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## Form **990**

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

OMB No 1545-0047

Department of the Treasury

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

		intermation about Form 990 and its instructions is at www.ii	s.gov/torm99	υ	inspection			
<u>A</u> _	For the	e 2016 calendar year, or tax year beginning July 1 , 2016, and end	ng Jur	<u>1e</u> 30	, 20 17			
В	Check I	f applicable C Name of organization Kent State University Foundation		D Employ	er identification number			
	Address	s change Doing business as			34-6576307			
	Name o	hange Number and street (or P.O box if mail is not delivered to street address) Room/s	uite	E Telephone number				
	Initial re	turn P.O Box 5190			330-672-2222			
	Final reti	m/terminated City or town, state or province, country, and ZIP or foreign postal code						
		ed return Kent, OH 44242-0001		<b>G</b> Gross re	eceipts \$ 53,424,891			
$\overline{\sqcap}$		tion pending F Name and address of principal officer Stephen G. Sokany	H(a) Is thus a a		subordinates? Yes No			
_	, фрос	P.O Box 5190, Kent, OH 44242-0001	t					
_	Tay ay				s included? Yes No a list (see instructions)			
÷	Websit							
K			H(c) Group					
_	art I		ation 1965	M State	of legal domicile OH			
	_	Summary						
_	1	Briefly describe the organization's mission or most significant activities: The K						
ဦ	1	restricted to benefit Kent State University. The Foundation makes grants to Kent St	ate University	for acade	emic programs,			
Ē	1	public service, scholarships and fellowships, and research.						
Λer	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.			
မွ	3	Number of voting members of the governing body (Part VI, line 1a)		3	38			
•ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b	)	4	38			
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0			
₹	6	Total number of volunteers (estimate if necessary)		6	44			
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	b	Net unrelated business taxable income from Form 990-T, line 34		7b				
	<del>                                     </del>	Total substitute and a	Prior Ye		Current Year			
	8	Contributions and grants (Part VIII, line 1h)						
ş	9	<del>-</del>	1:	,623,933	24,947,532			
Revenue		Program service revenue (Part VIII, line 2g)						
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8	,079,130	11,454,021			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		270	363			
_	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23	,703,333	36,401,916			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14	,439,287	16,577,206			
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
S	15	-Salanes, other correction, employee benefits (Part IX, column (A), lines 5–10)						
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶						
ú	128	Other expenses (Fart IXColumn (A), lines 11a-11d, 11f-24e)		840,321	1,395,185			
	1881	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15	,279,608	17,972,391			
	19	Revenue less expenses. Subtract line 18 from line 12		.423.725	18,429,525			
- a		OGDEN, UT	Beginning of Cu		End of Year			
ets or	20	Total assets (Part X, line 16)						
Net Asse Fund Bals	21	Total liabilities (Part X, line 26)		,423,320	213,393,880			
ž	22	Net assets or fund balances. Subtract line 21 from line 20		,545,505	23,631,264			
	art II	Signature Block		<u>,877,815 </u>	189,762,616			
_					<del></del>			
tru	e, correc	lities of perjury, I declare that I have examined this return, including accompanying schedules and stati it, and complete Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to the er has any knowl	ne best of n edae	ny knowledge and belief, it is			
		1) (20) (2)						
Sig	*n	Signature of officer		<u> 11-G</u>	0-11			
		1' '// . 13 3 / 0 / 1	Da					
He	re		easur	<u>ec</u>				
		Type or print name and title		_				
Pa	id	Print/Type preparer's name Preparer's signature	ate	Check [	T If PTIN			
	epare	y		self-emp	<del></del> /			
	e On	1	Firm	's EIN ▶	<u> </u>			
_		Firm's address ▶		ne no				
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			· · Yes No			
For	Papen	work Reduction Act Notice, see the separate instructions.	No 11282Y		Form <b>990</b> (2016)			

Form 99	90 (2016)	Page 2
Part	· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a response or note to any line in this Part III	<u>·                                     </u>
1	Briefly describe the organization's mission:	
	The Kent State University Foundation provides leadership, private sector funding and stewardship of gifts to support Kent State	
	University meet its needs and achieve its priorities.	·
	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	<b>∑</b> No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	red by others,
4a	(Code: ) (Expenses \$ 16,577,206 including grants of \$ 16,577,206) (Revenue \$	)
	The Kent State University Foundation provided grants to Kent State University to further the University's academic, research, at public service programs.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<i>,</i> 
4d	Other program services (Describe in Schedule O.)	•
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 16,577,206	

