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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

20**14**

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.

Open to Public

Department of the Treasury Internal Revenue Service

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 2014, and ending 20 15 В C Name of organization The University of Akron Foundation D Employer identification number Check if applicable Doing business as Address change 34-6575496 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite Initial return 302 Buchtel Common 330-972-7416 П City or town, state or province, country, and ZIP or foreign postal code Final return/terminate Akron, OH 44325-6220 G Gross receipts \$ Amended return 124.040.963 Application pending F Name and address of principal officer Timothy R. DuFore H(a) Is this a group return for subordinates? Yes Vo **Executive Director** H(b) Are all subordinates included? Yes No. If "No," attach a list. (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) (Tax-exempt status http://www.uakron.edu/treasurer/uaf H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: The mission of The University of Akron Foundation is to operate exclusively for the benefit of The University of Akron (UA), including but not limited to receiving, holding, investing Activities & Governance and administering property for the benefit of UA, and by making expenditures to or for the benefit of The University of Akron. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 61 Number of independent voting members of the governing body (Part VI, line 1b) 4 57 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 5 0 Total number of volunteers (estimate if necessary) 6 400 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h). 13,291,540 10,536,595 Program service revenue (Part VIII, line 2g) 9 ٥ Investment income (Part VIII, column (A), lines 3, 4, and 7d) (2, ...) 10 27,795,378 10,131,881 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . (1,185)Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 41,096,467 20,667,291 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 8,808,340 12,973,621 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,129,783 5,332,387 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 13,938,123 18,306,008 Revenue less expenses. Subtract line 18 from line 12 19 27,158,344 2,361,283 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 197,894,152 192,949,975 21 Total liabilities (Part X, line 26) . . 19,314,305 18,944,280 22 Net assets or fund balances. Subtract line 21 from line 20 178,579,847 174,005,695 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and 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 preparer has any knowledge, Sign Treasurer Here wher Type or print name and title Print/Type preparer's name Preparer's signature Paid Check | If self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only**

Yes No Form **990** (2014)



Phone no

Cat No. 11282Y

	13 internships, 4 centers, the Cummings Center for the History of Psychology Archives and 7 institutes at The University of Akron.
b	(Code:) (Expenses \$ 2,034,178 including grants of \$ 2,034,178) (Revenue \$) The University of Akron Foundation continues to support The University of Akron's campus enhancement program by helping to fund physical improvements. During the current fiscal year, this included continuing support for a building for the College of Engineering, a football stadium, a soccer stadium, greenspace, veterans lounge and biology department wetlands. Also in fiscal 20
	The Foundation provided support for the renovation of the president's residence and repairs to Hower House, a historic mansion; both owned by The University of Akron.
;	(Code:) (Expenses \$
	Other program services (Describe in Schedule O.)
	(Expenses \$ 524,141 including grants of \$ 524,141) (Revenue \$

Checklist of Required Schedules

Part IV

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		\
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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		\
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	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
c	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		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
_	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		1
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		<u>·</u> ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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		<u>·</u> ✓
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		<u>,</u> ✓
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		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Forr	n ササU	(2014)

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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
	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		1
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	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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	√	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
J/	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	

Form 99	· · · · · · · · · · · · · · · · · · ·			Page :
Part	The state of the s			_
	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 32		163	140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	!		ł
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	i l		
•	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- <u>*</u> -		
	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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	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			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		 -	<u> </u>
9	sponsoring organization have excess business holdings at any time during the year?	8	 -	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	135	 	
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1	ļ	
а	Gross income from members or shareholders			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	Ļ
				1

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

14b

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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	See ins	struct	ions.
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	<u>. v</u>
	on A. dovorning Docy and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		1
6 7a	Did the organization have members or stockholders?	6 7a		√ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	-	✓
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	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	V	<u> </u>
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13 14	1	√
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		1
b	Other officers or key employees of the organization	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	. 45		
17 18	List the states with which a copy of this Form 990 is required to be filed Ohio Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501((c)(3)s	only)
19	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec		:▶	

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Form 990 (2014)

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 nor any related organization compensated any current officer, director, or trustee.												
		(C)										
(A)	(B)	Position				(D)	(E)	(F)				
Name and Title	Average					than o		Reportable	Reportable	Estimated		
Harrie and Thic	hours per	officer ar					person is both an director/trustee)			compensation	compensation from	amount of
	week (list any							from	related	other		
	hours for related	ĕĕ	stıtı	Officer	ey e	를 들	Former	the organization	organizations (W-2/1099-MISC)	compensation from the		
	organizations	ectal	tior	"	필	st c	띡	(W-2/1099-MISC)		organization		
	below dotted line)	ੈ ਵੁੱ	ıal tı		Key employee	릙		l		and related organizations		
		Individual trustee or director	Institutional trustee		0	ens				organizations		
			86			Highest compensated employee						
(1) Benjamin G. Ammons	.8											
Director		✓		<u> </u>	<u> </u>							
(2) Michael C. Arnold	.1											
Director		✓			_				-	_		
(3) Gerald R. Austen	.1	,										
Director		✓	_				<u> </u>		<u> </u>			
(4) Mark R. Belgya	.3					1						
Director	ļ	✓		<u> </u>		<u> </u>	ــــــ			-		
(5) Frank P. Bevilacqua	.8											
Director	<u> </u>	✓					ļ	•	<u> </u>	<u></u>		
(6) John C. Blickle	.3	,										
Director	<u> </u>	✓	_				<u> </u>	<u> </u>	-	<u>-</u>		
(7) Bruce O. Bowers	1						ļ					
Director		✓		<u> </u>	<u> </u>		<u> </u>		<u> </u>			
(8) Steven R. Brubaker	.3											
Director	ļ	✓	ļ				<u> </u>	·	-	<u> </u>		
(9) Frances Buchholzer	.3									1		
Director		✓	<u> </u>	_	<u> </u>	ļ		<u> </u>	<u> </u>	<u> </u>		
(10) Eileen E. Burg	.3											
Director		✓	_	_	<u> </u>	ļ	<u> </u>		<u> </u>			
(11) Cynthia F. Capers	.3						ļ					
Director	ļ	✓	L_	<u> </u>		L	_		-	<u>-</u>		
(12) S. Theresa Carter	<u> </u>											
Director		✓	<u> </u>				<u> </u>	<u> </u>	-			
(13) Mark T. Clark	.3											
Director	ļ	1	L		<u> </u>		 _	ļ -		<u>-</u>		
(14) Deborah L. Cook	.3											
Director		✓		<u>L</u>				-	l			

