIRECTOR (20) DIRECTOR (20) DIRECTOR (21) DIRECTOR (22) DIRECTOR (23) MYLES GALLAGHER DIRECTOR (24) DEREK GREEN DIRECTOR (25) MOTHEM K HLAVIN DIRECTOR (26) DIRECTOR (27) DIRECTOR (28) DIRECTOR (29) DIRECTOR DIRECTOR (20) DIRECTOR DIRECTOR (20) DIRECTOR DIRECTOR (21) DIRECTOR			bo	x, unte	ess pe	erson firecto	is bo or/trus	th an	1 '	1	amount of
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SEE PART VII, SECTION A CONTINUATION SHEETS Form 990	SEE PART VII, SECTION	A CONT	ΤN	UA'	TI	ON	S	HE.	ETS	1	Form 990 (2013)

Part VIII Section A. Officers, Direct		T	уес			Tigi	iest	(D)		/E)
Name and title	(B) Average				C) ition	,		Reportable	(E) Reportable	(F) Estimated
Name and title	hours	l (cl	heck				olv)	compensation	compensation	amount of
	per	 `		Ī		1	T -	from	from related	other
	week					a)vee		the	organizations	compensation
	(list any	director			}	emple	1	organization	(W-2/1099-MISC)	from the
	hours for related	5	<u>a</u>		Ì	sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee	Institutional trustee		89/	Highest compensated employee	1	}	}	organizations
	below	dual	uliona	ا پا	Key employee	StCO	1 25			organizations
	line)	Indiv	Instit	Officer	Key e	를	Former	1		
(27) LINDA KANE	1.00	_		_		\vdash	_			
TREASURER		X		х				0.	0.	0
(28) BRACY LEWIS	1.00									
DIRECTOR		Х						0.	0.	0
(29) DAVID PETRO	1.00									
DIRECTOR		x						0.	0.	0.
(30) THOMAS PIRAINO JR	1.00									
DIRECTOR		X		. }				0.	0.	0.
(31) ROBERT H RAWSON JR	1.00	\Box								
DIRECTOR		X		- {				0.	0.	0 .
(32) ENID B ROSENBERG	1.00									
VICE CHAIR		$ \mathbf{x} $	1	X	j			0.	0.	0.
(33) TEJBIR SIDHU	1.00			\neg						
DIRECTOR		X	_ }		- {			0.	0.	0.
(34) P KELLY TOMPKINS	1.00					\neg				
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(35) JEFFERY J WEAVER	1.00	\Box		7						
DIRECTOR		Х			_]	_ 1		0.	0.	0.
(36) JOHN BOYLE	1.00				-1	7				
DIRECTOR		X			1	[0.	0.	0.
(37) KENNETH P. JAYJACK	1.00				1		į			_
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(38) LEN KOMOROSKI	1.00			- {	- 1	ł			_ }	
DIRECTOR		X	_	_	_	_		0.	0.	0.
(39) JOHN J. MATEJKA	1.00	_	- 1	- {	- {	- [ļ		_ {	_
DIRECTOR		X	4		4		_	0.	0.	0.
(40) TERRY L. SILVER	1.00		1	- [- [Ì	}		_	
DIRECTOR		X	_	_	_	_	_	0.	0.	0.
(41) RADHIKA REDDY	1.00		1		}	ſ	- 1			
DIRECTOR		X		_	_		_	0.	0.	0.
(42) ELLEN STIRN MAVEC	1.00		- }		- [- }	- {	_	_ [^
DIRECTOR		X	4	_	_		_	0.	0.	0.
(43) BERINTHIA R. LEVINE	10.00		- [1	- 1	ļ		000 105	60 546
EXECUTIVE DIRECTOR		\dashv		X	\dashv	-		0.	208,197.	69,746.
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Total to Dort VIII. Contract A. North							1		208 107	60 716
Total to Part VII, Section A, line 1c									208,197.	69,746.

Page 9

CLEVELAND STATE UNIVERSITY FOUNDATION

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or Unrelated Total revenue from tax under sections 512 - 514 exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns 1a 1b b Membership dues 953,750 1c c Fundraising events d Related organizations 1d Contributions, and Other Sim 1e e Government grants (contributions) f All other contributions, gifts, grants, and 17,549,315 similar amounts not included above 5,458,994 g Noncash contributions included in lines 1a-1f \$ 18,503,065 Business Code Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,310,824. 1,310,824 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real 84,000 6 a Gross rents 70,387 b Less: rental expenses 13,613. c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other 18,310,271 assets other than inventory b Less: cost or other basis 17,089,590 and sales expenses 1,220,681 c Gain or (loss) 1,220,681 1,220,681. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 953,750. of contributions reported on line 1c). See 54,250 Part IV, line 18 70,771 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **作课表源的** Business Code Miscellaneous Revenue ENDOWMENT MGMT FEE 900099 30,412 30,412 11 a b d All other revenue 30,412. e Total. Add lines 11a-11d Total revenue See instructions 21,062,074. 2,514,984. Form 990 (2013)

