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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

	Ā	For the	2013 cale	ndar year, or tax year beginning	July 1 , 2	013, and end	ing J	une 30	, 20 14	
	<u>~</u> B			C Name of organization Kent State					er Identification number	
				34-6576307						
	H	Address	-	Doing Business As Number and street (or P.O. box if m) Room/s	suite	E Telephone number			
	片	Name ch	•	·					330-672-2222	
	片	Initial ret		PO Box 5190 City or town, state or province, cou	stor and 7IP or foreign postal code				330-012-2222	
	닏	Terminat			inly, and air or loreign postar coos					
	닏	Amende		Kent, OH 44242-0001			I	G Gross re		
	U	Applicati	ion pending	F Name and address of principal offic			H(a) is this	a group return for s	subordinates? Yes No	
				Steve Sokany, PO Box 5190, Ke 501(c)(3) 501(c) (6)		1) or 527			included? Yes No	
	<u>1</u>		mpt status:		list. (see instructions)					
	<u>J</u>	Website		w.kent.edu/advancement/ksufou				up exemption		
	_				ation	L Year of form	etion: 196	5 M State	of legal domicile: OH	
	P	art I	Summ							
				escribe the organization's miss						
	8		restricted	to benefit Kent State University	.The Foundation makes gran	ts to Kent St	ate Universit	y for acade	mic programs,	
	187		public ser	rvice, scholarships and fellows	nips, and research.					
	9	2	Check th	is box ▶□ If the organization	discontinued its operations	or disposed	of more the	an 25% of	its net assets.	
	Activities & Governance			of voting members of the gove					38	
	8	4	Number (of independent voting membe	rs of the governing body (Pa	art VI, line 11	b)	. 4	32	
	ies			nber of individuals employed i				. 5	0	
	3	6	Total nun	nber of volunteers (estimate if	necessary)		 ,	. 6	38	
	Ą			elated business revenue from			. !	. 7a	0	
				lated business taxable income			7.CJ	. 7b	0	
					1.1		Prior	Year	Current Year	
	_	B	Contribut	tions and grants (Part VIII, line	(1h) [2] . VOV .	4 (18,553,987	10,964,206	
	2			service revenue (Part VIII, line			1.		,,	
\mathcal{M}	Revenue		-	ent income (Part VIII, column (A	_			7,358,661	8,801,363	
0	ď			renue (Part VIII, column (A), lin				240	145	
\geq		12		enue-add lines 8 through 11 (i				25,912,888	19,765,714	
SCANNED				nd similar amounts paid (Part				13,638,545	11,702,424	
喬		14		paid to or for members (Part II				13,030,343	71,702,727	
Ö		15		other compensation, employee	• • •	lines 5_1(1)				
	Expenses	16a		onal fundraising fees (Part IX, o		-				
DEC	ē			draising expenses (Part IX, co	• • •		4	Safer also 198	1、100000000000000000000000000000000000	
\Box	ă						- '4CIL			
\vdash		17		penses (Part IX, column (A), lir		OF)		978,876	828,685	
00		18		penses. Add lines 13-17 (must				14,617,421	12,531,109	
2		19	Hevenue	less expenses. Subtract line	16 from line 12	· · · ·		11,295,467	7,234,605 End of Year	
2014	Assets or Balances		T. 4-1	-A- /D A M III 40)			Beginning of			
4	Base	20		sets (Part X, line 16)				63,518,400	174,215,858	
	Ket A	1		pilities (Part X, line 26)				23,547,480	13,764,863	
				ts or fund balances. Subtract	line 21 from line 20	<u></u>	1	39,970,920	160,450,995	
		art II		ture Block						
				ry, I declare that I have examined this lete. Declaration of preparer (other than					ny knowledge and belief, it is	
		0, 001160	i, and comp	iete. Deciaration preparer (outer uta	in onicer) is based on an internation	Of WillCit prepa	Ter has any kin			
	0 :-			M. New		· · · — · · ·			13-14	
	Sig		, ,	sature of officer				Date		
	He	re	I B	ke Strebler, Assistant Treasu	rei				·	
				or print name and title	12					
	Pa	id	Phntriy	be blebarer, a umue	Preparer's signature		Date	Check [
	Pr	epare			<u> </u>			self-emp	beyed	
	Us	e Onl					F	lm's EIN ▶	<u></u>	
		. AL '-		ddress ▶	_,		P	hone no.		
	_			s this return with the preparer	-	ions)	· · · ·	<u>· · · ·</u>	· · Yes No	
	For	Paparu	vork Redu	ction Act Notice, see the senar	ata instructions	Cat	No. 11282V		Form 990 (2013)	

Form 99	0 (2013) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Kent State University Foundation provides leadership, private sector funding and stewardship of gifts to support Kent State
	University meet its needs and achieve its priorities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
Ŭ	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 11,702,424 including grants of \$ 11,702,424) (Revenue \$)
	The Kent State University Foundation provided grants to Kent State University to further the University's academic, research and
	public service programs.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	(Expenses \$ including grants of \$) (Revenue \$)