Part <sup>7</sup>	V Checklist of Required Schedules	<u> </u>		raye o
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	<b>/</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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? <i>If "Yes,"</i> 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, 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		
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		<b>V</b> ✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	<b>√</b>	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII		<b>√</b>	
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	12a	<b>▼</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
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		<b>/</b>
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		<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		<i>,</i>
			990	(2016)

Part l	Checklist of Required Schedules (continued)		1	
00	Distribution of the second of		Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		<b>✓</b>
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	<b>✓</b>	
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		<b>✓</b>
	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		✓
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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>✓</b>
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		✓
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		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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	<b>√</b>	✓
-		Fort	n <b>990</b>	(2016)

Form **990** (2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
гац	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V	<u> </u>	Yes	No
12	Fator the combourgement of the Boy 2 of Forms 1006. Fator 0 of that appropriately		163	140
1a 	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	,,			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		
0-	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
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>/</b>
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).	<u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		<b>✓</b>
Ъ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	l		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).		1	
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>✓</b>	
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			١.
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			<b> </b>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b>✓</b>	ļ
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			ļ
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	<b> </b>	ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:	-		
11			[	
a b	Gross income from other sources (Do not net amounts due or paid to other sources	ł		
-	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b> </b>	<del> </del>
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	<del>                                     </del>	<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	{		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	
а	Note. See the instructions for additional information the organization must report on Schedule O.	138	<del>                                     </del>	<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which	}		
	Also approximation to be appropriate action of the selection of the select	İ		
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	<del>                                     </del>
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a	•	

Don't	· ,		· ·	"Ala"	
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.	
C4	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>	• •	<u> </u>	
Secti	on A. Governing Body and Management		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 38			110	
Ia	If there are material differences in voting rights among members of the governing body, or		1		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	, ,	,	ŀ i	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 38	1 1	, ,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2	✓		
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		<b>✓</b>	
4					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>	
6	Did the organization have members or stockholders?	6		<b>V</b>	
7a	one or more members of the governing body?	7a		1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		<del>  •</del>	
U	stockholders, or persons other than the governing body?	7b		1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ť	
	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	<b>✓</b>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		_	
	<b>-</b>	40	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>-</b>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ł	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1110		ļ	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	T	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1	
	describe in Schedule O how this was done	12c	✓		
13	Did the organization have a written whistleblower policy?	13_		<b>✓</b>	
14	Did the organization have a written document retention and destruction policy?	14		✓_	
15	Did the process for determining compensation of the following persons include a review and approval by	1 (g)			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 pg	<u> </u>		
a	The organization's CEO, Executive Director, or top management official	15a 15b		1	
b	Other officers or key employees of the organization	130	. 54.	<b>V</b>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		1	
	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	7 1		1.	
_	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			
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, 990, 990, 990, 990, 990, 990, 99	n 501	(c)(3)s	s only	
	available for public inspection. Indicate how you made these available. Check all that apply.				
40	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 in financial statements available to the public during the tax year.	terest	polic	y, and	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	oorde			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	,,,,,, us			

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Observatives have dispatched the approximation and the second section of the section of the second section of the section

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

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

✓ Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				(6	C)		_			
(A)	(B)	ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ			ition	- 4b		(D)	(E)	(F)
Name and Title	Average					e than o is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er an	dad	lirect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	유진	nst	Officer	<u>§</u>	ᆲ	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Čeř	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	of a	ona		P O	8 ရ		(VV-2/1099-MISC)		organization and related
	line)	l st	12		ee	npe				organizations
		*	stee			Highest compensated employee				
			-	_	┢	ā				
(1) James Bailey	11									
Director	ļ	✓		L_				0	0	0
(2) Harvey Bazaar	11									
Director	ļ	✓			ļ			0	0	0
(3) James Blank	11									
Director	ļ	1		L				0	0	0
(4) Christopher Bray	11	ļ						•		
Director	<u> </u>	✓		L	<u>L</u>			0	0	0
(5) Edmund Cooke	1	•								
Director		✓	L.		L.			0	0	0
(6) Douglas Cowan	11									
Director		✓	<u> </u>		L			0	0	0
(7) Todd Diacon	11		İ			i				
Director		✓						0	0	0
(8) Robert DiDiano	11									
Director		✓	L					0	0	0
(9) Barbara Donaho	1									
Director		✓						0	0	0
(10) Timothy Eippert	1									
Director		✓						o	0	0
(11) John Elliot	1									
Director		✓				L		0	0	0
(12) Barry Fetterman	1								_	
Director		✓						0	0	0
(13) Richard Frenchie	1					I				
Director		<b>\</b>						0	0	0
(14) Catherine Hackney	1									
Director	T	✓						۰ ا	0	0

