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Form **990** 

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

OMB No 1545-0047

2014

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 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 June 30 20 15 July 1 C Name of organization Kent State University Foundation, Inc. В D Employer identification number Check if applicable Doing business as Address change 34-6576307 Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change П Initial return PO Box 5190 330-672-2222 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Kent, OH 44242-0001 G Gross receipts \$ 124.377.408 Application pending F Name and address of principal officer Jeff McLain H(a) Is this a group return for subordinates? Yes Vo PO Box 5190, Kent, OH 44242-0001 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status www.kent.edu/advancement/ksufoundation H(c) Group exemption number ▶ 1965 M State of legal domicile Form of organization 
☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation ОН Part I Summary Briefly describe the organization's mission or most significant activities: The Kent State University Foundation receives gifts restricted to benefit Kent State University. The Foundation makes grants to Kent State University for academic programs, Activities & Governance public service, scholarships and fellowships, and research. 2 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) . . . 38 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 38 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year MOV I B 2015 Contributions and grants (Part VIII, line 1h) 10,964,206 18,471,224 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 and 7d). 10 8,801,363 13,658,290 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145 764 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 19,765,714 32,130,278 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 11,702,424 15,410,049 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 828,685 677,050 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,531,109 16,087,099 19 Revenue less expenses. Subtract line 18 from line 12 7,234,605 16,043,179 Beginning of Current Year **End of Year** 20 Total assets (Part X. line 16) 174,215,858 179,463,844 21 Total liabilities (Part X, line 26) . 13,764,863 13,363,161 22 Net assets or fund balances. Subtract line 21 from line 20 160,450,995 166,100,683 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 Signature of officer Assistant Treasurer Here Strebler. Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I If self-employed Preparer Firm's name Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

🗌 Yes 🔲 No Form 990 (2014)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	The Kent State University Foundation provides leadership, private sector funding and stewardship of gifts to support Kent State
	University meet its needs and achieve its priorities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$15,410,049 including grants of \$15,410,049 ) (Revenue \$)
	The Kent State University Foundation provided grants to Kent State University to further the University's academic, research, and public service programs.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u> 4e</u>	Total program service expenses ► 15,410,049

<b>Part</b>	Checklist of Required Schedules			
			Yes	No
<u>,</u> 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> 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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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>√</b>	
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	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	1
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		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	<del> </del> -	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del> </del>	<b>-</b>

Part l	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		<b>√</b>
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		✓
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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		<b>✓</b>
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
c	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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	√ √	
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		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	-
		For	n <b>990</b>	(2014)

12a

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		<u>····</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   98			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<b>/</b>	i
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		L _	ļ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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	<u> </u>	<u> </u>
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 account)?	_		
L	·	<u>4a</u>		<b>✓</b>
D	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del></del>	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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		ļ	
_	and services provided to the payor?	7a	<b>√</b>	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓_	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>-</b> -		
.a	tric no	7c		/
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>-</b>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		Ť	
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		l	

Gross income from other sources (Do not net amounts due or paid to other sources 

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

Note. See the instructions for additional information the organization must report on Schedule O.

Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11b

12b

12a

13a

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Part				
	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			
Secti	on A. Governing Body and Management	<u></u>		. [
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 38			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			]
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 32  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	 		
_	any other officer, director, trustee, or key employee?	2	-,	
3	Did the organization delegate control over management duties customarily performed by or under the direct		<b>-</b>	<del>                                     </del>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	ļ	<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_ '		,
b	one or more members of the governing body?	7a	<u> </u>	<b>✓</b>
D	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		<del>                                     </del>
	the year by the following:	!		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			١,
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	odo l	<b>_</b> ✓
<u>oec.i</u>	on b. I dicies (mis dection b requests information about policies not required by the internal never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Ť
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>✓</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	<del> </del> -
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<b>V</b>	
·	describe in Schedule O how this was done	12c	<b>/</b>	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	L	1
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		<b>-</b>
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		1
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			
Saati	organization's exempt status with respect to such arrangements?	16b	L	<u>L</u>
<u> 3ecu</u>	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(	c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.	(	,(-,-	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	