Form 990 (2013) FOUNDATION
Part X Statement of Functional Expenses

	Check if Schedule O contains a respo				<u></u>
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	13,368,556.	13,368,556.		(4)(1) . [2] X (4)(X)
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				The same of the same of the same
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		<u> </u>		The state of the s
4	Benefits paid to or for members				A Second Committee of the Committee of t
5	Compensation of current officers, directors,	}	}		
	trustees, and key employees		ļ	 	
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 (non-employees)				
а	Management				
b	Legal	7,897.	 	6,099.	1,798 5,352
C	Accounting	23,503.		18,151.	5,352
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	78,754.	275.	60,609.	17,870
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	208,454.	91,159.	90,587.	26,708.
12	Advertising and promotion	286,551.	179,430.	82,729.	24,392.
13	Office expenses	3,807.	3,637.	131.	39.
14	Information technology	532.	272.	201.	59.
15	Royalties				
	Occupancy	2,815.	2,815.		
17	Travel	172,090.	170,544.	1,194.	352.
	Payments of travel or entertainment expenses	}			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	115,730.	109,097.	5,123.	1,510.
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	- 1849 - 171-1860 - 1881 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 -	्रम् स्टब्स्टरम् स्टब्स्टर् सहस्य ४०वर् ५ हस्	THE TANK OF THE PERSON OF THE	2002 FT 1700N NO 5 NO 10
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)		CALLES LA CALLES		Baltie of the
	PERSONNEL COSTS	403,654.	13,750.	349,012.	40,892.
	SUPPLIES	160,275.	159,530.	575.	170.
	FUNDRAISING SUPPORT	31,283.	30,816.	361.	106.
	BANK CHARGES	29,753.		22,978.	6,775.
	All other expenses	61,241.	59,739.	1,159.	343.
	Total functional expenses Add lines 1 through 24e	14,954,895.	14,189,620.	638,909.	126,366.
	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	į	1	1	
	educational campaign and fundraising solicitation	İ	1	}	
(Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2013)

Form 990 (2013)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 803,418. 857,905. Cash · non-interest-bearing 1 117,957. 5,003,194. Savings and temporary cash investments 2 11,477,972. 15,590,433. 3 Pledges and grants receivable, net 729,457. 428,496. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Assets 1,501,180. 1,566,180. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 1,038,890 106,065. 954,519 932,825 10b 10c b Less accumulated depreciation 59,226,710. 64,464,311. Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 Intangible assets 14 14 3,286,666. 8,855,184. 15 Other assets. See Part IV, line 11 15 78,162,879. 97,633,528. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 44,628. 52,208. 17 Accounts payable and accrued expenses 17 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 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 644,747. 604,751. 23 23 Secured mortgages and notes payable to unrelated third parties 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 11,598,064. 5,616,202. Schedule D 25 6,305,577. 12,255,023. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <1,303,865 <1,178,972. >27 27 Unrestricted net assets 30,045,079. 36,080,894. 28 Temporarily restricted net assets 28 50,476,583. 43,116,088 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 71,857,302. 85,378,505. 33 33 Total net assets or fund balances 78,162,879. 97,633,528. 34 34 Total liabilities and net assets/fund balances Form 990 (2013)

CLEVELAND STATE UNIVERSITY

	n 990 (2013) FOUNDATION	34-	1310665	_Page 12
Pá	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,062	
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,954	
3	Revenue less expenses Subtract line 2 from line 1	3	6,107	,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,857	
5	Net unrealized gains (losses) on investments	5	7,847	,811.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<433	,788.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
The state of the s	column (B))	10	85,378	,504.
Fa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			শ লেকলক্ষ্	es 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 in Schedule	Ο.	<u> گانگی</u> ندا	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. Separate basis Consolidated basis Both consolidated and separate basis			
.	, , , , , , , , , , , , , , , , , , , ,		2b	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	o basis	20 -	व्यक्तिका स्म
	consolidated basis, or both	e Dasis,		
	Separate basis Consolidated basis X Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audit		
Ū	review, or compilation of its financial statements and selection of an independent accountant?	s addit,	2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O		(15. 37A
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		. [3]	
	Act and OMB Circular A-133?	J	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь	}
			Form 99	2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CLEVELAND STATE UNIVERSITY