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Par	VII Section A. Officers, Directors, Trust	tees. Kev E	molon	vees	s. ar	nd F	liahe:	st C	ompensated E	mplovees (contri	nued)	•	900
				,		<del>)</del>	<u>g</u>			l (committee)			
	(A) Name and title	(B) Average hours per	box,	unles	s pe	more	than on the thick the thic	an	(D) Reportable compensation	(E) Reportable compensation from	an	(F) timated nount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org and	other pensation om the anization d related anizations	
(15) C	athy Hemming or	11	1						0	0			
	eter Holway	1											
Direct		<b>-</b>	<b>✓</b>						0	0			0
Direct	andice Hughes or	11	1						0	o			O
	effany Matticola Larkins	1	1					-	0	0	·		
ير (19)	ıdie Fall Lasser	1											
Direct			1	<u> </u>				_	0	0			0
Direct	regory Long	11	1						0	0			0
	rian Marino	1	<u> </u>									-	
Direct	The state of the s		<b>✓</b>						0	0			0
Direct		11	1						0	0			0
	ichael Napoli	11	,										
Direct			<b>✓</b>					-	0	0			0
Direct	ark Polatajko or	11	1						0	0			0
	ori Randorf	1	<u> </u>						•				
Direct	or		✓						0	0			0
1b	Sub-total		٠.		•			<b>•</b>	0	0			0
c d	Total (add lines 1b and 1c)			•	•		-		0	0	-		0
2	Total (add lines 1b and 1c)	not limited				ed a	above	e) w		0 ore than \$100,00	00 of		0
	reportable compensation from the organi	Zation							0			Yes	— No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							•		est compensate	ed <b>3</b>		√
4	For any individual listed on line 1a, is the organization and related organizations										ne 💮		
5	individual	r accrue co	 ompe	nsat	ion	 fror	n any	 un			al 4		✓
	for services rendered to the organization'	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	such person	<u></u> .	5		✓
-	on B. Independent Contractors												
1	Complete this table for your five highest of compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of s	ervices	(C Comper		
		<u> </u>		_				<u> </u>				<del></del> .	
									<u> </u>				
						_							
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

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_		-
Pа	an.	4

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

									it oin ooi, an ooio	,, 0, 1, 00100.
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for related organizations below dotted line)		Officer Institutional trustee Individual trustee		Key employee	Highest compensated employee Key employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) (26)Joseph Rich	1									
Director		✓						o	o	o
(2) (27)Robert Risman	1		П							
Director		✓			l			l 0	o	o
(3) (28)Robert Ross	1									
Director		✓						i o	o	o
(4) (29)Richard Selip	1									
Director		✓						0	0	0
(5) (30)David Sibits	1									
Director		✓						l o	0	0
(6) (31)Stephanie Danes Smith	1									
Director	ļ	✓						0	o	0
(7) (32)Michael Solomon	1									
Director		✓						0	o	0
(8) (33)Buzz Starner	1									
Director		✓				i		o	o	0
(9) (34)Michelle Thomas	1									
Director		✓	ļ			ł		o	o	0
(10) (35)Beverly Warren	1									
Director		✓	ł	i				o	o	0
(11) (36)Daniel Wolfe	1	Ī					T			
Director		✓		ı	ł		- }	o	o	0
(12) (37)Lawrence Armstrong	2	1			$\neg$		Ī			
Director, Immediate Past Chair		✓	ı	<b>√</b>			1	o	o	0
(13) (38)Gary Brahler	2				$\neg$	$\neg \neg$	一			
Director, Board Chair		✓ ]		✓				О	o	0
(14) (39)Nora Conway Jacobs	2			$\neg$						
Director, Board Chair Elect		1	- [.	<b>√</b>		ļ	ł	o	o	0

Form 990 (201	6)	•1	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Employee	s, 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 nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an compensation compensation from hours per amount of officer and a director/trustee) eek (list an other Individual trustee Highest compensated employee hours for nstitutional trustee organizations compensation organization related (W-2/1099-MISC) from the employee (W-2/1099-MISC organizations organization below dotted and related line) organizations (1) (40)Jeff McLain **Director, Executive Director** (2) (41)Linda Noelle **Director, Board Secretary** O (3) (42)Steve Sokany **Director, Executive Director** 0 0 (4) (43)Jessica Vargo 4 **Assistant Treasurer** 0 0 0 (5) (44)Robert Woolf Director, Treasurer 0 (7) (9) (10)(11)(12)(13)