Form 99	0 (2014)
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Part VII	Compensation of Officers,	Directors, Tr	ustees, Key	Employees, I	Highest Co	mpensated	Employees,	and
-	Independent Contractors							

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

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

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

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

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

✓ Check this box if neither the organization	ation nor any relate	d ora	anız	atic	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/frustee)					one n an	(D) Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Lawrence Armstrong										
Immediate Past Chair	2	✓	ļ.,	✓	L			0	0	
(2) James Arthur		/						0	0	
(3) Harvey Bazaar	1							0	0	
(4) Gary Brahler	<del></del>		<del>                                     </del>							
Board Chair	2	1		1				0	۰ ا	(
(5) Christopher Bray	1	1						0	0	
(6) Edmund Cooke	<del></del>	1								
(7) Douglas Cowan		,						0	0	
(8) Todd Diacon		1						0	0	(
(9) Robert DiDiano		1		_	-			0	0	(
(10) Barbara Donaho	T		-		-			0	0	
(11) Timothy Eippert	11	<b>✓</b>					_	0	0	
(12) John Elliot		<b>✓</b>			-			0	0	
(13) Barry Fetterman	11	<b>✓</b>		_	$\vdash$			0	0	
(14) Gregg Floyd	11	<b>✓</b>	_			-		0	0	
	1 _	1						0	o	ď

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (cont	nued)		
					•	<b>C)</b>							
	(A) Name and title		bοx, ι	unles	neck ss pe	rson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	1	(F) Estimated amount o	-
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		other ompensate from the organization and relate reganization ganization of the control of the c	on ed
(15) Ri	chard Frenchie	1	1				ä						
(16) Ca	thy Hemming		_						0		<u> </u>		0
(17) Pe	eter Holway	1	✓_						0				0
(18) Ca	andice Hughes	1	<b>✓</b>						0	0			0
(19) No	ora Conway Jacobs	1	<b>✓</b>							0			0
(20) St	effany Matticola Larkins	1	<b>√</b>						0	<u></u>			0
(21) Ju	die Fall Lasser	1	<b>√</b>				_		0	0	-		0
(22) Da	niel Mahony	1	<b>✓</b>						0				0
(23) Br	ian Marino	1	<b>*</b>						0	0			0
(24) Ri	chard Marsh	1	<b>√</b>										
(25) Je	ff McLain	<u> </u>							0	C	<u> </u>		0
		2			✓				0		<del></del>		0
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>&gt;</b>	0	0	<del></del>		0
2	Total number of individuals (including but reportable compensation from the organi	not limited	_			ed a	above	e) w	ho received m	ore than \$100,0	00 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$	ficer, direct						emp		est compensat		Yes	S No
4	For any individual listed on line 1a, is the organization and related organizations	greater that							nd other comp	ensation from t	he		
5	individual	r accrue co	mper	nsat	tion	fror		un	related organiz		Jal	4	<b>/</b>
Section	on B. Independent Contractors	r ir res, c	ompi	ele .	SCII	- u	- I I	or s	such person	· · · · ·		5	
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate ort compe	ed inc	depe	endo or th	ent ne c	contra alend	acto ar y	ors that receive rear ending wit	ed more than \$1 h or within the o	00,000 organiz	of ation's	tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) ensation	
	Evaluation Group, 201 East Fifth Street, Cinci		5202						estment Consu	lting			28,561
	state University, PO Box 5190, Kent, OH 4424 eier Interiors, Inc., 24523 Detroit Road, Westla		45	_					ntract Labor erior Design				529,820 108,409
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Part	VIII	Statement of Reve	enue	·				
		Check if Schedule C	contains a resp	ponse or note to	any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues Fundraising events.	1b			Tevenue		312 314
Gift ilar /	d	Related organizations	s 1d					
ons, Sim	e f	Government grants (cor All other contributions, g						
buti ther	•	and similar amounts not inc	cluded above 1f	18,471,224				
ontri d O	g	Noncash contributions inclu		1,676,320				
	h	Total. Add lines 1a-1	f	Business Code	18,471,224			
Program Service Revenue	2a b			Business Code				
ice	C							<del>                                     </del>
Serv	d							
ra H	e	A.h	·					
Prog	f g	All other program ser <b>Total.</b> Add lines 2a-2					<del></del>	<u> </u>
	3	Investment income						
		and other similar amo	•	•	8,502,412	8,502,412		
	4 5	Income from investment Royalties	it of tax-exempt bo	ond proceeds				
	3	noyaliles	(ı) Real	(II) Personal	764	764	<del></del> - ·	
	6a	Gross rents						İ
	b	Less: rental expenses						
	C d	Rental income or (loss)  Net rental income or	(loss)	▶		- <del></del>		<del> </del>
	7a	Gross amount from sales of	(i) Securities	(iı) Other				<del> </del>
		assets other than inventory	97,379,884	23,124				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)	92,046,370 5,333,514					
	d	Net gain or (loss) .			5,155,878	5,155,878		
enne	8a	Gross income from fuevents (not including \$	undraising					
Other Revenue		of contributions reporte See Part IV, line 18						
됥		Less: direct expenses						
		Net income or (loss) f Gross income from ga See Part IV, line 19 .	aming activities.					
	b	Less: direct expenses						
		Net income or (loss) f		vities 🕨				
		Gross sales of in returns and allowance	es a					
		Less: cost of goods s Net income or (loss) f						
	<u> </u>	Miscellaneous F		entory ► Business Code	<del></del>		<del></del>	
	11a							<u> </u>
	b							
	0	All other revenue .						<del> </del>
	d e	Total. Add lines 11a-	Į.	<u> </u>				
	12	Total revenue. See in		▶	32,130,278	13,659,054		