Part \	Section A. Officers, Directors, Trust			,000		C)		<u> </u>		linpioyees (comm	1000)		
_	(A)	(B) Position							(D)	(E)		(F)	
•	Name and title	Average (do not check more than box, unless person is bot				Reportable	Reportable	Fet	imated	ı			
ſ	Name and the	hours per	's per officer and a director/trust				compensation	compensation from		ount of			
		week (list any		_		. —		, 	from	related		other	
		hours for related	호	<u>₹</u>	Officer	Key employee	클	Former	the organization	organizations (W-2/1099-MISC)		ensation	on
		organizations	S C	흏	er e	불	est c	₫	(W-2/1099-MISC)			ınızatıo	n
		below dotted	4 =	ᆲ		Ş	"					related	
		line)	Individual trustee or director	Institutional truste		W	Pen				orga	nızatıor	าร
			р П	te			Highest compensated employee						
(15) Mar	ry Lynn Crowley	.3	<u> </u>		_	-					<u>. </u>		
	ector	<u>:</u>	✓							_			
	nes N. Crutchfield	.3					_		İ			_	
	 ector		✓							l .			
(17) Ged	orge W. Daverio, Jr	1.1											
	ector		✓										
(18) Kat	hryn W. Dindo	.4											
Dire	ector		1						<u>-</u>	-			
(19) Mar	garet Emerson Elias	.3				İ							
	ector		✓						-	-			
(20) Edv	ward T. Eliopoulos	<u>1</u>											
	ector		/			ļ			-	<u> </u>			
	orge L. Farris, II	.3	,										
	ector			\dashv					-	•			
	liam R. Feth	.3											
	ector		V	\vdash			_	_	-	<u> </u>			
	nnis H. Gartman	.4	,										
	ector	.3	-					┝	-	-			
	omas E. Gedelian	3	1					İ					
	ector		-						-	-			
	nir G. Gibara	<u>4</u>											
	ector Sub-total								-	-			
	Total from continuation sheets to Part	VII Saatia	 n A	•	•		•			4.054.000			
	Total (add lines 1b and 1c)	-		•	•		•		-	1,854,983			11,501
	Total number of individuals (including but							N 144	ho received m	1,854,983		4	11,501
	reportable compensation from the organi									ore man \$100,00	JU 01		
			Only	Ciu	tcu	<u> </u>	u11120		compensation	 -		Yes	No
3 1	Did the organization list any former of	ficer, direc	tor, o	r tru	uste	ee,	key e	emp	loyee, or high	est compensate	ed		
•	employee on line 1a? If "Yes," complete \$	Schedule J	for su	ıch i	indi	vidu	ıal				3	1	
4 1	For any individual listed on line 1a, is the	sum of re	portat	ole d	com	nper	satio	n a	nd other comp	ensation from the	ne		
	organization and related organizations	greater that	an \$1	50,0	000	? 11	"Ye	s,"	complete Sch	edule J for su	ch	l	
ı	ındıvidual										4	1	1
	Did any person listed on line 1a receive o									ation or individu	ıal		1
1	for services rendered to the organization?	? If "Yes," c	omple	ete S	Sch	iedu	ile J f	or s	uch person		5		1
	n B. Independent Contractors												
	Complete this table for your five highest of												
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ne c	alend	ar y	ear ending wit	h or within the o	rganizati	on's t	ax
	year.			,				,					
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compens		
Clifford	J. Isroff, 3364 Glencoe Drive, Richfield, OH							C01	nsultant to deve				30,000
Ciniora,	3. Islon, 3304 Genede Dilve, Refineld, Off	44200							improve busing				30,000
1									ortunities				
								727					-
	Total number of independent contracto							th	ose listed abo	ove) who			
ı	received more than \$100,000 of compens	ation from	the or	gan	izal	tion	▶		1				