-arτ,	Checklist of Required Schedules		· · ·	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	✓	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>▼</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		→
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement. including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			Ý.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e 11f	√	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>√</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
		Forr	n 990	(2013)

Part	Checklist of Required Schedules (continued)			
04	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	✓	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31	•	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	38	1	
	The state of the s	<u> </u>		

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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	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 101			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	V	
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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 financial account in a foreign country (such as a bank account, securities account, or other financial			١.
	account)?	4a	<u> </u>	✓
þ	If "Yes," enter the name of the foreign country: ▶			İ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C Ga	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7c	<u> </u>	✓_
d	If "Yes," indicate the number of Forms 8282 filed during the year		 	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 9 7h	7	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		<u> </u>	-
	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ŀ		
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	14-		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	-

Part '	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. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on 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 38			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	1
6 7a	Did the organization have members or stockholders?	D		<u> </u>
'a	one or more members of the governing body?	7-		1
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.5		
	the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	7	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		✓
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	i 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Yvonne Lee, 1061 Fraternity Circle, Kent, OH 44240 330-672-2222			

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos neck ss pe d a d	tion more rson irect	than our trust	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		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) Lawrence Armstrong										
Board Chair		✓		✓				0	0	0
(2) James Arthur		1						0	o	0
(3) Harvey Bazaar		1						0	0	0
(4) Gary Brahler							Π			
Board Chair-Elect		1		1			<u> </u>) o	0	0
(5) Christopher Bray		1						0	0	0
(6) Edmund Cooke		1						0	0	0
(7) Douglas Cowan		1						0		0
(8) Todd Diacon		1						0	N/A	N/A
(9) Robert DiDiano		1						0	0	0
(10) Barbara Donaho		1						0	0	0
(11) Timothy Eippert		1							0	0
(12) John Elliot		1						0		0
(13) Barry Fetterman		1								0
(14) Gene Finn	<u> </u>		-	7			T	<u> </u>		
Executive Director		✓	<u></u>		1			0	N/A	N/A

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	(do n box, i office or directo	ot ch	Pos neck is pe	c) ition more	an oth is Highest compensated en so of employee	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	rtable Estimation from amouted often		on n
		line)	ıstee	trustee		8	pensated				orga	nization	S
(15) G	regg Floyd		1						0	N/A			N/A
(16) _R	chard Frenchie		1						0	0			0
	athy Hemming liate Past Chair		1		✓				0	0			0
(18) P	eter Holway		1							0			0
(19) C	andice Hughes		1						0	0			0
(20) N	ora Conway Jacobs		1						0	0			0
(21) Si	effany Matticola Larkins		1						0	0			
(22) Ju	idie Fall Lasser		✓						0	0	0		0
(23) Le	ester Lefton		1						0	N/A			N/A
(24) D	aniel Mahony		1						0	N/A			N/A
(25) B	ian Marino		1			-		-	0	0			0
1b	Sub-total		• •	•	•		•	>	0	0			0
c d	Total from continuation sheets to Part	-		•	•		•	>	0	0			0
2	Total (add lines 1b and 1c)	not limited						e) w	<u>`</u>	ore than \$100,0	00 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								oloyee, or high	est compensat		Yes	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	com	per	nsatio	n a					✓ ✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu	ıal		/
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												ах
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compen		
	Evaluation Group, 201 East Fifth Street, Cinci State University, PO Box 5190, Kent, OH 4424		5202			•		-	restment consul	ting			25,897 27,184
TOTAL STATE OF THE								Ē					
	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	ımıt	ed to	th	nose listed abo	ove) who			
	received more than \$100,000 of compens								2	.,			ĺ

Part	VIII	Statement of Revenue Check if Schedule O contains a response or not	e to any line in this	Part VIII		
		on the series of	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
A A	С	Fundraising events 1c				
直	d	Related organizations 1d				
is,	е	Government grants (contributions) 1e				
er S	f	All other contributions, gifts, grants,				
혈美		and similar amounts not included above 1f 10,964,2	206			
اع ق	g	Noncash contributions included in lines 1a-1f: \$ 569,0				
	<u>h</u>		10,964,206			
Program Service Revenue	_	Business Cod				
eve	2a					
e e	b					
Ž	c d					
ı, S	e					
gra	f	All other program service revenue .			•	
g	g g		<u> </u>			L.,
	3	Investment income (including dividends, interes	it,			
İ			2,716,467	2,716,467		
	4	Income from investment of tax-exempt bond proceeds		1		
	5	Royalties	145	145		
		(i) Real (ii) Personal				
	6a	Gross rents			· 	
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	(101)	>			<u> </u>
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory 53,650,402 33,8	336			
	b	Less: cost or other basis and sales expenses . 47 424 342 175 (i		
	_	77,727,072 170,0				
	d	Gain or (loss)		6 004 006		
	u	Net gain or (loss)	6,084,896	6,084,896		
venue	8a	Gross income from fundraising events (not including \$				
Other Rev		of contributions reported on line 1c).				
the	L	Less: direct expenses b				
Ó		· · · · · · · · · · · · · · · · · · ·				
		Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
	10a	Gross sales of inventory, less				
		returns and allowances a				
		Less: cost of goods sold b	<u> </u>			
	С	, , , , , , , , , , , , , , , , , , , ,	>			
		Miscellaneous Revenue Business Coo	ie			<u> </u>
	11a					ļ
	b					
	C					ļ
	d	All other revenue				<u> </u>
	12	Total. Add lines 11a-11d	19 765 714	8 801 508		