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
Do no 3b, 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				<u> </u>				
2	Grants and other assistance to domestic	15,410,049	15,410,049						
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
a b	Management		-						
c	Accounting	39,362		39,362					
d	Lobbying		_						
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	532,041		532,041					
12	Advertising and promotion				<del></del>				
13	Office expenses	5,603		5,603					
14 15	Information technology		·						
16	Occupancy	202		202					
17	Travel	3,719		3,719					
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings . Interest	47,785	_	47,785					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	13,405		13,405					
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	Bank fees	26,175		26,175					
b	Publications	7,743		7,743					
C	Professional advancement	885		885					
d	Property taxes	130		130					
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	16,087,099	15,410,049	677.050					
<u>25</u> 26	Joint costs. Complete this line only if the	10,00,1039	15,410,049	677,050	<del></del>				
	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

		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	1,594,579	1	2,202,184
1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	8,522,683	3	8,901,105
	4	Accounts receivable, net		4	_
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	3,365,108	_5	
ts	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 organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	11,061,000	7	11,061,000
&	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,798,308			
	b	Less: accumulated depreciation 10b 492,620	1,506,448	10c	1,305,688
	11	Investments—publicly traded securities	132,517,700		136,081,565
	12	Investments—other securities. See Part IV, line 11	15,433,195	12	16,111,065
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	215,145	15	3,801,237
	16	Total assets. Add lines 1 through 15 (must equal line 34)	174,215,858	16	179,463,844
	17	Accounts payable and accrued expenses	88,435	17	92,084
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and		-	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	<u></u>
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	06	Total liabilities. Add lines 17 through 25	13,676,428		13,271,077
	26	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and	13,764,863	26	13,363,161
S		complete lines 27 through 29, and lines 33 and 34.			Į.
Š	27	Unrestricted net assets	40.000.400		40.007.000
ala	28	Temporarily restricted net assets	10,229,182		10,997,258
18	29	Permanently restricted net assets	113,388,802		114,097,081
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	36,833,011	29	41,006,344
IĽ		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>e</u>	33	Total net assets or fund balances	160,450,995	33	166,100,683
~	34	Total liabilities and net assets/fund balances	174,215,858		179,463,844
					1,0,700,077