FOUNDATION

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number

34-1316665

OMB No 1545-0047

		The state of the s	, see the Instructions fo	Tables	Ekson "	3,2	of the second	Flynds	(45/25)	m 990 or 990		
Total									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
					·		i ,					
				ļ								
		·		 								
		·	 	 								
			(see instructions))	Yes	No	Yes	No	Yes	No			
• •	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	u notify the tion in col r support?	(vi) Is organizatio (i) organiz U S	on in col.	(vii) Amount supp		netary
h			a person described in (i) a about the supported or							[11g(iii)]		l
	-	•	n described in (i) above?		-0					11g(n)		
			upported organization?							11g(i)		
J	-		directly controls, either a			•		• .		v,	Yes	No
g		_	riis box organization accepted a	ny gift or c	ontribution	n from anv	of the foll	owina per	sons?			
f	-	ation received a wri rganization, check t	tten determination from	the IRS th	at it is a Ty	⁄ре I, Турє	ıı, or Typ	e III				
			than one or more public		-				9(a)(1) o	r section 509	(a)(2).	
e 🗔	By checking	this box, I certify th	at the organization is no		-				-	•		
	a Type		· ·		inctionally		d .	d 🗀 Тур	oe III - No	on-functional	ly inte	grated
			ations described in sect gorganization and comp		• •		2) See se	ction 509	(a)(3). Ci	neck the box	tnat	
11	=	-	perated exclusively for t		•				•			or
10	-	-	perated exclusively to te		•			•				
<u></u>		509(a)(2). (Complet	•									
		· · · · · · · · · · · · · · · · · · ·	taxable income (less sec	· ·						-		
			unctions - subject to cert									
9 <u> </u>			ceives. (1) more than 33	-		from conti	ributions	nembersh	up fees	and gross re	ceints	from
8 🗀		(b)(1)(A)(vi). (Compl v trust described in	ete Part II.) section 170(b)(1)(A)(vi).	(Complete	a Part II \							
7			ceives a substantial part	t of its sup	port from a	a governm	ental unit	or from the	e genera	il public desc	nbed	IU
6			nent or governmental ur									
		D(b)(1)(A)(ıv). (Comp	-	•		•	, ,					
5 X			e benefit of a college or u	university (owned or o	perated b	v a govern	nmental ur	nit descri	ıbed ın		
4	city, and sta	-	operated in conjunction	n with a ho	spital desc	cribed in s	ection 17	U(b)(1)(A)(III). Ente	r the hospita	rs nar	me,
3	i -		oital service organization									
2 🗔	A school de	scribed in section 1	1 70(b)(1)(A)(ii). (Attach S	ichedule E)							
1 🛄	1	· ·	es, or association of chu	•		•	,	i).				
8437.			n because it is. (For lines									
Part (;∣ Keason	for Public Cha	irity Status (All organ	izations m	ust comple	ete this pa	rt) See in:	structions				

Form 990 or 990-EZ.

Part Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization

	Tails to quality drider the test	e iistoo bolotti, pict	acc complete r art	,							
Se	ction A. Public Support										
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and			Ţ							
	membership fees received (Do not		1		}						
	include any "unusual grants ")	6,718,879.	11,695,550.	8,123,150.	7,127,932.	18,503,065.	52,168,576				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to	ŀ	}	{		}					
	or expended on its behalf			Ì	[
3	The value of services or facilities										
	furnished by a governmental unit to	ļ	ĺ	1	ĺ]					
	the organization without charge		1			}					
4	Total. Add lines 1 through 3	6,718,879.	11,695,550.	8,123,150.	7,127,932.	18,503,065.	52,168,576.				
5	The portion of total contributions	型加州名200	NEW YORK	WELLING THE	中共共和共和国	CAPACITY OF THE PARTY.					
	by each person (other than a										
	governmental unit or publicly		100000000000000000000000000000000000000								
	supported organization) included	操业工业									
	on line 1 that exceeds 2% of the										
	amount shown on line 11,				ATT A COM						
	column (f)						10,471,390.				
6	Public support. Subtract line 5 from line 4	4867					41,697,186.				
	etion B. Total Support	Con The Land of Control of the Same	The state of the s	Biblish and the second of the second	186.00 (1) 21 21 20 184 182	A STATE AND SECURITY OF THE SECURITY					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
	Amounts from line 4	6,718,879.	11,695,550.	8,123,150.	7,127,932.	18,503,065.	52,168,576.				
	Gross income from interest,	} 									
٠	dividends, payments received on			ļ į		ļ.					
	securities loans, rents, royalties			}		}					
	and income from similar sources	971,933.	584,067.	1,511,574.	1,809,838.	1,310,824.	6,188,236.				
^		3,1,333.	304,007.	1,311,374.	1,000,000.	1,310,024.	- 0,100,230.				
9	Net income from unrelated business										
	activities, whether or not the	}				{					
40	business is regularly carned on										
10	Other income Do not include gain	}		1		{					
	or loss from the sale of capital			ļ		į					
	assets (Explain in Part IV.)	ELMESTRE AS LONGOST PRIMARE	CENT OFFICE OF DATE OF THE		e top souten on general	VIDE A CONTRACTOR	50 356 010				
	Total support. Add lines 7 through 10		7. \$P (A) A (A)		300 X 37 X 170		58,356,812.				
	Gross receipts from related activities,	•	•		l	12	285,041.				
	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectioi	n 501(c)(3)					
500	organization, check this box and stop	here					<u> </u>				
	tion C. Computation of Publ										
	Public support percentage for 2013 (li		•	olumn (f))		14	71.45 %				
	Public support percentage from 2012		•		Į	15	82.33 %				
	33 1/3% support test - 2013. If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box					
	stop here. The organization qualifies as a publicly supported organization										
b	33 1/3% support test - 2012. If the o	rganization did not	t check a box on lii	ne 13 or 16a, and i	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization qualifies as a publicly supported organization										
	a 10% -facts-and-circumstances test - 2013. 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.										
	10% -facts-and-circumstances test - 2012. 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 th	e "facts and-circur	nstances" test, ch	eck this box and s	top here. Explain	in Part IV how the					
	organization meets the "facts-and-circ	umstances" test 1	The organization q	ualifies as a publici	ly supported orga	nization					
	Private foundation. If the organization										
				 		tulo A (Form 000 c	- 000 F7) 0040				