	90 (2013)				Page 10
	t IX Statement of Functional Expenses				·
Section	on 501(c)(3) and 501(c)(4) organizations must com	•			olumn (A).
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, b, 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	11,702,424	11,702,424		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		·		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	i			
а	Management				
b	Legal				
С	Accounting	38,829		38,829	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	52,775		52,775	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	527,797		527,797	
12	Advertising and promotion				
13	Office expenses	5,478		5,478	

	United States. See Part IV, lines 15 and 16			j]
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	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):				
a	Management				
b	Legal				
C	Accounting	38,829		38,829	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	52,775		52,775	
g	Other (If line 11g amount exceeds 10% of line 25, column			-	
_	(A) amount, list line 11g expenses on Schedule O)	527,797		527,797	
12	Advertising and promotion	02.,.0.		021,707	
13	Office expenses	5.470		5.470	
	· • • • • • • • • • • • • • • • • • • •	5,478		5,478	
14	Information technology		·		
15	Royalties			-	
16	Occupancy	284		284	
17	Travel	2,682		2,682	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings .	93,577		93,577	
20	Interest	58,655		58,655	
21	Payments to affiliates				··
22	Depreciation, depletion, and amortization .				
23	Insurance	10.004		10.204	
		12,364		12,364	
24	Other expenses. Itemize expenses not covered				l I
	above (List miscellaneous expenses in line 24e. If				!
	line 24e amount exceeds 10% of line 25, column	İ			
	(A) amount, list line 24e expenses on Schedule O.)				i
а	Bank fees	23,989		23,989	
þ	Publications	6,313		6,313	
С	Professional advancement	5,942		5,942	
d				· · · · · ·	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,531,109	11,702,424	828,685	· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Complete this line only if the	.2,00.,100		020,000	
	organization reported in column (B) joint costs				
	from a combined educational campaign and	<u> </u>		ŀ	
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	following SOP 98-2 (ASC 958-720)				- 000
					Form 990 (2013)

P	art X	Balance Sheet						
		Check if Schedule O contains a response or	note	to any line in this Part	t X			
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			1,309,370	1	1,594,579	
	2	Savings and temporary cash investments		[2		
	3	Pledges and grants receivable, net		[11,104,445	3	8,522,683	
	4	Accounts receivable, net		4				
	5	Loans and other receivables from current and trustees, key employees, and highest co						
					3,015,614	5	3,365,108	
s	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	ributing employers and mployees' beneficiary		6			
Assets	7	Notes and loans receivable, net		<u> </u>	11.061,000	7	11 061 000	
ASS	8	Inventories for sale or use			11.000,1000	8	11,061,000	
`	9				· · · · · · · · · · · · · · · · · · ·	9		
	10a	Land, buildings, and equipment: cost or	ı .	· · · · · ·		-	·	
	104	other basis. Complete Part VI of Schedule D	10a	2,037,908				
	ь	Less: accumulated depreciation	10b		1,681,448	10c	1,506,448	
	11				114,148,788		132,517,700	
	12	Investments—other securities. See Part IV, line 1		}	21,059,467	12	15,433,195	
	13				21,035,401	13	15,455,155	
	14	· -	Investments—program-related. See Part IV, line 11					
	15	Other assets. See Part IV, line 11			138,268	14 15	215,145	
	16	Total assets. Add lines 1 through 15 (must equa		<u> </u>	163,518,400	16	174,215,858	
	17	Accounts payable and accrued expenses			97,983		88,435	
	18	Grants payable				18	· ·	
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete I				21		
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen	sated					
abi		disqualified persons. Complete Part II of Schedu	ıle L	[22		
Ë	23	Secured mortgages and notes payable to unrela	ted th	ird parties	10,000,000	23		
	24	Unsecured notes and loans payable to unrelated	third	parties		24		
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	17-2	4). Complete Part X				
		of Schedule D		l	13,449,497	25	13,676,428	
	26	Total liabilities. Add lines 17 through 25	· .	· · · · · · ·	23,547,480	26	13,764,863	
ces		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		ck here ► 🗸 and				
an	27	Unrestricted net assets			6,877,557	27	10,229,182	
Ba	28	Temporarily restricted net assets		<u>-</u>	99,584,064	28	113,388,802	
Net Assets or Fund Balances	29	Permanently restricted net assets			33,509,299	29	36,833,011	
ō		complete lines 30 through 34.		}-				
ets	30	Capital stock or trust principal, or current funds				30		
\ss	31	Paid-in or capital surplus, or land, building, or ed			 -	31		
et /	32	Retained earnings, endowment, accumulated incomment assets or fund balances			400 070 000	33	400 450 005	
Ž	33 34	Total liabilities and net assets/fund balances			139,970,920 163,518,400		160,450,995 174,215,858	
	, 5-7	Total nabilities and net assets fully balances .	• •	· · · · · · · · · · · · · · · · · · ·	103,310,400	. ~~	Form 990 (2013)	