	90 (2014	 						Page 9
Part	VIII	Statement of Reve						
		Check if Schedule C	contains a res	oonse or note to	o any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		150,236				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0				
fts,	C	Fundraising events .		0				
i, Gi nila	d e	Related organizations Government grants (con		69,382				
ions r Sir	f	All other contributions, g						
ibut the		and similar amounts not inc	luded above 1f	10,316,977				
ontri od O	g	Noncash contributions include	ded in lines 1a-1f [.] \$	883,990				
	h	Total. Add lines 1a-1	<u>f</u>	▶	10,536,595			
Program Service Revenue	20			Business Code				
3eve	2a b							
ice I	C					ļ		· · · · · · · · · · · · · · · · · · ·
Serv	d							
E S	е							
'ogr	f	All other program ser		0	0	1		
	<u>g</u> 3	Total. Add lines 2a-2 Investment income			0		<u> </u>	
	3	and other similar amo			5,852,222			E 0E2 222
	4	Income from investmen	-		5,632,222			5,852,222
	5	Royalties			0			
			(ı) Real	(iı) Personal				
	6a	Gross rents	15,917	О				
,	b	Less rental expenses	17,102					
	l c	Rental income or (loss) Net rental income or	(1,185 <u>)</u>	0	(4.405)			44.405)
	7a	Gross amount from sales of	(IOSS)	(II) Other	(1,185)			(1,185)
	'-	assets other than inventory	18,298,867	89,337,362				
	b	Less: cost or other basis						
		and sales expenses .	17,038,769		:			
	C	Gain or (loss)	1,260,098					
	d	Net gain or (loss) .		<u> ▶</u>	4,279,659			4,279,659
Other Revenue	8a b	Gross income from fuevents (not including \$ of contributions report See Part IV, line 18 . Less: direct expenses	ed on line 1c).					
0	•	Net income or (loss) f			0			
		Gross income from ga	aming activities.					
		See Part IV, line 19 .						
	b	Less: direct expenses						
	100	Net income or (loss) f Gross sales of in	-	ivities ►	0			
		returns and allowanc	es a					
	1	Less: cost of goods s Net income or (loss) t						<u></u>
	_ <u>c</u>	Miscellaneous F		Business Code	0	 		
	11a			1		1		
	b							
	С							
	d	All other revenue .						
	12	Total. Add lines 11a- Total revenue. See i			20.507.055			40.000.000
					20,667,291	0	0	10,130,696 Form 990 (2014)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II otner organization:	s must complete coll	umn (A).
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .		🗋
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,973,621	12,973,621		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified	J			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0		0
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	. 0	
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees): Management	2.050			2.050
a b	Legal	2,859 121,414	0	121,414	2,859
C	Accounting	22,363	0	22,363	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	2,918,540	0	2,916,962	1,578
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	133,171	0	117,061	16,110
12	Advertising and promotion	0	0	0	0
13	Office expenses	5,224	0	2,904	2,320
14	Information technology	15,165	. 0	15,165	0
15 16	Royalties	0	0	0	
17	Travel	219	0	219	
18	Payments of travel or entertainment expenses	213			
	for any federal, state, or local public officials	o	o	o	O
19	Conferences, conventions, and meetings .	6,859	0	6,859	0
20	Interest	45,513	0	45,513	C
21	Payments to affiliates	0	0	0	C
22	Depreciation, depletion, and amortization .	30,382	0	30,382	0
23	Insurance	21,580	0	9,835	11,745
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Reimburse Univ for services performed	432,809	0	237,127	195,682
b	Payments to Annuitants	1,455,587	0	1,455,587	
c	Property Expenses	25,271	0	25,271	
d	Public Relations	45,431	0	4,258	41,173
е	All other expenses Bad Debt Expense	50,000	0	0	50,000
25	Total functional expenses. Add lines 1 through 24e	18,306,008	12,973,621	5,010,920	321,467
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	art X	Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,115,351	1	1,318,666
	2	Savings and temporary cash investments	6,460,696	2	10,829,259
	3	Pledges and grants receivable, net	8,482,067	3	11,198,978
	4	Accounts receivable, net	602,282	4	186,390
ı	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	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			
şţ		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	190,000	7	
۷	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12 367 557			
		12,007,007			
	b	Less: accumulated depreciation	13,916,760		12,335,525
	11	Investments—publicly traded securities	37,771,701	11	35,279,392
	12 13	Investments—other securities. See Part IV, line 11	127,842,457		121,349,681
	14	Intangible assets		13 14	0
	15	Other assets. See Part IV, line 11	0 512,838		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	197,894,152	16	452,084
_	17	Accounts payable and accrued expenses	194,373	17	<u>192,949,975</u> 739,141
	18	Grants payable	123,590	18	23,034
	19	Deferred revenue	31,152	19	29,085
	20	Tax-exempt bond liabilities	0.7.02	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	1,954,194	21	
Ś	22	Loans and other payables to current and former officers, directors,			·
ij	ŀ	trustees, key employees, highest compensated employees, and		j	
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties [0	23	. 0
	24	Unsecured notes and loans payable to unrelated third parties	5,011,000	24	4,901,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,999,996		13,252,020
_	26	Total liabilities. Add lines 17 through 25	19,314,305	26	18,944,280
es	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
anc.	27	Unrestricted net assets	8,623,119	27	8,237,739
3ai	28	Temporarily restricted net assets	65,622,448	-	60,101,203
ā	29	Permanently restricted net assets	104,334,280		105,666,753
٦		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
or f		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	178,579,847	33	174,005,695
_	34	Total liabilities and net assets/fund balances	197,894,152	34	192,949,975
					Form 990 (2014)

D	4	•
Page	•	4

Form	990	(201	4)
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		t XI Reconciliation of Net Assets
🗸		Check if Schedule O contains a response or note to any line in this Part XI
20,667,291	1	Total revenue (must equal Part VIII, column (A), line 12)
18,306,008	2	Total expenses (must equal Part IX, column (A), line 25)
2,361,283	3	Revenue less expenses. Subtract line 2 from line 1
178,579,847	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
(9,652,346)	5	Net unrealized gains (losses) on investments
0	6	Donated services and use of facilities
0	7	Investment expenses
0	8	Prior period adjustments
2,716,911	9	Other changes in net assets or fund balances (explain in Schedule O)
		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line
<u> 174,005,695</u>	10	33, column (B))
		t XII Financial Statements and Reporting
✓ Yes No	<u> </u>	Check if Schedule O contains a response or note to any line in this Part XII
		Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex
	Diain in	Schedule O.
✓		
√		Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com
✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	oiled or	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:
√	oiled or	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: 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 organization basis.
	onled or d on a rersight ntant?	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis
√	onled or d on a rersight entant? plain in	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: 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 of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expenses the consolidated basis of the process of selection process during the tax year, expenses the process of the selection process during the tax year, expenses the process of the process of the process of the process of the process of the process during the tax year, expenses the process of the pr