Schedule A (Form 990 or 990-EZ) 2013

		~.13	\mathbf{n}	<u> </u>	A	or Organizations Described in Section 509(a)(2)
١١:	Pa	т.	11121	SUDDOM	Schodillo	ar Dragnizatione Decarined in Section Hillialia
8 1	u			OUDDOLL	Ochledule	OI OIGAIIIZAIIOIIS DESCIIDEU III SECIIDII SUSIAIIZI

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (a) 2009 Calendar year (or fiscal year beginning in) (b) 2010 (c) 2011 (d) 2012 (e) 2013 (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 c Add lines 7a and 7b **"美"。"**" 8 Public support (Subtract line 7c from line 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) 14 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 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2012 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 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 b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

332023 09-25-13

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

CLEVELAND STATE UNIVERSITY

Schedule A	(Form 990 or 990-EZ) 2013 FOUNDATION	34-1316665 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	17a or 17b, and Part III, line 12
	Also complete this part for any additional information. (See instructions)	·
		
		
		
		
		
		

SCHEDULE D
(Form 990)

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

Department of the Treasury Internal Revenue Service

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

Name of the organization

CLEVELAND STATE UNIVERSITY

Emplo Employer identification number

OMB No 1545-0047 Openito@ublic

	FOUNDATION		34-1316665
Pa	Organizations Maintaining Donor Advisor	ed Funds or Other Similar Funds or	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds 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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	•	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferning
	impermissible private benefit?		Yes No
IP a	it! Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the o	organization's accounting for
ח	conservation easements	A. Historia I. T.	Oinsiles Assets
IZ di	Organizations Maintaining Collections of	r Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		·
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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 trea	-	n, provide
_	the following amounts required to be reported under SFAS 11	io (ASC 958) relating to these items:	.
	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
IJ	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Complete if the organization answ Description of property	(a) Cost or other	(b) Cost or other		(d) Pook value
Description of property	basis (investment)	basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			SEC SECULO CONTRACT	
b Buildings	1,038,890.		106,065.	932,825.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) mus	st equal Form 990. Part X. colum	n (B), line 10(c))	•	932,825.

Schedule D (Form 990) 2013

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С.	U	U	TA	עו	7	٠.	1	u	TA.

JALTITOOOD Page	34-1316665 Pa	ae	эе
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Complete of the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Partyll Investments - Other Securities.				
(3) Closelyheid equally interests (3) Closelyheid equally interests (3) Closelyheid equally interests (3) Closelyheid equally interests (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					d of consumed at a day
(2) Cosety-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(b) Book value	(c) Method o	valuation Cost or en	d-or-year market value
(3) Other (A) (B) (B) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	• *				
(G)		<u> </u>		 	
G C C C C C C C		 			
(C) (D) (C) (C) (D) must equal form 990, Part X, col. (B) line 12.) ► (Part VIII) Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (f) (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		 			
(G) (G) (G) (G) must equal form 990, Part X, cot (B) line 12) ► Total (COL (b) must equal form 990, Part X, cot (B) line 13) ► Feart Will Investments - Program Related.		 			
E	(C)	<u> </u>			
Figer Col. (b) must equal form 990, Part X, col (B) line 12) Feart Will Investments - Program Related.	(D)				
(G) (F) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12) ▶ [Bart Will] Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end of year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)				
Part Viii Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12 No.	(G)				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value		L	的。 於 如 所 所 所 所 所 所 所 的 的 的 的 的 的 的 的 的 的 的 的 的	<u>在上的國家</u>	
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 11,598,064.					NEW METERS AND A SERVICE OF THE SERV
		251	11.598.064		
				financial statements *	ant reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