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Part	:VIII	Statement of Reve							<u> </u>
		Check if Schedule O	contains	a res	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	Federated campaigns	3	1a					
ara our	b	Membership dues .		1b					
s, C	С	Fundraising events .		1c					
ar,	d	Related organizations		1d			İ		
S, (	е	Government grants (con	tributions)	1e					
ion r Si	f	All other contributions, g	ifts, grants,						
the the		and similar amounts not inc	luded above	1f	24,947,532				
ē ģ	g	Noncash contributions include	ded in lines 1a	1f <sup>.</sup> \$	1,154,366				
a Co	h	Total. Add lines 1a-1				24,947,532			
					Business Code	24,047,002		<u> </u>	
en	2a								<del></del>
æ	 b	•••••							
Program Service Revenue	C								
Ξ	ď				· ·				
Š									
Iran	e •	All other program com							
20	f	All other program sen						-	
<del></del> _	3	Total. Add lines 2a-2 Investment income							<del></del>
	3	and other similar amo							
			•			3,027,340	3,027,340		
	4	Income from investmen		•					
	5	Royalties				363	363		
		_	(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or							
	7a	Gross amount from sales of	(i) Secunti	es	(ii) Other				
		assets other than inventory	55,11	9,564					
	b	Less: cost or other basis							
		and sales expenses .	46,69	2,883					
	С	Gain or (loss)	8,42	6,681					
	d	Net gain or (loss) .			<u>.</u> <b>&gt;</b>	8,426,681	8,426,681		
•									
Jue	8a	Gross income from fu	ındraising						
		events (not including \$							
Other Reve		of contributions reporte							
ē		See Part IV, line 18 .		· a					
#	b	Less: direct expenses	·	. <b>b</b>					
	С	Net income or (loss) f	rom fundra	sing	events . >			. <u>-</u> . <u>-</u> .	
	9a	Gross income from ga							
		See Part IV, line 19 .		a		i			
	b	Less: direct expenses	·	. ь		1	-		
		Net income or (loss) f			vities		· ·		
		Gross sales of in	-	_					
		returns and allowance							
	ь	Less: cost of goods s		-					
		Net income or (loss) fi							<u> </u>
	<u>~</u>	Miscellaneous R			Business Code	ï			
	11a								<del> </del>
	b	••••••							<del> </del>
	C		<b></b>		<del>                                     </del>		-	-	<del>                                     </del>
	ď	All other revenue .			<del></del>				<del> </del>
	e	Total. Add lines 11a-			L				<del> </del>
	12	Total revenue. See in		-	· · · · · · · · · · · · · · · · · · ·				<del> </del>
	14	ioudile vellue, oee li	เอน นบนบทร.			36 401 016	11 /5/ 20/		1

Part IX Statement of Functional Expenses

Secuo	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	
	Check if Schedule O contains a respon-				
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,577,206	16,577,206		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,377,200	10,377,200		
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	40.005		40.005	
b	Legal	13,265 40,450		13,265 40,450	
d	Lobbying	40,430		40,430	
e	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.)	493,403		493,403	
12	Advertising and promotion	2,664		2,664	
13	Office expenses	5,738		5,738	
14	Information technology				
15	Royalties		<u> </u>		
16	Occupancy	173		173	
17	Travel	1,699		1,699	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	41,544		41,544	
20	Interest	485,441		485,441	
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	254,388		254,388	
23 24	Other expenses. Itemize expenses not covered	12,793		12,793	
24	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	38,432		38,432	
b	Publications	2,380		2,380	
c	Professional advancement	269		269	
d	Property taxes	10		10	
е	All other expenses	2,536		2,536	
25	Total functional expenses. Add lines 1 through 24e	17,972,391	<u>16,577,206</u>	1,395,185	
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)				

Р	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Par	t X		<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,030,422	1	4,692,757
	2	Savings and temporary cash investments		<b>Г</b>	,	2	
	3	Pledges and grants receivable, net		[	9,182,166	3	12,001,250
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and to	former of	ficers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar	nd contribu	ting employers and	i		
		sponsoring organizations of section 501(c)(9) volun					
şţs		organizations (see instructions). Complete Part II of Sche		<u> </u>		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	<del></del>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	١.	·	10a	12,811,716		10-	
		Less: accumulated depreciation	10b	874,203	12,191,901		11,937,513
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line			126,853,422	11	145,700,021
	13	Investments—other securities, See Part IV, line Investments—program-related. See Part IV, line		<u> </u>	20,200,191	13	24,195,455
	14	Intangible assets				14	<del></del>
	15	Other assets. See Part IV, line 11			2 004 219	— t	2 005 004
	16	Total assets. Add lines 1 through 15 (must equa			3,904,218 184,423,320		3,805,884 213,393,880
	17	Accounts payable and accrued expenses			164,423,320		184,291
	18	Grants payable		<del> </del>	144,140	18	104,231
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		_		20	
	21	Escrow or custodial account liability. Complete I		<b>—</b>		21	
S	22	Loans and other payables to current and for		<u> </u>			
Liabilities		trustees, key employees, highest compen				'	
abi		disqualified persons. Complete Part II of Schedu	ıle L .	[		22	
Ï	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	,				
		of Schedule D		_	22,401,357	25	23,446,973
	26	Total liabilities. Add lines 17 through 25		· · · · · ·	22,545,505	26	23,631,264
ses		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		here ► 📝 and	į		
aŭ	27	Unrestricted net assets		[	9,873,724	27	13,668,183
Bal	28	Temporarily restricted net assets			107,584,593	28	125,665,038
ᅙ	29	Permanently restricted net assets			44,419,498	29	50,429,395
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	58), check	here ▶ 🔲 and			
ts	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or ed			-	31	
Ä	32	Retained earnings, endowment, accumulated inc				32	
Š	33	Total net assets or fund balances			161,877,815	33	189,762,616
_	34	Total liabilities and net assets/fund balances .		<u></u> [	184,423,320	34	213,393,880
							Form <b>990</b> (2016)