Par	XI Reconciliation of Net Assets		7		
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30,278
2	Total expenses (must equal Part IX, column (A), line 25)	2			87,099
3	Revenue less expenses. Subtract line 2 from line 1	3			43,179
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			50,995
5	Net unrealized gains (losses) on investments	5			08,668
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			15,177
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	_	166,10	00,683
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del>	ı		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain in			
ο-					نـــــا
2a	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 complete.		2a		<b>✓</b>
	reviewed on a separate basis, consolidated basis, or both:	olled or			
	Separate basis Consolidated basis Both consolidated and separate basis				
<b>h</b>	Were the organization's financial statements audited by an independent accountant?		2b	1	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	 dona	20	-	$\vdash \neg$
	separate basis, consolidated basis, or both:	d On a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersiaht			<u> </u>
•	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		<u> </u>	
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			<i>'</i>
	the Single Audit Act and OMB Circular A-133?		3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
-			For	n <b>990</b>	(2014)

#### 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.

2014

OMB No 1545-0047

On on to Dub

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name (	of the organization					Employer identification	n number
	State University Foundation, Inc.						76307
Par						<del></del>	o <u>ns</u> .
	rganization is not a private founda		•	•	•	•	
	A church, convention of church			ibed in se	ection 17	'0(b)(1)(A)(i).	
	A school described in <b>section</b>			<b>-</b>	470/6\/	4\/ <b>4</b> \/:::\	
	<ul><li>☐ A hospital or a cooperative ho</li><li>☐ A medical research organization</li></ul>						(iii) Enter the
	hospital's name, city, and stat	e:					
	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			·		al unit described in
	A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1			port tron	ı a gover	inmental unit or fron	n the general public
8	A community trust described	in <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)			
9	☐ An organization that normally						
	receipts from activities relate support from gross investme acquired by the organization a	ent income and	unrelated business	taxable i	ncome (l	less section 511 ta	
10	An organization organized and					•	
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	operated exclusions of	ively for the benefit of, lescribed in <b>section 5</b>	to perfor <b>09(a)(1)</b> c	m the fur or <b>section</b>	nctions of, or to carry  1 509(a)(2). See sect	i <b>on 509(a)(3).</b> Check
_	Type I. A supporting organia			•		•	,
а	the supported organization(sorganization)	s) the power to re	egularly appoint or ele	-		•	
b	☐ Type II. A supporting organic control or management of the organization(s). You must c	ne supporting org	ganization vested in th			• •	· /
С	☐ Type III functionally integrated its supported organization(s)	ated. A supporti	ng organization opera				y integrated with,
d	☐ Type III non-functionally in that is not functionally integreguirement (see instruction	rated. The organi	zation generally must	satisfy a	distribut	ion requirement and	• • • • • • • • • • • • • • • • • • • •
е	Check this box if the organize functionally integrated, or Ty	zation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	oorted organization(s)	•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(See Instructions))	Yes	No		
(A)							
(B)							
(C)							
(D)	<del></del>	<del>                                     </del>					
(E)							

18

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi)	)
_	(Complete only if you checked the						lify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
_	include any "unusual grants.")	12,368,296	10,265,911	18,553,987	10,964,206	18,471,224	70,623,624
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					_	
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	12,368,296	10,265,911	18,553,987	10,964,206	18,471,224	70,623,624
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					i	
6	Public support. Subtract line 5 from line 4.						3,013,219
	on B. Total Support	ll				i	67,610,405
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	12,368,296	10,265,911	18,553,987	10,964,206	18,471,224	70,623,624
8	Gross income from interest, dividends,	12,000,200	10,200,011	10,000,007	10,00-1,200	10,471,224	70,023,024
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	3,143,253	2,710,010	3,276,812	2,716,612	8,503,176	20,349,863
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						90,973,487
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	61,740
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		=	ear as a section	501(c)(3)
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6					14	74 %
15	Public support percentage from 2013 Sch					15	79 %
16a	331/3% support test—2014. If the organization support test—2014.			•		•	
	box and <b>stop here.</b> The organization qua	· ·		-			
D	331/3% support test—2013. If the organ					15 IS 331/3% (	
4-	check this box and <b>stop here.</b> The organi	•	, -	• • • •			. • 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "f	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che t. The organiza	eck this box an ation qualifies	d <b>stop here.</b> E	xplain in
_	organization						. ▶ 📙
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the leets the "facts	facts-and-cirs- and-circumst-	rcumstances" tances" test. Ti	test, check th he organizatio	is box and <b>sto</b> n qualifies as a	p here.
	supported organization						. ▶ □