Schedule D (For	m 990) 2013 FOUNDATION			34-1316665 Page
Part XI Re	conciliation of Revenue per Aud	ited Financial Statement	s With Revenue per	
. Co	mplete if the organization answered "Yes" t	o Form 990, Part IV, line 12a		
1 Total reve	nue, gains, and other support per audited f	nancial statements		1 28,620,799
2 Amounts	ncluded on line 1 but not on Form 990, Par	t VIII, line 12		
a Net unreal	ized gains on investments		2a 7,847,811	
b Donated s	ervices and use of facilities		2b	
c Recoverie	s of prior year grants	<u> </u>	2c	
d Other (Des	cribe in Part XIII)	Γ	2d 70,771	
e Add lines	2a through 2d	_		2e 7,918,582
3 Subtract li	ne 2e from line 1			3 20,702,217
4 Amounts i	ncluded on Form 990, Part VIII, line 12, but	not on line 1:		
a Investmen	t expenses not included on Form 990, Part	VIII, line 7b	4a	
b Other (Des	cribe in Part XIII)		4b 359,857	
c Add lines	la and 4b			4c 359,857
5 Total rever	nue_Add lines 3 and 4c. (This must equal Fo	orm 990, Part I, line 12)		5 21,062,074
	conciliation of Expenses per Aug		ts With Expenses pe	r Return.
Cor	nplete if the organization answered "Yes" to	o Form 990, Part IV, line 12a		
1 Total expe	nses and losses per audited financial state	ments		1 15,099,596
2 Amounts II	ncluded on line 1 but not on Form 990, Part	IX, line 25		
	ervices and use of facilities		2a	
b Pnoryeara	adjustments		2b	
c Other loss	•	<u> </u>	2c	
d Other (Des	cribe in Part XIII.)		2d 144,702.	. 1
•	a through 2d	–		2e 144,702.
	ne 2e from line 1			3 14,954,894
	icluded on Form 990, Part IX, line 25, but n	ot on line 1:		
	expenses not included on Form 990, Part	į	4a	
	cribe in Part XIII.)		4b	
c Add lines 4	•	<u> </u>		4c 0.
	nses. Add lines 3 and 4c. (This must equal I	Form 990. Part I. line 18)		5 14,954,894.
	oplemental Information.			
Provide the desc	riptions required for Part II, lines 3, 5, and 9	: Part III, lines 1a and 4: Part IV, li	nes 1b and 2b; Part V, line	4. Part X. line 2: Part XI.
	and Part XII, lines 2d and 4b. Also complete			., ,
		and painted provided any addition.	a. mysri nation	
PART V, I	INE 4:			
				
EXPLANATI	ON: THE ENDOWMENT ASS	ETS ARE USED TO I	FUND SCHOLARSH	IPS FOR
				
STUDENTS	AT CLEVELAND STATE UN	IVERSITY AND FOR	OTHER GENERAL	PURPOSES OF
			 	
THE UNIVE	RSITY.			
				·
				
PART X, I	INE 2:			
				
EXPLANATI	ON: THE FOUNDATION IS	A NOT-FOR-PROFT	r ORGANIZATION	AS DESCRIBED
	<u> </u>			
IN SECTIO	N 501(C)(3) OF THE IN	TERNAL REVENUE CO	DE AND IS EXE	אסי ד'פטא
FEDERAL T	NCOME TAXES ON RELATE	D INCOME PITESTIANT	የ ጥር ያድርጥቸር 5	01(A) OF THE
			20 00011011 0	01 (11) OI IIII
CODE.				
				

UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY 332054 O9-25-13 Schedule

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 FOUNDATION 34	-1316665 Page 5
Part XIII Supplemental Information (continued)	
MANAGEMENT. THE FOUNDATION CLASSIFIES INTEREST AND PENALTIES	RELATED TO
INCOME TAX MATTERS AS INCOME TAX EXPENSE IN THE ACCOMPANYING F	INANCIAL
STATEMENTS. AS OF JUNE 30, 2014, THE FOUNDATION HAS IDENTIFIED	D NO
UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR	INCOME TAX
PENALTIES AND INTEREST FOR THE YEAR THEN ENDED.	
THE FOUNDATION FILES ITS FEDERAL FORM 990 IN THE U.S. FEDERAL &	JURISDICTION
AND AN ONLINE CHARITABLE REGISTRATION IN THE OFFICE OF THE STATE	re's
ATTORNEY GENERAL FOR THE STATE OF OHIO. THE ORGANIZATION IS G	ENERALLY NO
LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE I	FOR FISCAL
YEARS BEFORE 2011.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	70,771.
·	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS	359,857.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	70,771.
CHANGE IN CHARITABLE GIFT ANNUITIES	73,931.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	144,702.
	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

A Open To Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990 Employer identification number Name of the organization CLEVELAND STATE UNIVERSITY FOUNDATION 34-1316665 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part 1 required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In∙person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (II) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

CLEVELAND STATE UNIVERSITY 34-1316665 Page 2 Schedule G (Form 990 or 990-EZ) 2013 FOUNDATION Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through RADIANCE col. (c)) (event type) (event type) (total number) 1,008,000. 1,008,000. 1 Gross receipts 953,750. 953,750. 2 Less: Contributions 54,250. 54,250. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 44,142. 44,142. Food and beverages Entertainment 26,629. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) <16,521.> 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? Yes b If "No," explain.

_ Yes

Schedule G (Form 990 or 990-EZ) 2013

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

332082 09-12-13

CLEVELAND STATE UNIVERSITY

Sch	edule G (Form 990 or 990 EZ) 2013 FOUNDATION	<u> </u>	31000) > Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
•	to administer chantable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in.		1 1	
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	fs'	1	
• •	The state of the state of the person will properly the organization of garming opposit of the books and record			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ınt		
	of gaming revenue retained by the third party >\$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address >			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Carming manager compensation >			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	,	Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year 🕨 \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	rt III, lin	es 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction			
				

SCHEDULE 1 (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047 .

Open to Public Inspection 34-1316665

Employer identification number ► Attach to Form 990.