Form 9	90 (2016)			Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets		•	•	
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗸
1		1			01,916
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,97	72,391
3	Revenue less expenses. Subtract line 2 from line 1	3		18,42	29,52
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		161,87	77,81
5		5		9,17	73,98
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9		9		28	31,28
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		189,76	32,610
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	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," explain	ain ın	}		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	ed or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove				1
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, expl	ain in			
	Schedule O.		i	!	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	lits.	3b		
			Form	n <b>990</b>	(2016

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Inspection

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. Name of the organization

Open to Public

		<b>5</b>					Zimpioyo: izonimozitio.	
Kent :		Iniversity Foundation, Inc. Reason for Public Char	rity Status (All	organizations must	comple	to this n		76307
		zation is not a private founda		<del></del>			<del></del>	0115.
1116		church, convention of churc				•	· ·	
2		school described in section						
3		hospital or a cooperative hos						
4		medical research organization						(iii) Enter the
7	_	spital's name, city, and state		onjunction with a nos	onal desc	indea iii s	section frotb)(1)(A)	(iii). Eriter the
5	✓ An	organization operated for ection 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	r operate	ed by a government	al unit described in
•			•			4700-1	MANANGA	
		federal, state, or local gover n organization that normally						a tha gaparal public
•		escribed in <b>section 170(b)(1)</b>			port iron	i a govei	innental unit of fron	i trie general public
8		community trust described in		•	Dort II \			
9		_			-			
	or	n agricultural research organ university or a non-land-gra iiversity:	nt college of agr	nculture (see instruction	ons). Ente	r the nar	ne, city, and state of	the college or
10	O An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its							
	su	pport from gross investmen	t income and un	related business taxal	ble incon	ie (less s	ection 511 tax) from	businesses
		quired by the organization a						
		n organization organized and		-	-			
12								
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).							
_	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
а	Ш	the supported organization						
		supporting organization. Y					ine directors or trust	ees or the
b		Type II. A supporting organ	=	•			unported ergenizeti	on(a) by baying
U	Ц	control or management of						
		organization(s). You must				persons	that control of man	age the supported
С		Type III functionally integ				onnectio	n with and functions	ally integrated with
•		its supported organization(						any managration man,
d		Type III non-functionally i	integrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organization(s)
	_	that is not functionally integ						
		requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I. Type	e II. Type III
		functionally integrated, or 1						., ., ,,
f	Ente	er the number of supported o	organizations .					
g	Prov	vide the following information	about the supp	orted organization(s).	•			
_	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)
					<u>.</u>			
					Yes	No		
(A)								
								ļ
(B)								·
(C)								
(D)					<u> </u>			
						<del></del>		
(E)								
Total			n	The North Committee State of the		,,.		