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

		0 - 11 1-11 - 1						
(Complete	only if you	checked the box	on line 9 of	Part I or if th	e organization	failed to qualif	y under l	Part II.
If the orga	nization fail	s to qualify under	the tests list	ted below, p	lease complete	e Part II.)		

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		]				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		ļ				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		ļ				
_	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		-	= ,			<del></del>
	line 6.)			-			
Secti	on B. Total Support	<del></del>	<b>L</b>		* 1		
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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 .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)		<del> </del>				<u> </u>
13	and 12.)						
14	First five years. If the Form 990 is for the	L	ı's first secon	d third fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	-			•		' ' : ' =
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line			3, column (f))		15	%
16	Public support percentage from 2013 Sci			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						·
17	Investment income percentage for 2014 (			-		17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
-	17 is not more than 331/3%, check this box		_	•		-	
b	331/3% support tests - 2013. If the organization 18 to not more than 331/2% check this						
00	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	и посспеск а	DOX OF LINE 14	, isa, or ISD, C	HECK THIS DOX	and see instru	ctions

#### **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.)

Section A.	<b>All Sup</b>	porting	<b>Organizat</b>	ions
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organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

ecti	on A. All Supporting Organizations		I	_
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	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 <b>Part VI</b> 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)	30	<u> </u>	
	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 <b>Part VI.</b>	30		
_		6		
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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
00	If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
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.	9b		
C	,	<u> </u>		
· ^ -	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	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			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

				age C
Part	Supporting Organizations (continued)		120-	T
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
Secti	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	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		
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,			
<del></del>	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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	- <u>'</u> -		
_	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	l		
Cooti	on E. Type III Functionally-Integrated Supporting Organizations	3		
			<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s</li> </ul>	oo in	ta oti	0001
L		. <del></del> 1115		
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 <b>Part VI identify those supported organizations and explain</b> 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	ļ		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	j		
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? <i>Provide details in Part VI.</i>		ļ	
L	· · · · · · · · · · · · · · · · · · ·	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	2h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income	, in pic	(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>b</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			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		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7  Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III supporti	ng organization (see

Part	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	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive					
	(provide details in Part VI). See instructions.	J						
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount		-					
		<u></u>	(ii)	(iii)				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014				
1	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:							
а								
b								
С			, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,					
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	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: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	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 3j and 4c.							
8	Breakdown of line 7:							
а				· · · · · · · · · · · · · · · · · · ·				
b								
C								
	Excess from 2013							
	Excess from 2014							

Schedule A (	orm 990 or 990-E∠) 2014 Page &						
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	d					
		<b></b>					
		<b></b> -					

## 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.

OMB No 1545-0047 20**14** 

Open to Public Inspection

Schedule D (Form 990) 2014

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Kent State University Foundation, Inc. 34-6576307 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Cat No 52283D