CLEVELAND STATE UNIVERSITY
FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

Ġ,	Partii ें General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	X Yes	<u>2</u>
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part it can be duplicated it additional space is needed	55,000 Part II car	n be dublicated if additive	onal space is need	Dal	2 - 1 - 3 - 1 - 37		• • • • • • • • • • • • • • • • • • • •
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) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE CLEVELAND, OH 44115	34-0966056	170(B)(1)(A)(VI)	13,164,438.	0.			GENERAL
CLEVELAND METROPOLITAN SCHOOL DISTRICT - 1111 SUPERIOR AVE - CLEVELAND, OH 44114		170(B)(1)(A)(V)	0	204,118.	COST	BOOK AND EQUIPMENT PURCHASES.	TO ENCOURAGE AND DEVELOP READING SKILLS IN THE LOCAL PUBLIC SCHOOLS.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government of	organizations listed in the	ne line 1 table				2.
1,	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2013)

CLEVELAND STATE UNIVERSITY

FOUNDATION

Schedule I (Form 990) (2013) FOUNDATION

[PROTECTION Of States of Complete If the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

Page 2

34-1316665

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, Im	e 2, Part III, column	(b), and any other a	dditional information	
PART I, LINE 2:					
EXPLANATION: BECAUSE OF THE CLOSE CONNECTION BETWEEN THE FOUNDATION AND	CONNECTI	ON BETWEEN	THE FOUND	ATION AND	
CLEVELAND STATE UNIVERSITY, THE FO	THE FOUNDATION	IS ASSURED	D THAT ITS	GRANT	
FUNDS ARE SPENT TO FURTHER EDUCATION	EDUCATIONAL MISSIONS	Q	THE UNIVERSITY.	ITY.	
332102 10.20.13		3-1			
51-62-01 201250		T C			Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Attach to Form 990. See separate instructions.

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

CLEVELAND STATE UNIVERSITY

Employed

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part Questions Regarding Compensation

Department of the Treasury

FOUNDATION

Employer identification number 34-1316665

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	10 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10 °		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		,	
	First-class or charter travel Housing allowance or residence for personal use		15 P	TO.
	Travel for companions Payments for business use of personal residence	2 3 1 (2) 3. 6. 1 (2)		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			學
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	ٵۅ؞ ڒڴڿڋڴ		
		1		1877
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	191		الله الله الله الله الله الله الله الله
		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		275		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	4 Tab	77% ~ E	13. 7 13. 7
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			41.5 m et
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		- ", }	
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee		\$ 2	
	ing. Training		4,43	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			الكيّنِ
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	_	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Χ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			3344 V 1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		学派	
	contingent on the revenues of			
_		5a	-+	$\frac{X}{X}$
b	The state of the s	5b	25 13	A STEM
	If "Yes" to line 5a or 5b, describe in Part III		N	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		K. S. J.	
	contingent on the net earnings of	كناه أقعلت	1200	X X
	· · · · · · · · · · · · · · · · · · ·	ia	-+	$\frac{\Lambda}{X}$
b	per l	b (20	A Secondari
_	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non fixed payments		سدأ حصافت	The state of the s
_		7	m (m (m)	X 384.7
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	يتنالمنه	200	X
_	(-1/-)	8	797 6	
9	The same of the sa	warren crosss		
	Regulations section 53 4958-6(c)?	9	l	

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

Schedule J (Form 990) 2013

CLEVELAND STATE UNIVERSITY

FOUNDATION

Page 2

34-1316665

Schedule J (Form 990) 2013 FOUNDATION 34~1316665 Partitle J Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

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

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		(b) breakdown of v	(b) breakdown of W-2 and/or 1099-Wilso compensation	oc compensation	(c) Hetirement and	(U) Nontaxatile	(E) rotal of columns	(r) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(i)(a)	in prior Form 990
11) DONATA W DEDEVAM	3						c	
မ	3	588.58	107.500.	0		233.189.	929.27	
(2) BERINTHIA R. LEVINE	€		1	0			0	
EXECUTIVE DIRECTOR		208,19	0	0.		69,746.	277,94	
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332112 09-13-13

CLEVELAND STATE UNIVERSITY FOUNDATION

Schedule J (Form 990) 2013 -Page 3 Schedule J (Form 990) 2013 FOUNDATION
(Part I) Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 34-1316665

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Imspection | Inspection | Chevel And State University | Employer identification number

Open to Public

Name of the organization

FOUNDATION

34-1316665

	ist Types of Froperty					
		(a)	(b)	(c)	(d	
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d	
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ution amounts
1	Art - Works of art	X	3	1,790.	FAIR MARKE	r value
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	X			FAIR MARKE	
5	Clothing and household goods	X	SEESACE	1,000.	FAIR MARKET	r VALUE
6	Cars and other vehicles					
7	Boats and planes		{			
8	Intellectual property					
9	Securities - Publicly traded	X	17	5,441,539.	SELLING PRI	CE
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures				· 	
14	Qualified conservation contribution - Other					
15	Real estate - Residential				<u> </u>	
16	Real estate - Commercial					
17	Real estate - Other				 	-
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					-
22	Historical artifacts					
23	Scientific specimens				 	
24	Archeological artifacts					
25	Other (LEARNING TOOL)	Х	8	14,565.	FAIR MARKET	VALUE
26	Other ()					
27	Other ()					
28	Other ► (1			
29	Number of Forms 8283 received by the organiz	-	-	f I		
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement 29		
						Yes No
30a	During the year, did the organization receive by			·		感激、基果感
	at least three years from the date of the initial of	contribution,	and which is not re	equired to be used for exem	pt purposes for	
	the entire holding period?					30a X
	If "Yes," describe the arrangement in Part II					ن نا میداشتند
31	Does the organization have a gift acceptance p				tions?	31 X
32a	Does the organization hire or use third parties of	or related org	ganizations to solic	it, process, or sell noncash		
	contributions?					32a X
b	If "Yes," describe in Part II				· ·	