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Part							
	(Complete only if you checked the						ality under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	18,553,987	10,964,206	18,471,224	15,623,933	24,947,532	<u>88,560,882</u>
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	1 1				Ì	
	_		10 001 000	40.474.004	45.000.000	04.047.500	
4	Total. Add lines 1 through 3	18,553,987	10,964,206	18,471,224	15,623,933	24,947,532	88,560,882
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly	Pilita w.					
	governmental unit or publicly supported organization) included on	,*					
	line 1 that exceeds 2% of the amount	in a		) 		and the second	
	shown on line 11, column (f)					· :	5,684,106
6	Public support. Subtract line 5 from line 4			L.			82,876,776
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	18,553,987	10,964,206	18,471,224	15,623,933	24,947,532	88,560,882
8	Gross income from interest, dividends,				<del></del>		
payments received on securities loans,							
	rents, royalties and income from similar						
	sources	3,276,812	2,716,612	8,503,176	7,653,600	3,027,703	25,177,903
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.)	i peregojo in oran παν πί	The second secon	Witness of the Control	Fragging agency of the	Esta of a sample of the state of	113,738,785
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	/soc instruction	,			12	
13	First five years. If the Form 990 is for the				or fifth tay w		0 n 501(c)(3)
10	organization, check this box and stop he					<u> </u>	
Secti	on C. Computation of Public Suppo			-			
14	Public support percentage for 2016 (line			1. column (f))		14	72.87 %
15	Public support percentage from 2015 Sc		•			15	71.07 %
16a	331/3% support test-2016. If the organ					31/3% or more,	
	box and stop here. The organization qua						
b	331/3% support test - 2015. If the organ	izatıon did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization	ı qualıfıes as a p	publicly suppo	rted organizati	ion		🕨 🔲
17a	10%-facts-and-circumstances test-2	<b>016.</b> If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 ıs
	10% or more, and if the organization me						
	Part VI how the organization meets the '						
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
46	supported organization						_
18	Private foundation. If the organization d						
	instructions						· · • 🖊 📋

Schedu	le A (Form 990 or 990-EZ) 2016						Page \$
Part		tions Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orga			nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	
	on A. Public Support			· <del></del>	1		T 49 - 1
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	<u> </u>					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b						
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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth			

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 (Explain in Part VI.)					-			
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	<u>-</u>		n, or fifth tax yea				3) 
Secti	on C. Computation of Public Suppor								
15	Public support percentage for 2016 (line					15			%
16	Public support percentage from 2015 Sci			<u></u>	<u> </u>	16			%
<u>Secti</u>	on D. Computation of Investment In								
17	Investment income percentage for 2016 (	line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17		_	<u>%</u>
18	Investment income percentage from 2015					18_			%
19a	331/3% support tests - 2016. If the organ								e
	17 is not more than 331/3%, check this box								<b>▶</b> □
b	331/3% support tests—2015. If the organiz								
	line 18 is not more than 331/3%, check this	_	-	•		•	_		▶ □
_20	Private foundation. If the organization di	d not check a	box on line 14	<u>, 19a, or 19b, c</u>	check this box a	nd see	ınstruc	tions I	<u> </u>
					Sche	dule A (	Form 990	or 990-EZ	2016

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? In "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 9a) 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 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	i	!	
а	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		
С	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 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,		,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			i
	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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Secti	ion C. Type II Supporting Organizations	2		
0000	on o. Type if Supporting Organizations		V	NI -
4	More a majority of the augustantical adjustical and the state of the s	r	Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	į ,		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	į ;		
	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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		ł	
	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.	3		
Secti	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	nstruc	ctions	<i>).</i>
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	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</b>			
	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.			
L	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ŀ	
	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	اليكا		
	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			S
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ·				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
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):				
	1a			
a Average monthly value of securities	1b	<u> </u>		
b Average monthly cash balances	1c			
c Fair market value of other non-exempt-use assets	1d			
d Total (add lines 1a, 1b, and 1c)	Iu			
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	1 9		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			
<ul> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>	ly in	tegrated Type III support	ing organization (see	

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)		
Secti	on D - Distributions		·	Current Year	
1_	Amounts paid to supported organizations to accomplish of				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations		
	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					
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	
_1_	Distributable amount for 2016 from Section C, line 6	<u> </u>			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2016:				
a					
<u>b</u>					
c	From 2013				
<u>d</u>	From 2014				
e	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·		
<u>h</u>	Applied to 2016 distributable amount				
<u>i</u> _	Carryover from 2011 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.				
4	Distributions for 2016 from				
	Section D, line 7: \$			· · · · · · · · · · · · · · · · · · ·	
	Applied to underdistributions of prior years		<del> </del>		
	Applied to 2016 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			1	
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.				
8	Breakdown of line 7:				
<u>a</u>	<u> </u>				
b	Excess from 2013				
c	Excess from 2014				
d	Excess from 2015				
е	Excess from 2016				

	Form 990 or 990-EZ) 2016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
·	
*	
·	
·	
***************************************	
***************************************	