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

Part	Uranizations Maintaining	Collections of A	Art, Histo	orical T	reasures, 🤄	or Oth	ier Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her record	ds, chec	k any of the	follow	ing that are a s	ignificant use of its
а	✓ Public exhibition		d [	Loan	or exchange	progra	ams	
b	Scholarly research		e [	Other				
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections a	ınd explai	n how th	ney further th	ne orga	anization's exen	npt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta						
Part	V Escrow and Custodial Arra Complete if the organization	_	' to Form	990, P	art IV, line 9	9, or re	eported an am	ount on Form
	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 Pa	art XIII and comple	ete the foll	owing ta	able:		A	mount
С	Beginning balance					1c	·-	
d	Additions during the year					1d		
е	Distributions during the year		. <b></b>			1e		
f	Ending balance					1f		
2a	Did the organization include an amoun						=	
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the exp	olanation	n has been p	rovide	d in Part XIII .	🛚
Par								
	Complete if the organization						.A. T	1 (35
4	Danis da sa afasa an halanaa	(a) Current year	(b) Prior	<del>*                                    </del>	(c) Two years		(d) Three years back	<del>+ ```</del>
1a	Beginning of year balance	110,911,722		584,795	85,32		90,451,96	
b	Contributions	9,273,652	4,	813,722	2,90	0,397	2,510,70	5 1,950,144
С	losses	200 504	40		40.50		4.440.00	45 455 545
d	Grants or scholarships	368,501 4,636,410		957,248 444,043		6,476	-4,140,284	<del>                                     </del>
	Other expenditures for facilities and	4,030,410	4,	444,043	4,10	8,860	3,495,60	2 3,627,262
	programs							
f	Administrative expenses	-		··			· <del>-</del>	
g	End of year balance	115,917,465	110.	911,722	94.58	4.795	85,326,782	2 90,451,963
2	Provide the estimated percentage of t					held a		
а	Board designated or quasi-endowmer	nt ▶	2%					
b	Permanent endowment ▶		-					
С	Temporarily restricted endowment ▶	66%						
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of th	e organiza	ation tha	ıt are held aı	nd adn	ninistered for th	е
	organization by:							Yes No
	(i) unrelated organizations							3a(i) ✓
	(ii) related organizations							3a(ii) ✓
b 4	If "Yes" to 3a(ii), are the related organi					• •		3b
4 Por	Describe in Part XIII the intended uses		in S endov	virient iu	mus.			<del> </del>
Part	Land, Buildings, and Equip Complete if the organization		' to Form	aan D	art IV line 1	110 8	00 Form 990 I	Part V lina 10
	Description of property	(a) Cost or oth			r other basis		cumulated	(d) Book value
		(investme		• •	her)		preciation	(u) book value
1a	Land	•	549,121	_	756,567			1,305,688
b	Buildings	-			492,620		492,620	
C	Leasehold improvements	·						
d	Equipment	·						
	Other		O Port V	ool::m=	(P) line 10-	. 1		
ı ulal.	AUG IMES TA HITOUUN TE. (COMMIN (O) N	iusi euudi FOIII 98	τυ. Γαίι Λ.	colullin	וווווווווווווווווווווווווווווווווווווו			1 305 688

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X,  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation Cost or end-of-year market v.  (1) Financial derivatives  (2) Closely-held equity interests	
(Including name of security)  Cost or end-of-year market v.  (1) Financial derivatives	alue
(2) Closely-held equity interests	
(3) Other	
(A) Fixed income fund 11,066,400 End-of-year market value	
(B) Limited partnership hedge fund 5,044,665 End-of-year market value	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 16,111,065	
Part VIII Investments—Program Related.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X,	line 13.
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X,	
(a) Description (b) Book	value
(1)	
(2)	
(3)	
(4) (E)	
(5) (6)	
( <del>)</del> (7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, F	Part X,
line 25.	·
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2) Funds held as agent 9,039,339	
(3) Actuarial liabilities 4,231,738	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 13,271,077	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that report organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in F	