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization					Employer identification	number
THE U	INIVERSITY OF AKRON FOUNDATION					34-65	
Par							ns.
	rganization is not a private founda		•		-		
	A church, convention of churc			bed in se	ction 170	0(b)(1)(A)(i).	
	☐ A school described in section						
	A hospital or a cooperative ho						
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local gover	nment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)		•	port from	a govern	nmental unit or fron	the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An organization that normally	receives: (1) mo	re than 331/3% of its	support f	rom cont	ributions, members	hip fees, and gross
	receipts from activities related	-	=		-		
	support from gross investme acquired by the organization a						x) from businesses
10	☐ An organization organized and	l operated exclus	sively to test for public	c safety. S	See secti	on 509(a)(4).	
11	☐ An organization organized and	•	- '	_			out the purposes of
	one or more publicly supported	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	ion 509(a)(3). Check
	the box in lines 11a through 11	d that describes	the type of supporting	organizat	ion and c	omplete lines 11e, 1	1f, and 11g.
а	Type I. A supporting organiz		· ·	•			. , , , ,
	the supported organization(s		-	ct a majo	rity of the	e directors or trustee	es of the supporting
	organization. You must con						
b	☐ Type II. A supporting organi						
	control or management of the organization(s). You must c			ie same p	ersons tr	nat control or manaç	ge the supported
_	☐ Type III functionally integra	-		ted in cor	nection v	with and functional	v integrated with
С	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Section	ns A, D, and E.	-
d	☐ Type III non-functionally in						
	that is not functionally integring requirement (see instruction	-				•	an attentiveness
_	☐ Check this box if the organia	•	•				I Type III
е	functionally integrated, or Ty						ii, Type iii
f	Enter the number of supported	-	. , 3		J		
g			oorted organization(s).				· · <u></u>
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization	(IV) Is the C	rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–9 above or IRC section	tisted in you	ur governing ment?	support (see instructions)	other support (see instructions)
			(see instructions))			instructions)	mandenons)
				Yes	No		
(A)				ļ			
(B)							
				ļ	ļ		
(C)							
(D)							
(E)							
				 			
	_	i .				i e	T .

Schedu	lle A (Form 990 or 990-EZ) 2014						Page 2
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			1			
	ınclude any "unusual grants.")	15,077,909	13,216,748	11,551,730	13,291,540	10,536,595	63,674,522
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	اه	0	o	o	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	اه	a	اه	0	o	0
4	Total. Add lines 1 through 3	15,077,909	13,216,748	11,551,730	13,291,540	10,536,595	63,674,522
5	The portion of total contributions by			,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30/01 1/022
J	each person (other than a						
	governmental unit or publicly						
	supported organization) included on				i		
	line 1 that exceeds 2% of the amount			i			
	shown on line 11, column (f)						3,107,983
6	Public support. Subtract line 5 from line 4.						60,566,539
Secti	on B. Total Support	<u> </u>					00,000,000
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	15,077,909	13,216,748	11,551,730	13,291,540	10,536,595	63,674,522
8	Gross income from interest, dividends,	,,			.0,20.,0.0	10,000,000	00/01 1/022
_	payments received on securities loans,						
	rents, royalties and income from similar		-				
	sources	3,013,292	2,439,107	2,756,501	4,518,714	5,851,037	18,578,651
9	Net income from unrelated business				.,0.0,2.11		10,070,001
	activities, whether or not the business						
	is regularly carried on	20,491	اه	اه	2,407	o	22,898
10	Other income. Do not include gain or	20,101			2,107		22,030
	loss from the sale of capital assets	,				Ì	
	(Explain in Part VI.)	ol	اه	o	اه	o	^
11	Total support. Add lines 7 through 10			-			<u>82,276,071</u>
12	Gross receipts from related activities, etc.	. (see instruction	ns)			12	02,270,071
13	First five years. If the Form 990 is for th			d. third. fourth.	or fifth tax ve	1	
	organization, check this box and stop her				-		▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6			1, column (fl)		14	73.61 %
15	Public support percentage from 2013 Sch		-		· ·	15	76.23 %
16a	331/3% support test-2014. If the organiz			on line 13, and	line 14 is 331/		eck this
	box and stop here. The organization qual						. ▶ ☑
b	331/3% support test-2013. If the organ	nzation did no	t check a box	on line 13 or	16a, and line	15 is 331/3% c	
	check this box and stop here. The organi						. ▶ □
17a	10%-facts-and-circumstances test — 20		•	· · · · · · · · ·		a. or 16b. and li	
	10% or more, and if the organization med						
	Part VI how the organization meets the "fa						
	organization						· ► □
h	10%-facts-and-circumstances test – 20	13. If the orga	nization did no	nt check a boy	on line 13 16	a 16h or 17a	
~	15 is 10% or more, and if the organizat						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					<u> </u>	
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	_	· · · · · · · · · · · · · · · · · · ·					
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		-				
14	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u></u>				
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
L.	·						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ				
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 VI.)			<u></u>			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for the	_			-		, , , ,
Čti	organization, check this box and stop he				· · · · ·		· · · P <u>U</u>
15	on C. Computation of Public Support Public Support percentage for 2014 (line			2 column (fl)		15	
16	Public support percentage for 2014 (line of 2013) Sci						<u>%</u>
	on D. Computation of Investment In			<u> </u>	· · · · ·	1 10 1	
17	Investment income percentage for 2014 (v line 13. colui	mn (f))	17	%
18	Investment income percentage from 2013						
19a	331/3% support tests-2014. If the organ	ization did not	check the box	k on line 14, ai	nd line 15 is m	ore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	hay an line 14	100 or 10h	shook this boy	and soo instru	otiono 🕨 🗖

Part VI.