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

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Kent S	tate University Foundation, Inc.		34-6576307
Par			
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	•	
•	funds are the organization's property, subject to the	<del>-</del>	<b>2</b> 2
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene conferring impermissible private benefit?		
Par		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
rai	Complete if the organization answered	"Ves" on Form 990 Part IV line	7
<del>-</del>	Purpose(s) of conservation easements held by the		1.
•	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		of a certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.	ora a quamica conscivation contriba	Held at the End of the Tax Year
а			<del></del>
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in		
			1 1
3	Number of conservation easements modified, tran	sferred, released, extinguished, or te	
	tax year ▶		, ,
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, ii	nspection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · 🗀 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcin	g conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		of section 170(h)(4)(B)(i)
			· · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		financial statements that describes the
	organization's accounting for conservation easem		
Part			
	Complete if the organization answered		
па	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		
<b>.</b>			
b	If the organization elected, as permitted under 5 works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		education, or research in furtherance of
			<b>c</b>
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art	historical treasures or other ormit	ar assets for financial dain provide the
_	following amounts required to be reported under s		
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •

Part	Organizations Maintaining	Collections of	Art. Historical T	reasures. or	Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot				
а	✓ Public exhibition		d 🗋 Loan	or exchange p	rograms	
b	✓ Scholarly research		e 🗌 Othei	r		
С	☐ Preservation for future generations	S				
4	Provide a description of the organiza XIII.	tion's collections a	and explain how t	hey further the	organization's exen	npt purpose in Part
5	During the year, did the organization					
	assets to be sold to raise funds rather		ined as part of the	e organization's	s collection?	☐ Yes 🗹 No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes'			·	
1a	Is the organization an agent, trustee included on Form 990, Part X?					ot
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:		
					A	mount
С	Beginning balance			[	1c	
d	Additions during the year			[	1d	
е	Distributions during the year				1e	
f	Ending balance	<b></b>		[	1f	
2a	Did the organization include an amou				dial account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P					
Par						
	Complete if the organization	answered "Yes'	' on Form 990. I	Part IV. line 10	).	
		(a) Current year	(b) Prior year	(c) Two years ba		(e) Four years back
1a	Beginning of year balance	110,746,799	115,917,465		+	+
b	Contributions	9,033,662	5,426,838			
C	Net investment earnings, gains, and	9,033,662	3,420,636	9,213,6	552 4,613,72	2,900,397
	losses	14,637,489	(5,824,369)	368,5	501 15,957,24	B 10,526,476
d	Grants or scholarships	5,348,714	4,773,135			
e	Other expenditures for facilities and	3,340,714	4,773,133	4,030,1	110 4,444,04	4,100,000
•	programs					
f	Administrative expenses					-
	End of year balance	400,000,000	440.740.700	445.047	440.044.70	04 504 705
g	Provide the estimated percentage of	129,069,236				2 94,584,795
2		•	· · · · · · ·	, column (a)) ne	eiu as.	
a	Board designated or quasi-endowme		<b>2</b> %			
b	Permanent endowment	36%				
С	Temporarily restricted endowment ▶	62%				
_	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in th	e possession of th	e organization the	at are nela and	administered for th	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related of					3b
4	Describe in Part XIII the intended use		n's endowment f	unds.		
Part	, , ,					
	Complete if the organization	answered "Yes"	" on Form 990, I	Part IV, line 11	<u>Ia. See Form 990,</u>	Part X, line 10.
	Description of property	(a) Cost or ot (investm	1 ' '	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land		549,121	1,848,823		2,397,944
b	Buildings			10,413,772	874,203	9,539,569
c	Leasehold improvements					
d	Equipment					
е	Other					-
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, columi	n (B), line 10c.)		11,937,513

Part VII	Investments—Other Securities				
	Complete if the organization ans				
	(a) Description of security or category (including name of security)	, 	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A) Fixed	income fund		11,657,235	End-of-year marke	t value
(B) Limite	d partnership hedge funds			End-of-year marke	
(C) Private	e equity		2,128,320	End-of-year marke	t value
(D) (E)				<del> </del>	
(F)				<del> </del>	
(G)					
(H)			<del> </del>	<del> </del>	
	b) must equal Form 990, Part X, col (B) line 12)▶		24,195,455		
Part VIII	Investments - Program Related				000 Bart V line 10
	Complete if the organization ans  (a) Description of investment	wered res on Fol			
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)					
(2)					
(3)		<del></del>			
(4)		_ <del>_</del>	<u> </u>	<del> </del>	
(5)					
(6)					
(7)				<u> </u>	
(9)			<del></del>		
	b) must equal Form 990, Part X, col. (B) line 13.)		<del></del>		
Part IX	Other Assets.		<u> </u>		
	Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				<del></del> -	<del></del>
(9)	mn (b) must equal Form 990, Part X, c	ol (B) line 15 )			
Part X	Other Liabilities. Complete if the organization ans		rm 990, Part IV, Iır		e Form 990, Part X,
1.	line 25.	(b) Book value			
(1) Federal ır	(a) Description of liability	(b) Book value	<del></del>		
<del></del>					
4-1	leld as agent		65,100		
	al liabilites		33,652		
(5)	i nabilites	3,3.	48,221		
(6)					
(7)					
(8)			<del></del>		
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)		46,973		
	r uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to the organizatio		
organization'	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	eck here if the text of t	the footnote has bee	en provided in Part XIII 🛛 📝