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					V
1	Total revenue (must equal Part VIII, column (A), line 12)	1				55,714
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,53	1,109
3	Revenue less expenses. Subtract line 2 from line 1	3			7,23	4,605
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			139,97	0,920
5						
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			(74	8,570 <u>)</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			160,45	0,995
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· ·	<u></u>	•	
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ 1			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	in			
	Schedule O.		-			
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 com	oiled (or			ļ
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?		· _	2b	✓	i
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ea on	a			
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	.oroial				
С	of the audit, review, or compilation of its financial statements and selection of an independent account		. !	2c	,	
	If the organization changed either its oversight process or selection process during the tax year, ex		1_	2C	✓	1
	Schedule O.	piaini	"'			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	_{in} -			
Jä	the Single Audit Act and OMB Circular A-133?			За		./
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rao th		Ja		
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			зь		
	, , , , , , , , , , , , , , , , , , , ,				. 990	(2013)
						,,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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

vame	or the organization						-	mpioyer id	enuncauo	n number	
(ent	State University For									76307	
Pa	rt I Reason fo	or Public Char	ity Status (All orga	nizations	s must c	omplete	this par	t.) See i	nstructio	ons.	
The •	organization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)			
1	A church, conv	ention of church	nes, or association of	churches	describe	ed in sec	tion 170(b)(1)(A)(i).		
2	A school desci	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedi	ule E.)						
3	A hospital or a	cooperative hos	pital service organiza	tion desc	ribed in	section 1	70(b)(1)(A)(iii).			
4	A medical rese	arch organizatio	n operated in conjunc	ction with	a hospit	al describ	oed in se	ction 170)(b)(1)(A)	(iii). Enter the	e
	hospital's nam	e, city, and state) :								
5		n operated for t	he benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit desci	ribed in
6 7											
8	☐ A community t	rust described ir	section 170(b)(1)(A)	(vi). (Con	nplete Pa	ırt II)					
9											
10	☐ An organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio i	n 509(a)(4).		
11	11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
	a 🗌 Type I	b 🗌 Type	II c ☐ Type III	-Function	nally inte	grated	d □ 1	Type III-N	lon-func	tionally integr	rated
e	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f			written determination							oe III suppor	
	organization, o										. Ц
ç	•		ne organization accep	oted any	gift or co	ontributio	n trom a	ny of the	:		
	following person										
			ndirectly controls, eithody of the supported of							nd Ye	s No
	(ii) A family me	ember of a perso	on described in (i) abo	ve?						11g(ii)	
	(iii) A 35% cor	trolled entity of	a person described in	(i) or (ii) a	above? .					11g(iii)	
r		-	on about the supporte							<u></u>	
(6)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the non in col zed in the S?	(vii) Amount of suppor	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)								:			
(C)											
(D)											
(E)			-								
					[

Total

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,656,629	12,368,296	10,265,911	18,553,9 <u>8</u> 7	10,964,206	64,809,029
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		10101				
4	Total. Add lines 1 through 3	12,656,629	12,368,296	10,265,911	18,553,987	10,964,206	64,809,029
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,095,393
6	Public support. Subtract line 5 from line 4.						62,713,636
	on B. Total Support						02,7 10,000
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	12,656,629	12,368,296	10,265,911	18,553,987	10,964,206	64,809,029
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,312,802	3,143,253	2,710,010	3,276,812	2,716,612	14,159,489
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	•				<u> </u>	78,968,518
12	Gross receipts from related activities, etc					12	196,561
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				<u> </u>	· · · · ·	▶ 📙
	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line					14	79 %
15	Public support percentage from 2012 Sch					15	78 %
16a	331/3% support test—2013. If the organization qua						
.	33 ¹ / ₃ % support test—2012. If the organ	•		-			
D	check this box and stop here. The organ						
47-	•	•					ب
17a	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						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of t	tion meets the neets the "facts	"facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and st	op here.
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di instructions			-			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

	if the organization falls to quality	under the te	sts listed bei	ow, piease co	omplete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						1
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the				ļ		
_	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		į				
_	·	 					
5	The value of services or facilities		İ			! 	
	furnished by a governmental unit to the organization without charge						
c							
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			-	-	-	-
ıd	received from disqualified persons .					l	
	· · · · · ·			 			
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year						1
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	· · · · · · · · · · · · · · · · · · ·					
	line 6.)						
Secti	on B. Total Support		<u> </u>		l	<u> </u>	·
	dar 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 .		į	-		ļ	
b	Unrelated business taxable income (less	_					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11,		ĺ				
	and 12.)	 	<u> </u>	<u> </u>	<u> </u>	l	L
14	First five years. If the Form 990 is for the	•			-		
	organization, check this box and stop her			<u></u>	· · · · ·		🟲 📋
	on C. Computation of Public Suppor					T 45 1	
15	Public support percentage for 2013 (line 8		•				<u>%</u>
16 Sooti	Public support percentage from 2012 School D. Computation of Investment Inc			<u> </u>	· · · · ·	16	%
17	Investment income percentage for 2013 (I			v line 13 colu	mp (fl)	17	%
18	Investment income percentage from 2012			-		18	
19a	331/a% support tests—2013. If the organi	•	•				
190	17 is not more than 331/3%, check this box						
- b	331/3% support tests—2012. If the organiz						
U	line 18 is not more than 331/8%, check this t						
20	Private foundation. If the organization de		_	· · · · · · · · · · · · · · · · · · ·			_

chedule A (Form 990 or 990-EZ) 2013 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).	<u> </u>					
- -							
	· · · · · · · · · · · · · · · ·						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