Part IV Supporting Organizations

Section A. All Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			-
L		5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

6

7

8

9a

9b

9c

10a

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l .
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<u> </u>	ļi
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		├
b	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		├
	on B. Type I Supporting Organizations	110	L	L
0000	on b. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2	L	Ь
36011	on or type it oupporting organizations		Vac	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 63	1.40
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-'-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
C4		3		L
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			ا-مد،
C	The organization supported a governmental entity. Describe in Part vi now you supported a government entity (s	iee iiis		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		
	THE IS SUBJECTED DEGREE OF CAUCASIONS CHATTES. DESCRIBE IN MAIN METHOD POR DIAVER BY THE OFFICIAL PROPERTY AND A TRUE FOR STATE OF THE PROPERTY OF THE PROPERT	- KD		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	trus mple	st on Nov. 20, 1970. See ete Sections A through E	instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	_	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	· -	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		3.2-	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	r	
5 Income tax imposed in prior year	5	٠,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	legrated Type III support	ing organization (see

Schedu	e A (Form 990 or 990-EZ) 2014			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	nizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8		h the organization is res	nonsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<u>1</u>	Distributable amount for 2014 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7. \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	Fage & Page	---------------	--
Part VI	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>		
-			
	<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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	IVERSITY OF AKRON FOUNDATION		34-6575496
Part	Organizations Maintaining Donor Adv		nds or Accounts.
	Complete if the organization answered		(b) Funda and other control
_	Tatal according at and afternoon	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year) . Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
•	funds are the organization's property, subject to the	ne organization's exclusive legal contr	ol? □ Yes □ No
	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene		nt funds can be used
	• •		* *
Part			
-	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
_		to	
	Total acreage restricted by conservation easemen Number of conservation easements on a certified		
	Number of conservation easements included in		
_	historic structure listed in the National Register .		
3	Number of conservation easements modified, tran		
	tax year ▶		
	Number of states where property subject to conse		
5	Does the organization have a written policy re		·
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	n easements during the year
-	Amount of our appear in oursed in monitoring inone	ating and enforcing consequation and	amonta durina tha year
7	Amount of expenses incurred in monitoring, insper ▶ \$	cting, and enforcing conservation eas	ernents during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenu	
_	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the		
L			
D	If the organization elected, as permitted under sworks of art, historical treasures, or other simila public service, provide the following amounts relative to the structure of the servic	r assets held for public exhibition, e ting to these items	ducation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(i) Revenue 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 following amounts required to be reported under states.	t, historical treasures, or other simila SFAS 116 (ASC 958) relating to these	ar assets for financial gain, provide the items:
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$

Part						
3	Using the organization's acquisition, collection items (check all that apply):		ner records, che	ck any of the	following that are a s	significant use of its
а	☐ Public exhibition			n or exchange		
b	☐ Scholarly research		e 🗌 Othe	er		
C	Preservation for future generation					_
4	Provide a description of the organiza XIII.	tion's collections a	nd explain how	they further t	he organization's exer	mpt purpose in Part
5	During the year, did the organization	solicit or receive	donations of art,	historical tre	easures, or other simil	ar
	assets to be sold to raise funds rather	r than to be mainta	ned as part of th	ne organizatio	on's collection?	☐ Yes ☐ No
Pari	IV Escrow and Custodial Arra					
	Complete if the organization 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee included on Form 990, Part X?					ot Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following	table:		
						mount
C .	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year Ending balance				1e 1f	
f 2a	Did the organization include an amou					/2 T Vas T No
	If "Yes," explain the arrangement in P				-	
	EV Endowment Funds.	<u> </u>	THE ORDINATION	on nao Boon p	JONGOG III I GIT ZIII I	<u> </u>
	Complete if the organization	answered "Yes"	to Form 990, I	Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	126,276,225	110,861,413	102,87	72,175 103,782,93	86,759,910
b	Contributions	2,367,149	2,575,606	2,23	30,697 6,222,32	4,387,198
С	Net investment earnings, gains, and					
	losses	(4,303,047)	18,529,169	10,51	11,039 (2,491,284	
d	Grants or scholarships	(2,325,200)	(1,838,560	(1,47	1,806) (1,523,990	<u>(1,397,572)</u>
е	Other expenditures for facilities and			1		
	programs	(1,308,650)	(1,859,902)		5,503) (1,498,249	
f	Administrative expenses End of year balance	(2,050,933)	(1,991,501)	T	5,189) (1,619,556	
g 2	Provide the estimated percentage of	118,655,554	126,276,225			103,782,931
a	Board designated or quasi-endowme			g, coluitii (a))	field as.	
b	Permanent endowment ► 83	2.38%	270			
c	Temporarily restricted endowment ▶	15.82%				
_	The percentages in lines 2a, 2b, and 2		0%.			
3a	Are there endowment funds not in th			at are held a	nd administered for th	ne
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organ					3b
4	Describe in Part XIII the intended uses		n's endowment	funds.		
Par			ta Faur 000 5	Da.4 IV / 10-	11- 0 5 222	Dank V. Inc. 40
	Complete if the organization					
	Description of property	(a) Cost or oth	1	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land	. 8	,641,507	3,326,525		11,968,032
b	Buildings		0	399,525	(32,032)	367,493
C	Leasehold improvements					
d	Equipment					
e	Other	<u>·</u>	1			
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	iu. Part X. colum	n (R) line 10d	:) >	12.335.525