Part	•			Return.	
1	Complete if the organization answered "Yes" to Form 990, I Total revenue, gains, and other support per audited financial statements			1	21 726 707
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<del></del>	21,736,787
a	Net unrealized gains (losses) on investments	2a	-10,408,668		
b	Donated services and use of facilities	2b	-10,400,000		
c	Recoveries of prior year grants	<del></del>			
ď	Other (Describe in Part XIII.)		15,177		
e	Add lines 2a through 2d			2e	-10,393,491
3	Subtract line 2e from line 1			3	32,130,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	32,130,278
Part	XII Reconciliation of Expenses per Audited Financial States	nents V	Vith Expenses pe	r Return	).
	Complete if the organization answered "Yes" to Form 990, I	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	16,087,099
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	-	_		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	16,087,099
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 16.) .	· · · · · ·	5	16,087,099
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Por	+ IV lines 1b and 2b	· Dort \/ I	ing 4: Part V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
		-	•		
Part III	, 1a: Purchases of collection items are expensed as incurred. Items contribute	a to coll	ections during the ye	ar are not	reriected in the
Found	ation's financial statements. Proceeds from deaccessions or insurance recove	ries are	reflected as increase	s in the ar	opropriate net
1.00110				E	propriate net
net as:	set classes, the Foundation received proceeds of \$6,755 from deaccessions de	ırina the	e vear ended June 30.	2015. No	proceeds from
1101.415			10011011011011011011		
deacc	essions were received in 2014.				
HIMIT.					
Part III	, 4: The Foundation owns certain historical fashion items. The Kent State Univ	ersity M	useum maintains cus	tody of th	ese items which
provid	e the basis for the museum's exhibits and an academic resource for Kent Stat	e Univer	sity.		
Part V	4: The endowment funds of the Foundation are invested with the purpose of	ising the	e earnings to support	the needs	and priorities of
Kent S	tate University.				
Part X	2: Pursuant to determination by the Internal Revenue Service, the Foundation	is exem	npt from federal incon	ne tax und	er section 501 (c)
(3) of t	he Internal Revenue Code. The Foundation recognizes a benefit only if it is "m	ore-likel	y-than-not" that the ta	ax positio	n would be
sustai	ned in a tax examination, with a tax examination being presumed to occur. The	amoun	t recognized is the lar	rgest amo	unt of tax benefit
that is	greater than 50% likely of being realized on examination. For tax positions no	meeting	g the "more-likely-tha	n-not" tes	t, no tax benefit
_					
is reco	rded. Management has concluded that they are unaware of any uncertain tax	penefits	or liabilities to be rec	ognized a	t June 30, 2015 or

Schedule D (Form 990) 2014	Page 3
Part XIII Supplemental Information (continued)	
2014. The Foundation would recognize interest and penalties related to unrecognized tax benefits in interes	t and income tax, respectively.
The Foundation has no amounts accrued for interest or penalties at June 30, 2015 or 2014. The Foundation	does not expect the total amount
of unrecognized tax benefits to significantly change in the next twelve months.	
Part XI, 2d: Change in Actuarial Liability \$15,177	
	······
	·

## **SCHEDULE J-2** (Form 990)

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the Organization

Employer Identification number

Kent State University Foundation, Inc.

34 6576307

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

Employees								_		
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average hours per week	Positi	_		_	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(26)Linda Neiheiser Board Secretary	2	1		1				0	0	0
(27)James Pazderak	1	1						0	0	0
(28)Lori Randorf	1	1						0	0	0
(29)Joseph Rich	1	1						0	0	0
(30)Robert Risman	1	1						0	0	0
(31)Robert Ross	1	1						0	0	0
(32)Maria Schneider	1	1						o	0	0
(33)Richard Selip	1	1						0	0	0
(34)David Sibits	1	1						0	0	0
(35)Stephanie Danes Smith	1	1						0	0	0
(36)Buzz Starner	1	,						0	0	0
(37)Mike Strebler Assistant Treasurer	2			1				0	0	0
(38)Carl Walter Treasurer, Board Chair-Elect	2	1		1				0	0	0
(39)Beverly Warren	1	1						0	0	0
(40)Robert Woolf	1	1						0	0	0

# SCHEDULE (Form

Grants and Other Assistance to Organizations.