Kent S	tate University Foundation, Inc.		34-6576307
Par			
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 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 dor funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors only for charitable purposes and not for the be conferring impermissible private benefit?	nefit of the donor or donor advisor, or	for any other purpose
Par	Conservation Easements.	- 	
	Complete if the organization answere		·
1	Purpose(s) of conservation easements held by t		
	☐ Preservation of land for public use (e.g., recr		
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribu	
	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 easeme	ents	2b
С	Number of conservation easements on a certifie	• •	2c
d	Number of conservation easements included historic structure listed in the National Register		I I
3	Number of conservation easements modified, tr tax year ▶	ansferred, released, extinguished, or to	erminated by the organization during the
4	Number of states where property subject to con	servation easement is located >	
5	Does the organization have a written policy violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring	, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, ins	pecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on (i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the terorganization's accounting for conservation ease	kt of the footnote to the organization's ements.	financial statements that describes the
Par	Complete if the organization answere	ed "Yes" to Form 990, Part IV, line	3
1a	If the organization elected, as permitted under works of art, historical treasures, or other sim public service, provide, in Part XIII, the text of the	ilar assets held for public exhibition,	education, or research in furtherance o
b	If the organization elected, as permitted unde works of art, historical treasures, or other simpublic service, provide the following amounts re	ilar assets held for public exhibition, elating to these items:	education, or research in furtherance o
	(i) Revenues included in Form 990, Part VIII, lin	e1	> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of following amounts required to be reported under	art, historical treasures, or other simi	lar assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Part										
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of th	e follow	ing that are a s	ignificar	nt use	of its
а	✓ Public exhibition		d	Loan	or exchang	ge progra	ams			
b	✓ Scholarly research		е	Other						
С	☐ Preservation for future generations	ì								
4	Provide a description of the organizat XIII.	ion's collections a	nd expla	un how th	ney further	the orga	anization's exer	npt purp	ose ir	n Part
5	During the year, did the organization assets to be sold to raise funds rather								∕es [•	☑ No
Part	IV Escrow and Custodial Arra	ingements.					· · · · · · · · · · · · · · · · · · ·			
	Complete if the organization 990, Part X, line 21.								ı Forr	m
1a	Is the organization an agent, trustee, included on Form 990, Part X?								∕es [∃ No.
b	If "Yes," explain the arrangement in Pa							· '		
	Desiration belongs					4.	A	mount		
C	Beginning balance					1c	 			
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amour								es [_l No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	planation	has been	provide	d in Part XIII .		<u> </u>	<u> </u>
Par	Part V Endowment Funds.									
	Complete if the organization							_		
		(a) Current year	(b) Pre		(c) Two year	s back	(d) Three years bac	k (e) Fou	ur years	back
1a	Beginning of year balance	94,584,795	8:	5,326,782	90,4	51,963	76,699,16	4	68,35	0,984
b	Contributions	4,813,722		2,900,397	2,5	10,705	1,950,14	4	3,47	9,540
C	Net investment earnings, gains, and									
	losses	15,957,248	10	0,526,476	-4,1	40,284	15,429,91	7	7,96	4,240
d	Grants or scholarships	4,444,043		4,168,860	3,4	195,602	3,627,26	2	3,09	5,600
е	Other expenditures for facilities and programs									
	Administrative expenses					-		1		
f	· .							_		
g	End of year balance	110,911,722		4,584,795		326,782	90,451,96	3	76,69	9,164
2	Provide the estimated percentage of t	ne current year en		e (line 1g	, column (a	I)) neid a	is ⁻			
a	Board designated or quasi-endowmer		2%							
b	Permanent endowment	30%								
С	Temporarily restricted endowment ►	68%	00/							
0-	The percentages in lines 2a, 2b, and 2	c should equal To		4 46-	امامط مدما	dd.	minustared for th			
Ja	Are there endowment funds not in the organization by:	e possession of the	e organi.	zation the	it are neid	and adr	ninistered for ti	ie	[V	TA12
	•							0.0	Yes	No
	(i) unrelated organizations							3a(i)		
_	(ii) related organizations							3a(ii	4	✓
	If "Yes" to 3a(ii), are the related organi							3b		<u> </u>
4	Describe in Part XIII the intended uses		n's enac	wment tu	inas.					
Part										
	Complete if the organization	- ₁								
	Description of property	(a) Cost or oth (investme			r other basis ther)		accumulated preciation	(d) Bo	ok valu	е
1a	Land		549,121		957,327				1,50	6,448
ь	Buildings				492,620		492,620			
С	Leasehold improvements									
d	Equipment				38,840		38,840			
е	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part 2	K, column	(B), line 10)(c).) .	, , . ▶		1,50	6,448