Part VII	Investments—Other Securities. Complete if the organization answ	vered "Yes" to For	m 990). Part IV. line	e 11b. See Forn	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)			Book value	(c) M	ethod of valuation nd-of-year market value
(1) Financial	derivatives					
• •	neld equity interests					
(3) Other	· · ·					
(A) Partne	ership			121,349,681	End-of-year mark	ket value
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)			121,349,681		
Part VIII	Investments—Program Related					
	Complete if the organization answ	vered "Yes" to For			11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b)	Book value		ethod of valuation nd-of-year market value
(1)						
(2)						
(3)						
_(4)						
(5)			<u> </u>			
(6)						
<u>(7)</u>						
(8)						
(9)	b) must equal Form 990, Part X, col (B) line 13)		 			
Part IX	Other Assets.					
raitiA	Complete if the organization answ	vered "Ves" to For	m aan	Part IV line	11d See Form	n 000 Port V line 15
		Description	111 330	, raitiv, iiie	r i u. See i on	(b) Book value
(1)			-			(b) Book Value
(2)		· <u></u> · · · · · · · · · · · · · · · · · ·	_			
(3)					·	· · · · · · · · · · · · · · · · · · ·
(4)					-	
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			<u></u> ▶	
Part X	Other Liabilities.					
	Complete if the organization answ	vered "Yes" to For	m 990	, Part IV, line	11e or 11f. Se	e Form 990, Part X,
	line 25.				<u> </u>	
1.	(a) Description of liability	(b) Book value				
(1) Federal in	·		0			
	al liability for unitrust/ annuity agreemts	13,17	72,403			
	able advances		79,617			
(4)						
(5)			_			
(6)						
(7)						
(8)						
(9)	A) must a such Farm 2000 Part V and 4D) have 250 b					
	b) must equal Form 990, Part X, col (B) line 25)	13,25	52,020	L	3.7.	 _
organization!	r uncertain tax positions. In Part XIII, provides	DE THE TEXT OF THE TOOTH	ote to t	ne organization	n's financial statem	nents that reports the
organization	s liability for uncertain tax positions under	TIN 40 (ASC /40). Che	ck nere	e ir trie text of th	ne rootnote has be	een provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements		v, iiio 12a.	1	0 201 102
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			- 	9,381,162
~ a	Net unrealized gains (losses) on investments	2a	(9,652,347)		
b	Donated services and use of facilities		(5,032,347)		
C	Recoveries of prior year grants		0		
d	Other (Describe in Part XIII.)		(1,655,638)		
e	Add lines 2a through 2d			2e	(11,307,985)
3	Subtract line 2e from line 1			3	20,689,147
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i	1	-	20,000,147
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a	٥		
b	Other (Describe in Part XIII.)		(21,856)		
C	Add lines 4a and 4b			4c	(21,856)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	20,667,291
Part				•	
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements	•		1	13,955,314
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				10,000,014
а	Donated services and use of facilities	2a	ام		
b	Prior year adjustments	2b	0		
c	Other losses		0		
d	Other (Describe in Part XIII.)		21,856		
е	Add lines 2a through 2d		2.,000	2e	21,856
3	Subtract line 2e from line 1			3	13,933,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			10,000,100
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o		
b	Other (Describe in Part XIII.)	4b	4,372,550		
С	Add lines 4a and 4b			4c	4,372,550
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III			5	18,306,008
Part 2					10/000/000
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Pa	art IV, lines 1b and 2b	; Part V, li	ne 4, Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
Part V.	line 4: Distributions from endowment funds are used as donors have stipula	ited or a	as the Foundation Boar	d has des	ignated. This
					3
include	es, but is not limited to scholarships, fellowships, lectureships, academic cha	irs. pro	fessorships, assistance	e to The U	niversity of
		nine min			
Akron o	colleges and departments, equipment funds, capital improvements as well as	sunno	rt of the Performing Art	s Hall and	Hower House
		, seppe			TIONG TIOUSE,
Part XI.	line 2d: This amount is comprised of the following three items:				
\$ 2.716	5,912 Removes effects of SFAS 116 (ASC958) on contributions				
				·	
(\$1.455	5,588) Moves the annuity payment component in the change in fair value of	split int	erest agreements to ex	pense	
.35.56.5				Pomo	
(\$2.916	,962) Moves investment administration fee from being netted against revenu	ues to e	xpense		
35.715.15.					·
(\$1.655	,638) Total on line 2d				
35.1111.	//			·	
					,

Schedule D (Form 990) 2014	Page 5
Part XIII Supplemental Information (continued)	
Part XI, line 4b: This amount is comprised of the following two items:	
(\$17,102) Form 990, Part VIII, line 6b	
(\$ 4,754) Form 990, Part VIII, line 7b (expenses from sale of real estate only)	
(\$21.955) Total on line 4b	
(\$2.1,830) Total on line 40	
Part XII, line 2d: This amount is comprised of the following two items:	
\$17,102 Form 990, Part VIII, line 6b	
\$ 4,754 Form 990, Part VIII, line 7b (expenses from sale of real estate only)	
\$21,856 Total on line 2d	
ye 1,000 Total on the 20	
Part XII, line 4b. This amount is comprised of the following two items:	
\$1,455,588 Moves the annuity payment component in the change in fair value of split interest agreements to expense	
\$2,916,962 Moves investment administration fee from being netted against revenues to expense	
\$4,372,550 Total on line 4b	
	·
	·
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SCHEDULE 1 (Form 990) THE UNIVERSITY OF AKRON FOUNDATION

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

34-6575496

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

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance ✓ Yes See Part IV 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. ۲ (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. Š (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 12,973,621 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? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (c) (3) 34-6002924 (e) 1 (a) Name and address of organization (1) The University of Akron 302 Buchtel Common, Akron OH Part II € <u>Q</u> 9 5 Ξ [2] <u>ତ</u> 8 <u>@</u> 6

Schedule I (F	Schedule I (Form 990) (2014)	mostic Individu	ale Complete if the	mode acitaticación	000 mind to Enim 000	Dort IV line
192 192	Grants and Other Assistance to Domesuc Individuals. Complete it the organization answered Tres. to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	space is needed	ais. complete ii tin 1.	e organization answ	ered res to Form 99U,	ran IV, II
	(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
-						
8						
က						
4						
5						
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7						
Dart W	Sundamental Information Drounds the information required in Dart I line 3 Dart III column (h) and any other additional information	the information p	il I had in Dari La	Dart III column	(h) and any other addit	one information

Part I, line 2: The University of Akron (UA) is the sole beneficiary of assistance from the Foundation. The restrictions donors place on their contributions determine how funds can be used by UA. The Foundation requires that a University restricted account be set up for each donor restriction. The Controller's office at UA is supplied with copies of the donor agreement which Foundation are deposited into the appropriate University accounts. The employees in The University of Akron Controller's office use the donor agreements to confirm expenditures meet lists any restrictions. The University of Akron account number is an attribute of the Foundation's account within the Foundation's general ledger system and the Foundation's account is also an attribute of the University account within The University of Akron accounting database. These corresponding attributes are used to track the the funds transferred by the any donor restrictions.