OMB No 1545-0047

2014 Open to Public Inspection

Employer identification numbe

34-6576307

**%**□

✓ Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

Part II	Grants and Other Assistance to Domestic Orga Part IV, line 21, for any recipient that received mor	sistance to Do	<b>mestic Organiz</b> a received more th	ations and Dom an \$5,000. Part	lestic Governm Il can be duplic	<b>nizations and Domestic Governments.</b> Complete if the organizatior e than \$5,000. Part II can be duplicated if additional space is needed.	the organization answ space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name a	1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Kent Sta PO Box 5190,	(1) Kent State University PO Box 5190, Kent, OH 44242	34-6402079	115(a)	15,410,049				program support
(2)								
(6)								
(4)								
(2)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	ions listed in the li	ne 1 table			_ G

Schedule I (Form 990) (2014)

Cat No 50055P

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

Schedule I (Fo	Schedule I (Form 990) (2014)					Page 2
Part III	<b>Grants and Other Assistance to Domestic Individuals.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individua space is needed.	Is. Complete if the	organization answe	ired "Yes" to Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
+						
7						
က						
4						
52						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line	he information re	quired in Part I, line	e 2, Part III, column (b),	(b), and any other additional information.	onal information.
The Kent S	The Kent State University Foundation receives grant requests from the various departments and colleges of Kent State University (KSU). The Foundation verifies that each grant request	ests from the variou	is departments and co	lleges of Kent State Ur	iversity (KSU). The Foundati	on verifies that each grant request
supports t	supports the mission of KSU and meets donor restrictions.					

Schedule I (Form 990) (2014)

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization  $\blacktriangleright$  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.

Kent State University Foundation, Inc.

Employer identification number 34-6576307

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art-Works of art							
2	Art-Historical treasures	<b>/</b>	9	0				
3	Art-Fractional interests							
4	Books and publications	-						
5	Clothing and household							
	goods							
6	Cars and other vehicles	1	144	\$100,413	auction appr	aisal		
7	Boats and planes							
8	Intellectual property						_	
9	Securities-Publicly traded	1	79	\$1,525,394	Average of h	igh/lo	w pric	es:
10	Securities—Closely held stock.	1	2		Cash receive			
11	Securities Partnership, LLC,			-				
	or trust interests							
12	Securities - Miscellaneous		·-					
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate – Residential							—
16	Real estate—Commercial			-				
17	Real estate—Other							
18	Collectibles						-	
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	-						
24	Archeological artifacts							
25	Other ► ()					_		
26	Other ► ()							
27	Other ► ()					•		
28	Other ► (					-		
29	Number of Forms 8283 received					_		
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29	2		
							Yes	No
30a	During the year, did the organiza							
	28, that it must hold for at least the							L j
	to be used for exempt purposes		e holding period?			30a		✓
b	If "Yes," describe the arrangement					1		
31	Does the organization have a	gift accep	stance policy that require	s the review of any no	n-standard			
	contributions?					31	✓	
32a	Does the organization hire or use	e third part	ties or related organization	s to solicit, process, or se	ell noncash			_ <del></del>
	contributions?					32a	✓	
b	If "Yes," describe in Part II.							
<b>3</b> 3	If the organization did not report at describe in Part II.	n amount ır	column (c) for a type of pro	operty for which column (a)	s checked,			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. Open to Public Inspection

Name of the organization	Employer identification number					
Kent State University Foundation, Inc.	34-6576307					
Form 990, Part VI, 11b: A complete copy of Form 990 is sent electronically to all officers and members	of the Committee on Finance for					
review when it is filed with the IRS.	······					
Form 990, Part VI, 12c: Annually, board members of the Kent State University Foundation must review	the conflict-of-interest policy, disclose					
any conflicts, and acknowledge this by signing a letter stating adherence to the policy. Members who	have a conflict of interest with a					
proposed transaction must excuse themselves from discussion of, and voting on, the transaction.	·····					
Form 990, Part VI, 19: The Kent State University Foundation makes its governing documents, conflict-of-interest policy, and financial						
statements available to the public upon request. All requests need to be in writing and delivered by hand, US mail, or email.						
Form 990, Part XI, 9: Change in actuarial liability \$15,177						
	•					
·						