Part VII	Investments—Other Securities		000 B + 11/4 11	441. 0 - 5	000 Bart V Car 10
	Complete if the organization answers		7		
	(a) Description of security or category (including name of security)	,	(b) Book value		hod of valuation -of-year market value
(1) Financial					 .
	neld equity interests				
(3) Other		 -			
*	income fund		9,367,918		.
	d partnership hedge fund		6,065,277		
(C)					
(D)					
(E)					
(F)					
(G) (H)					•
	h) must agual Form 000. Part V. cal. (P) line 12 l		45 400 405		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related	4	15,433,195		
Fart VIII	Complete if the organization ans		m 990 Part IV line	11c See Form	990 Part X line 13
	(a) Description of investment	Weice Tes to For	(b) Book value		thod of valuation
	(a) Description of investment		(b) Book value	***	-of-year market value
(1)		** = a			
(2)		····································			
(3)					
(4)				•	
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, line	11d. See Form	
	(a	i) Description			(b) Book value
_(1)					
(2)					
(3)					
(4)		·			
(5)				<u> </u>	
(6)			•		
(7)			_		
(8)				 -	
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Part X	Other Liabilities.	(=)			
	Complete if the organization ans	wered "Yes" to For	rm 990. Part IV. line	11e or 11f. See	Form 990, Part X,
	line 25.		,		
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes		0		
(2) Funds h	eld as agent	9,0	03,091		
	al liabilities	4,6	73,337		
(4)					
(5)					
(6)	<u> </u>				
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25)		76,428		
2. Liability for	r uncertain tax positions. In Part XIII, prov	ide the text of the footi	note to the organization	rs financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under	FIN 40 (ASC 740). Ch	eck here if the text of th	ie ioothote nas bee	nı provided in Part XIII

Part		Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1 33,011,184
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
۲ C		
d e		2e 13.245.470
3	Subtract line 2e from line 1	2e 13,245,470 3 19,765,714
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	15,765,714
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
-	Other (Describe in Part XIII.)	
		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 19,765,714
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 12,531,109
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
e		2e
3	Subtract line 2e from line 1	3 12,531,109
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
		4c
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 12,531,109
2; Part Part III,	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info 1a: Purchases of collection items are expensed as incurred. Items contributed to collections during the year tion's financial statements. Proceeds from deaccessions or insurance recoveries are reflected as increases	ormation. or are not reflected in the
asset c	asses. The Foundation received proceeds of \$5,791 from deaccessions during the year ended June 30,2013	3. No proceeds from
deacce	ssions were received in 2014.	
Part III,	4: The Foundation owns certain historical fashion items. The Kent State University Museum maintains custo	ody of these items which
provide	the basis for the museum's exhibits and an academic resource for Kent State University.	
Part V	4: The endowment funds of the Foundation are invested with the purpose of using the earnings to support t	the needs and priorities of
Kent Si	ate University.	
Part X,	2: Pursuant to determination by the Internal Revenue Service, the Foundation is exempt from federal income	e tax under section 501(c)
(3) of th	e Internal Revenue Code. The Foundation recognizes as a benefit only if it is "more-likely-than-not" that the	e tax position would be
sustain	ed in a tax examination, with a tax examination being presumed to occur. The amount recognized is the larg	gest amount of tax benefit
that is	reater than 50% likely of being realized on examination. For tax positions not meeting the "more-likely-than	n-not" test, no tax benefit
is reco	ded. Management has concluded that they are unaware of any uncertain tax benefits or liabilities to be reco	ognized at June 30, 2014 or

_			
Pa	30	е	:

Part XIII Supplemental Information (continued)
2013. The Foundation would recognize interest and penalties related to unrecognized tax benefits in interest and income tax, respectively.
The Foundation has no amounts accrued for interest or penalties at June 30, 2014 or 2013 and is no longer subject to examination
by taxing authorities for years before 2011. The Foundation does not expect the total amount of unrecognized tax benefits to significantly
change in the next twelve months.
Part XI, 2d: Change in Actuarial Liability \$543,394; gain allocated to KSU Alumni Association -\$1,291,964.