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

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2013)

describe in Part II

CLEVELAND STATE UNIVERSITY

Schedule M (Form 990) (2013) FOUNDATION	34-1316665	Page 2
Partill . Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information	, and 33, and whether the organiza or a combination of both. Also comp	ition plete
SCHEDULE M, LINE 32B:		
EXPLANATION: THE FOUNDATION USES VARIOUS BROKERAGE CO	MPANIES TO SELL	
DONATED STOCKS.		
		· · · · · · ·
		
		
		
		
2142 09-03-13	Schedule M (Form 990	0) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

CLEVELAND STATE UNIVERSITY

Emplo

FOUNDATION

Employer identification number 34-131665

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS TO PROVIDE SUPPORT AND SERVICES TO CLEVELAND STATE UNIVERSITY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS REVIEWED BY THE ASSISTANT TREASURER OF THE
CLEVELAND STATE UNIVERSITY FOUNDATION AND THE AUDIT AND FINANCE COMMITTEES
OF THE BOARD OF DIRECTORS WITH THE ASSISTANCE OF THE OUTSIDE PUBLIC
ACCOUNTING FIRM. THE 990 IS EMAILED TO THE ENTIRE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE FOUNDATION'S BOARD MEMBERS AND OFFICERS ARE REQUIRED TO
COMPLETE CONFLICT STATEMENTS ANNUALLY AND UPDATE THEM DURING THE YEAR AS
THE NEED ARISES. THE BOARD'S AUDIT COMMITTEE REVIEWS THESE STATEMENTS FOR
POTENTIAL CONFLICTS. WHEN A CONFLICT ARISES, THE PERSON IS NOT PERMITTED
TO PARTICIPATE IN THE DISCUSSION OF THE TRANSACTION OR TO VOTE ON THE
MATTER. PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT
MAKE THE DECISION ABOUT THE TRANSACTION.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF
INTEREST POLICY AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST. THE FINANCIAL STATEMENTS ARE ALSO FILED WITH THE AUDITOR OF THE
STATE OF OHIO, WHO MAKES THEM AVAILABLE TO THE PUBLIC.
FORM 990, PART VI, SECTION B, LINE 13:
EXPLANATION: THE ORGANIZATION FORMALLY ADOPTED A WHISTLEBLOWER POLICY

332211 09-04-13

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization CLEVELAND STATE UNIVERSITY FOUNDATION	Employer identification number 34-1316665
EFFECTIVE JULY 2014.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS	-359,857.
ANNUAL CHANGE IN CHARITABLE GIFT ANNUITY	-73,931.
TOTAL TO FORM 990, PART XI, LINE 9	-433,788.

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.

Employer identification number 34-1316665 Open to Public CLEVELAND STATE UNIVERSITY Partify Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ons Complete if the organization ansv	wered "Yes" on Form 990, Par	t IV, line 34 becaus	e it had one or more re	lated tax-exempt

משקיים כו אמוויכמווסוים סמוויא וופ ומץ אכמו							
(a)	(q)	(0)	(p)	(e)	(£)	6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	ode	Pub statu	Direct controlling entity	Section 512(b)(13) controlled entity?	(2(b)(13) illed y?
				501(c)(3))		Yes	ş
CLEVELAND STATE UNIVERSITY - 34-0966056							
2121 EUCLID AVENUE	 						
CLEVELAND, OH 44115	EDUCATION	OHIO	115			*	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2013

CLEVELAND STATE UNIVERSITY

FOUNDATION Schedule R (Form 990) 2013

Part III

Page 2

34-1316665

 Ξ

General or Percentage managing ownership Schedule R (Form 990) 2013 Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Percentage ownership 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 Yes No 3 $\widehat{\boldsymbol{\varepsilon}}$ Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ <u>(6</u> Disproportionate Yes No allocations? Ξ Share of total income Ξ Share of end-of-year assets <u>(a</u> Type of entity (C corp, S corp, or trust) <u>@</u> (f) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) 40 <u>©</u> (d)
| Direct controlling entity Primary activity ø (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 332162 09-12-13 PartIV

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CLEVELAND STATE UNIVERSITY

FOUNDATION

Schedule R (Form 990) 2013

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

Somplete line 1 if any entity is listed in Parts II, III, or IV of this schedule	uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
e. Corr	During
ž	-

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)