Part II, line 1h: The Foundation's purpose is to operate exclusively for the benefit of The University of Akron. The funds transferred to The University of Akron are to be used for many purposes including, but not limited to scholarships, fellowships, lectureships, internships, department chairs, professorships, equipment funds, assistance to The University of Akron colleges and departments, improvement of the campus landscape, and support of the Performing Arts Hall.

1

SCHEDULE J (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

THE U	UNIVERSITY OF AKRON FOUNDATION	34-657549	96		
Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, 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 us	se			
	☐ Travel for companions ☐ Payments for business use of personal residence	ce			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees				
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)				
b					
	or reimbursement or provision of all of the expenses described above? If "No," complete Par	rt III to			
	explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked	in line			
	$1a^{9}$		2	<u>✓</u>	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the				
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods use	ed by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		ļ		
	☐ Compensation committee ☐ Written employment contract		l		
	☐ Independent compensation consultant ☐ Compensation survey or study				
	☐ Form 990 of other organizations ☐ Approval by the board or compensation comm	ittee			
	During the year did any never listed in Form 000 Part VIII. Section A line to yield respect to the film.	_			
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:	3			
_			40		
a b		• •	4a 4b		1
C			4c	_	-
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part		40		· -
	in residently of lines 4a es, list the persons and provide the applicable amounts for each item in rait	111.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the revenues of.				
а	The organization?		5a		1
b			5b		1
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the net earnings of:				
а	ı The organization?		6a		✓
b	Any related organization?		6b		V
	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 ne				,
	payments not described in lines 5 and 6? If "Yes," describe in Part III		7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was sult				ŀ
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," or Post III				Ι,
	ın Part III		8		✓
^	If "Voo" to line 0 did the organization also fallow the valuable accommendation and	؛ احمط			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure desc Regulations section 53.4958-6(c)?	nbea in			

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

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

Note The sum of columns (RM) (iii) for each listed individual must social the total amount of Earn 000 Dod VII. Section A line to account the total amount of Earn 000 Dod VII. Section A line to account the total amount of Earn 000 Dod VII. Section A line to account the total amount of Earn 000 Dod VII. Section A line to account the total amount of Earn 000 Dod 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	or eac	n listed individual mu	ist equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable columi	n (D) and (E) amount	s for that individual.
		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred in prior Form 990
John A. LaGuardia. Ex-Officio Dir		0	0	0	0	0	0	0
1 of Fdn, UA VP Development	<u>(E)</u>	190,773		0	27,213	11,261	229,247	0
Scott L. Scarborough, Ex-Officio		0	0	0	0	0	0	
2 Dir of Fdn, UA President		231,665	17,308	0	34,973	8,410	292,356	0
William M. Sherman, Ex-Officio	e	0	0	0	0	0	0	
3 Dir of Fdn, UA COO & Provost	▣	243,588		0	35.000	22,737	301,325	0
Timothy R. DuFore, Executive	E	0	0	0	0	0	0	
4 Director of Fdn	€	215,075		1,071	080'69	8,543	283,769	0
Luis M. Proenza, FORMER Ex-	6	0	0	0	0	0	0	0
5 Officio Dir of Fdn, UA President	(ii)	401,380	100,30	0	59,524	425	561,63	0
David J. Cummins, FORMER	()	0	0	0	0	0		0
6 Treasurer Fdn, UA CFO	<u>(E</u>	234,163		0	0	59,028	293,19	0
Brian E. Davis, FORMER Asst.	E	0	0	0	0	0	0	0
7 Treasurer, Fdn, UA Assoc. VP	(<u>ii</u>)	119,150		0	37,556	25,081	181,787	0
	e							
8	(ii)							
	(1)							
6	Ξ						· · · · · · · · · · · · · · · · · · ·	
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Schedule J (Form 990) 2014

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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 pa	
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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 par for any additional information. Part I, line 2: The Foundation did not provide any of the items listed in 1a to or for a person listed on Form 990, Part VII, Section A, line 1a. However, if there were such expenses, the
Foundation's policies and procedures manual requires substantiation prior to any disbursements.
Part I, line 3: The Foundation does not provide compensation to its Executive Director or any other officer or director.

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

THE UNIVERSITY OF AKRON FOUNDATION 34-6575496 Part I Types of Property (c) (d) (a) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 3 2 Art - Historical treasures . . . 3 Art - Fractional interests . . . 4 Books and publications . . 5 Clothing and household goods Cars and other vehicles . . . 6 7 Boats and planes 1 8 Intellectual property 9 Securities-Publicly traded . . 42 883,990 gift date market quotes 10 Securities-Closely held stock . 11 Securities-Partnership, LLC, or trust interests Securities-Miscellaneous . . 12 Qualified conservation 13 contribution—Historic structures 14 Qualified conservation contribution—Other . . . 15 Real estate—Residential . . . 16 Real estate—Commercial . 17 Real estate—Other. . . . Collectibles 18 Food inventory 19 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . Archeological artifacts . . . 24 25 Other ► (____) 26 27 Other ► (28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

If "Yes," describe in Part II.

describe in Part II.

33

32a

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether 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, line 3	3: The Foundation received 3 small paintings (line 1), various household items (line 5), and a 24 foot sailboat (line 7)
in fiscal 201	15. These items will not be included in revenue on Form 990 Part VIII, line 1g until they are sold.
·	
••	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization

The University of Akron Foundation

Employer identification number

34-6575496

Part III, line 4d: The University of Akron Foundation provided financial assistance to the athletic program, a veterans program, the Performing Arts Hall at The University of Akron and Hower House, a historic building owned by The University of Akron

Part VI, line 1a: The Executive Committee of the Foundation, between meetings of the Board of Directors, has all the authority of the Board of Directors in the management of the Foundation, except as such authority is limited by statute or resolution of the Board of Directors. According to the Foundation's code of Regulations, the Board of Directors shall appoint an Executive Committee consisting of the President of The University of Akron (UA), the senior development officer of UA, the chief academic officer of UA, the chief financial officer of UA, the President, Vice President, Secretary, Treasurer and Executive Director of the Foundation, and not less than two other voting Directors who are members of the community at large, and who are not full-time employees of UA or its Governing Board. During fiscal 2015, all members of the Executive Committee members were voting members except for the Executive Director, Treasurer, and Assistant Treasurer of the Foundation, who are non-voting members. Each voting member of the Executive Committee is also a voting member of the Foundation's Board of Directors.