SCHEDULE I (Form 990)

(0

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

		٠_	1
2013	Open to Public	Inspection	Employer identification number
			Employer id

OMB No 1545-0047

Schedule I (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance Program support ✓ Yes 34-6576307 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 11,702,424 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 115(a) 34-6402079 (b) EIN Kent State University Foundation, Inc. 1 (a) Name and address of organization (6) PO Box 5190, Kent, OH 44242 (1) Kent State University Part I Part II N <u>ල</u> € 8 <u>R</u> 9 9 5 E

Schedule I (F	Schedule I (Form 990) (2013) Part III Grants and Other Assistance to Individuals in the U. Part III can be duplicated if additional space is needed.	ividuals in the U	Inited States. Com	plete if the organiza	ation answered "Yes" to	Page 2 in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. needed.
	(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
-						
7						
က			:			
4						
S						
9						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, lin	e 2, Part III, column	(b), and any other addit	ional information.
The Kent S	The Kent State University Foundation receives grant requests from	iests from the variou	us departments and cc	leges of Kent State U	niversity (KSU). The Foundat	the various departments and colleges of Kent State University (KSU). The Foundation verifies that each grant request
supports th	supports the mission of KSU and meets donor restrictions.	S.				
-						
-						
-						
-						
-						
-						
-						
-						
-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						Schedule I (Form 990) (2013)

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No 1545-0047

Name of the organization

Employer identification number

Kent :	State University Found	dation, Inc.								34-0	65763	07		
Par		fit Transaction ne organization	ns (section 50 answered "Ye	1(c)(3) es" on	and sect Form 99	ion 501(c)(0, Part IV, I	4) orga line 25	anizations only a or 25b, or F). orm 99	0-EZ,	Part	V, lıne	40b.	
1	(a) Name of discussified		(b) Relationship b	etween	disqualified	person and		(-) D			_		(d) Cor	rected?
'	(a) Name of disqualified	person		organiz	ation			(c) Descript	on or tra	nsacuo	n		Yes	No
(1)														
(2)														
(3)														
(4)			•											
(5)														
(6)										_				
2	Enter the amount under section 4958		by the orga	nizatio 	n manaq	gers or dis	qualifi	ed persons d	uring t	he ye	ar ▶ ş	\$		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatior			!	▶ \$	<u> </u>		
Par	Complete if the organization r	Vor From Interne organization eported an am	answered "Ye ount on Form	s" on 990, P	art X, line	e 5, 6, or 2:	2. 				Γ			
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Ongir principal an		(f) Balance due	(g) in :	default?	by be	proved pard or nittee?	(ı) W agree	ntten ment?
				То	From]			Yes	No	- 		Yes	No
(1)	Ronald Pızzuti	fm direct	Project		√ 3,015,614 3,015,614		✓	✓		\				
(2)	Ronald Pizzuti	fm direct	Project	√ 3,015,614 3,015,614 √ √ √ 173,088 173,088 √ √		✓		✓						
(3)	Ronald Pızzuti	fm direct	Project		✓	17	6,406	176,40	6	✓	✓		✓	
(4)											<u> </u>	<u> </u>		
(5)												L		
(6)				ļ										
(7)				ļ	ļ				_					
(8)	••	1									ļ	ļ	ļ	ļ
(9)		1				ļ			+	-		-		
<u>(10)</u>								r	. 24444	Ser admiller handle			W-7.2020	Mark to Se
Total Pari	Ⅲ Grants or As	sistance Bene ne organization		ed Pe	rsons.	•		\$ 3,365,10	18 1483.18 3					
(a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assista	nce	(е) Purpo	ose of a	ssistan	се
(1)														
(2)														
(3)								-						
(4)														
(5)														
(6)					•									
(7)														
(8)														
(9)														
(10)														

Part IV	Business Transactions Involvi Complete if the organization and	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	.8b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
	ıld Pizzuti	Former Director	349,494	2 Business Loans		✓
(2)		<u></u>				ļ
(3)		· · · · · · · · · · · · · · · · · · ·			-	\vdash
(4)						
(5) (6)					-	
(7)					1	
(8)						
(9)						
(10)						
Part V	Supplemental Information Provide additional information for	or responses to questions	on Schedule L (see	instructions).		
				······································		
		••••				
	•					
				······		
-	•••••					
						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization

Employer identification number

Kent S	tate University Foundation, Inc.				34-657630	07		
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art Works of art							
2	Art - Historical treasures	✓	7	0				
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	/	90	54 570	Auction appr	raisal		
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	1	46	514,508	Ave. of high/	low pr	ice	
10	Securities—Closely held stock .					•		
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures				ļ			
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
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 ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29	1	r	
							Yes	No
30a	During the year, did the organizat							1
	it must hold for at least three year							
	used for exempt purposes for the		ing period?			30a		✓
	If "Yes," describe the arrangement							
31	Does the organization have a			es the review of any no	n-standard	:		
						31_	✓	<u> </u>
32a	Does the organization hire or us							1
	contributions?					32a	1	<u> </u>
b	If "Yes," describe in Part II.					,		
33	If the organization did not report a describe in Part II.	n amount ir	ocolumn (c) for a type of pro	operty for which column (a)	is checked,			

Part II	the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I, 32 b:	The Kent State University Foundation uses licensed brokers to sell publicly traded securities, licensed auctioneers to sell
real estate,	and auction firms to sell vehicles received as non-cash contributions.
Part I, 33: II	tems considered art - historical treasures are additions to the musuem collection. The Foundation has chosen not to report
such items	in the revenue statement and balance sheet, as permitted under SFAS 116 (ASC 958).
	
	
	

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.

OMB No 1545-0047

Employer identification number

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.