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- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(b) (c) (d) Transaction Amount involved Method of determining amount involved type (a·s)
(1) CLEVELAND STATE UNIVERSITY	В	12,543,413.ACTUAL	ACTUAL
(2) CLEVELAND STATE UNIVERSITY	Д	403,654.ACTUAL	ACTUAL
(3)			
(4)			
(5)			
(9)			
332163 09-12-13	41		Schedule R (Form 990) 2013

CLEVELAND STATE UNIVERSITY FOUNDATION

Schedule R (Form 990) 2013

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

Page 4

34-1316665

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

(a) (h) (h)	structions regarding excit	Ision for certain inve							
NII bue seepbe emen	(4)		(a) (e)	E	(6)	Ξ	Ξ	s 	3
of entity	רוווומוץ מכוועווץ	(state or foreign	(related, unrelated, 501(c)(3)	Share of total	Share of end-of-vear	Dispropor- tronate	amount in box 20 managing ownership	General managin	Percentage
		country)	under section 512-514) Yes No	income	assets	Vec No	of Schedule K-1 (Form 1065)	Pariner'	
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Schedule R (Form 990) 2013

CLEVELAND STATE UNIVERSITY 34-1316665 Page 5 FOUNDATION Schedule R (Form 990) 2013 Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

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• If you a	are filing for an Automatic 3-Month Extension, comp	olete only P	art I and check t	his box				► X
• If you a	re filing for an Additional (Not Automatic) 3-Month	Extension,	complete only F	art II (on page 2 of	this form	ገ)		
Do not co	omplete Part II unless you have already been grante	d an autom	atic 3-month exte	ension on a previou:	sly filed f	Form 8	3868	
Electroni	c filing (e-file). You can electronically file Form 8868	ıf you need	a 3-month autom	natic extension of tir	ne to file	(6 mc	onths for a c	orporation
required t	o file Form 990-T), or an additional (not automatic) 3-n	nonth exten	ision of time. You	can electronically f	ile Form	8868	to request a	ın extension
of time to	file any of the forms listed in Part I or Part II with the	exception o	f Form 8870, Info	rmation Return for	Transfer	s Asso	ciated With	Certain
Personal I	Benefit Contracts, which must be sent to the IRS in p	aper format	t (see instructions	s) For more details	on the el	ectron	uc filing of th	nis form,
visit www Partila	urs.gov/efile and click on e-file for Chanties & Nonprof Automatic 3-Month Extension of Tin		submit origina	al (no copies ne	eded).			
	tion required to file Form 990-T and requesting an aut							
Part I only		omado o m	onthi extension	oriook triis box ario	oompiot	•		
-	orporations (including 1120-C filers), partnerships, RE	MICs and	tnists must use F	orm 7004 to reques	t an exte	กรเดก	of time	
	ome tax returns	irin oo, ano	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			dentifying r	number
Type or	Name of exempt organization or other filer, see inst	nictions						umber (EIN) or
print	CLEVELAND STATE UNIVERSITY				Linploy	0. 1001	Temodelor Tre	1111501 (E.I. 1) 01
J	FOUNDATION	•				3.	4-1316	665
File by the	Number, street, and room or suite no. If a P.O box,	eaa inetriic	tions		Socials		y number (S	
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eturn See nstructions	City, town or post office, state, and ZIP code. For a		dress, see instruc	tions				
	CLEVELAND, OH 44115-2214					_		
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Enter the F	Return code for the return that this application is for (f	file a separa	te application for	each return) 💉				0 1
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orm 990-l	PF	04	Form 3227					10
orm 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069					
orm 990-	(trust other than above)	06	Form 8870 .					12
	JOHN N PETRUS						4445 0	
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	ne No ► (216)523-7240		Fax No 🕨 _					. —
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ox 🕨 L	If it is for part of the group, check this box			names and EINs of		ers th	ie extension	ıs for.
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Foran 8868 (Rev. 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Mont	h Extension,	complete only Part II and check the	s box		$\triangleright X$
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Rantil Additional (Not Automatic) 3-Mont	h Extension	on of Time. Only file the origin	nal (no	copies n	eeded).
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Type or Name of exempt organization or other filer, see in	structions		Employ	er identific	ation number (EIN) or
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File by the FOUNDATION				34-3	1316665
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Enter the Return code for the return that this application is for	r (file a separa	te application for each return)			0 1
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Form 4720 (Individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					
Form 990-T (trust other than above)	06	Form 8870			112
STOP! Do not complete Part II if you were not already gran	ited an auton	natic 3-month extension on a previ	ously fil	ed Form 8	868
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If the organization does not have an office or place of busin	ness in the Un	ited States, check this box			> []
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ox Lifit is for part of the group, check this box			<u>all memi</u>	ers the ex	tension is for.
4 I request an additional 3-month extension of time until		<u>15, 2015</u> .			
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Change in accounting period					
7 State in detail why you need the extension					
TAXPAYER IS AWAITING ADDITIO			LATE	D THI	RD PARTY
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Inder penalties of per jury, I declare that I have examined this form, incl	uding accompa	nying schedules and statements, and to t	he best o	f my knowle	dge and belief,
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