Part VI, line 2: Business relationship - Philip A. Lloyd & John C. Blickle; Business relationship - Mark R Belgya & Susan Wagstaff, Business relationship -Steven R Brubaker & Craig S Taylor

Part VI, line 11a: A complete copy of the Form 990 was sent to the Foundation's Executive Committee in electronic form prior to filing

Part VI, line 11b: The Form 990 is prepared by the Foundation's Assistant Treasurer and review with the Foundation's Executive Director and Treasurer prior to filing. The Executive Committee is also provided a copy of the Form 990 for review and comment prior to filing.

Part VI, line 12c: Annually, the Directors and Officers of the Foundation complete a conflict of interest questionnaire The questionnaire is designed to bring to light any interests that could give rise to conflicts. The Executive Director of the Foundation reviews the questionnaires and is charged with informing the Board of potential conflicts. Board members recuse themselves from voting when they have a conflict

Part VI, line 13: The Foundation has no employees, thus eliminating the need for a whistle-blower policy

Part VI, line 14: The Foundation's records are maintained by employees of The University of Akron who follow the University's document retention and destruction policy

Part VI, line 15a & 15b: The Foundation does not compensate its Executive Director, officers or key employees so no process is required.

Part VI, line 19: The Foundation governing documents, conflict of interest policy, and financial statements are available for inspection upon written request

Part VII, Section A., line 3 - The term for officers and directors for The University of Akron Foundation runs from October to October. As a result there could be more than one individual that served in an particular officer position during the fiscal year.

	Fage Z
Name of the organization	Employer identification number
The University of Akron Foundation	34-6575496

Part X, line 12: The Foundation's pooled endowment is invested in a partnership rather than directly in stocks and bonds. See Schedule D, Part VII.

Part XI, line 9: Other changes in net assets is the effect of SFAS 116 (ASC 958) on contributions. Also part of Schedule D, Part XI, line 2d

Part XII, line 2c: The Foundation does not have a separate committee for audit oversight. However, since it is a component unit of The University of Akron, the University's Board of Trustees and Audit Committee participate in the Foundation's financial statement audit. The Foundation's independent auditor is selected in conjunction with The University of Akron, which is through the Ohio Auditor of State's bid process.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Partl

Related Organizations and Unrelated Partnerships

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

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

2014

OMB No. 1545-0047

Open to Public Inspection Employer identification number

34-6575496 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. THE UNIVERSITY OF AKRON FOUNDATION Name of the organization

(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	lling
(1) Nash Street LLC, 302 Buchtel Common, Akron, OH 44325-6220 20-8245091	Real estate acquisition	ion OH		(18,446)	88	88 UA Foundation	tion
(2)				-			
(6)							
(4)							
(5)							
(9)			<u>.</u>				
Part II 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.	s Complete if the orgar the tax year.	nization ans	wered "Yes" on	Form 990, Part	IV, line 34 beca	use it had	
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	g Section 512(b)(13) controlled entity?	2(b)(13) led ?
						Yes	2
(1) The University of Akron 302 Buchtel Common, Akron, OH 44325 34-6002924	Higher Education OH		501 (c) (3)	Line	Line 5 N/A		>
(2)							
(6)							
(4)							
(5)							
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135Y	50135Y		Schedule	Schedule R (Form 990) 2014) 2014

(k) Percentage ownership (i) Section 512(b)(13) controlled ŝ 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. Yes 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. (j) General or managing partner? ž (h) Percentage ownership Yes 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 ıncome (9) Share of end-of-(e)
Type of entity
(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 domicite
(state or foreign counity) (d)
Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of
related organization Part III Part IV 2 ල ଷ 9 ල € 9 9 Ξ € 9 E

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

Yes No		>	>	>	>	>	>	>	>	`	· >	/	/	/	<i>/</i>	>	>	>	>	>	esholds.	1									
		-a	e	2	P	1e	=	10	Ę	÷	=	¥	=	13	÷	10	1	19	-	18	ion thre	_	9								
	s II–IV?																				covered relationships and transaction thresholds.	(P)									
:	zations listed in Part	•						•													ding covered relation	(2)	Amount myorked								
	more related organi	•			•			•													nplete this line, ınclu	(g)	type (a–s)								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest (ii) annuties. (iii) rovalties or (iv) rent from a controlled entity	_	_	d I oans or loan guarantees to or for related organization(s)		f Dividends from related organization(s)	d Sale of assets to related organization(s)			i Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	l 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)		o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	(e)	Name of related organization		(2)	6	(6)	(4)	(5)	The state of the s	

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) (e) (d) (e) (f) (d) (e)	(q)	(5)	(p)	©		()	(6)	ε	1	3	(K
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded	Are all partners section 501(c)(3)	rtners	Share of total income	Share of end-of-year	Disproportionate allocations?	nate Code V—UBI s? amount in box 20 of Schedule K-1	Ger	- Peg
			from tax under	organizati	ions?				(Form 1065)		
			, , , , , , , , , , , , , , , , , , , ,	Yes No	No			Yes No	lo	Yes No	
(1)	•										
(2)											
(5)											
(4)											
(5)											
(9)											
ω	·										
(8)											
(6)											
(10)	-										
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(15)											
(16)											
									Sche	dule R (Fo	Schedule R (Form 990) 2014

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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