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Kent State University Foundation, Inc.	34-6576307
Form 990, Part VI, 11b: A complete copy of Form 990 is sent electronically to all officers and members	of the Committee on Finance
for review before it is filed with the IRS.	
Form 990, Part VI, 12c: Annually, board members of the Kent State University Foundation must review	the conflict-of-interest policy, disclose
any conflicts, and acknowledge this by signing a letter stating adherence to the policy. Members who I	nave a conflict of interest with a
proposed transaction must excuse themselves from discussion of and voting on the transaction.	
Form 990, Part VI, 19: The Kent State University Foundation makes its governing documents, conflict-	f-interest policy, and financial
statements available to the public upon request. All requests need to be in writing and delivered by ha	nd, US mail, or email.
Form 990, Part VII: Certain directors of the Kent State University Foundation are employed by Kent Sta	te University. The Foundation does not
have the compensation information.	
Form 990, Part XI, 9: Change in actuarial liability 543,394; income allocated to KSU Alumni Association	-1,291,964.
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Kent State University Foundation, Inc.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.

► Attach to Form 990. ► See separate instructions.

Related Organizations and Unrelated Partnerships

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

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number

34-6576307

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 (f)
Direct controlling
entity ŝ 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. Yes (f) Direct controlling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 115(a) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity Ohio (b) Primary activity Higher Education For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization (4) PO Box 5190, Kent, OH 44242-0001 (1) Kent State University (5) Part I (2) Part II (9) E ල 8 € 2 ල 9 Ξ

Schedule R (Form 990) 2013

(i) Section 512(b)(13) controlled entity? (k) Percentage ownership Ŷ 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. 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 (I) General or managing partner? ŝ (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes псоте (g) Share of end-of-(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity Primary activity (c) Legal domicile (state or foreign country) (b) Pnmary activity Œ (a) Name, address, and EIN of related organization (2) (a) Name, address, and EIN of (3) related organization Part IV Part III Ξ E <u>ත</u> (2) 3 € Ð 9 Ξ 9 €

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>×</u>	Yes No
Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	r more related orgai	nizations listed in Part	s II-IV?		
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•			1a	/
Gift, grant, or capital contribution to related organization(s)				4 4	
Gift, grant, or capital contribution from related organization(s)				10	>
Loans or loan guarantees to or for related organization(s)				1d	/
Loans or loan guarantees by related organization(s)				1e	>
Dividends from related organization(s)				#	>
Sale of assets to related organization(s)	•			100	>
Purchase of assets from related organization(s)	•			무	>
Exchange of assets with related organization(s)				Έ	>
Lease of facilities, equipment, or other assets to related organization(s)				=	>
Lease of facilities, equipment, or other assets from related organization(s)				1×	
Performance of services or membership or fundraising solicitations for related organization(s)				1	>
Performance of services or membership or fundraising solicitations by related organization(s)				1 2	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1 7	
Shanna of paid employees with related organization(s)	•			10	>
Reimbursement paid to related organization(s) for expenses				1p <	
Reimbursement paid by related organization(s) for expenses	•			19	<i>></i>
				,	۽ آھ
Other transfer of cash or property to related organization(s)				+	>
Other transfer of cash or property from related organization(s)				18	>
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	mplete this line, incl	uding covered relation	nships and transacti	on threst	olds.
(a)	(b)	(0)	(b)		9
Name of related organization	type (a–s)	Amount myoryed	Method of determining	ig arriount ii	Davio
			Schedule R (Form 990) 2013	R (Form 9	90) 201

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

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

(a) (b) (c) (d)	9	(0)	(p)	(0)	£		ε	Θ		3
Name, address, and EIN of entity	Primary activity	Legal domicite	Predominant income frelated	Are all partners	Share of total income	Share of end-of-vear	Disproportionate allocations?	amount in box 20	General or	Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?				of Schedule K-1 (Form 1065)		L
-			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)							-		_	
(9)										
(9)										
ω									:	
- (8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	edule R (For	Schedule R (Form 990) 2013

Schedule R (i	Form 990) 2013	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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Continuation Sheet for Form 990

2013

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Department of the Treasury Internal Revenue Service

Part I

Kent State University Foundation, Inc.

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

► See the Instructions for Form 990.

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

Name of the Organization Employer identification number

Employees (C) Name and title Position (check all that apply) Reportable Reportable Estimated Average hours per week compensation compensation amount of Individual to or director Officer Highest compensated employee Key employee Institutional trustee from from related other compensation organizations (W-2/1099-MISC) the from the organization (W-2/1099-MISC) organization trustee and related organizations 26. Richard Marsh 0 0 0 27. John Monter 0 0 0 28. Linda Neiheiser **Board Secretary** 0 0 29. James Pazderak 0 0 0_ 30. Lori Randorf 0 N/A N/A 31. Robert Risman 0 0 0 32. Robert Ross 0 0 0 33. Maria Schneider 0 0 0 34. Richard Selip 0 0 0 35. David Sibits 0 0 36. Stephanie Danes Smith 0 0 0 37. Buzz Starner 0 0 0 38. Carl Walter 0 0 0 Treasurer 39. Robert Woolf 0 0 0