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	•
1	Total revenue, gains, and other support per audited financial statements			1	45,857,192
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,		17	40,007,102
a	Net unrealized gains (losses) on investments	2a	9,173,988		
b	Donated services and use of facilities			1.7%	
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		281,288		
e	Add lines 2a through 2d		201,200	2e	9,455,276
3	Subtract line 2e from line 1			3	36,401,916
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		凝鍵	30,401,310
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		14 14 19 19 19 19 19 19 19 19 19 19 19 19 19	
C	Add lines 4a and 4b		<del></del> ,	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			5	36,401,916
Part					
i ai c	Complete if the organization answered "Yes" on Form 990,			, Hotaii	•
1	Total expenses and losses per audited financial statements		, 1110 124.	1	17,972,391
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			15, 478	17,372,331
a	Donated services and use of facilities	2a			
b	Prior year adjustments	<del></del>	<del></del>		
	•	<del></del>	<del></del>	100 M	
C	Other losses				
d	Other (Describe in Part XIII.)			2e	
e	Add lines 2a through 2d			3	47.070.004
3	Subtract line 2e from line 1			<del>- ,  </del>	17,972,391
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			40	
с 5	Add lines <b>4a</b> and <b>4b</b>			4c	47.070.004
	XIII Supplemental Information.	1116 10.) .	· · · · · ·	1 3	17,972,391
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a al	nd 1: Da	rt IV lines 1b and 2b	v Dart V li	ne 1: Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
-		•	<u>-</u>		
Part III	, 1a: Purchases of collection items are expensed as incurred. Items contribut	tea to coi	lections during the ye	ar are nou	renected in the
<b>-</b>	single 6 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1			in <b>th</b> a an	mranriata
Found	ation's financial statements. Proceeds from deaccessions or insurance recov	veries are	renected as increase	s in the ap	propriate
	The Ferritain desired and a figure from decomposition of		was and ad luna 20	2017 and t	4 002
net as	set classes. The Foundation received proceeds of \$365 from deaccessions du	uring me	year ended June 30,	2017 4114 3	4,003
auring	the year ended June 30, 2016.				
David III	A The Ferradation come contain historical feebier items. The Kont Ctate Uni	ivezeite A	tussum maintains au	stady of th	nco itome which
Part III	, 4: The Foundation owns certain historical fashion items. The Kent State Uni	iversity i	iuseum maintains cu	stouy or th	ese items willen
	la tha basis for the museumle exhibite and an academic recourse for Kont Sta	nto Univo	roit.		
provid	e the basis for the museum's exhibits and an academic resource for Kent Sta	ate Unive	rsity.		
		£			and priorities of
Part V	4: The endowment funds of the Foundation are invested with the purpose of	i using tr	e earnings to suppor	t the needs	and priorities of
Kent	state University.				
		•			
Part X	, 2: Pursuant to determination by the Internal Revenue Service, the Foundation	on is exei	npt from federal inco	me tax uno	er section 501 (c)
(0)	to the state of the form design and the state of the stat		l., Alaan, madii Alaad Alaa		a.dal ba
(3) of t	he Internal Revenue Code. The Foundation recognizes a benefit only if it is "I	more-like	ly-than-not" that the	tax positio	n would be
	the second secon	ha a			unt of toy bands
sustai	ned in a tax examination, with a tax examination being presumed to occur. Th	ne amour	it recognized is the la	rgest amo	unt of tax benefit
AL	and the POOL Block of helican realized as and the Control of		an the Umana Market		t no tou bor-fit
inat is	greater than 50% likely of being realized on examination. For tax positions n	iot meetir	ig the more-likely-th	ari-riot" tes	i, no lax denent
·	and all the constituted that the constituted that the constitute of any constitute that	v bonefit	or liabilities to be ==	i	t lune 20, 2017
is reco	orded. Management has concluded that they are unaware of any uncertain tax	v neligii(	or manimues to be re	cognized a	Julie 30, 2017 OF

# **SCHEDULE 1** (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	► Attach to Form 990.	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990
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201

OMB No. 1545-0047

Open to Public Inspection

**%** □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Education programs Employer identification number ✓ Yes 34-6576307 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 16,577,206 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 115(a) 31-6402079 (D) EIN Kent State University Foundation, Inc. 1 (a) Name and address of organization Kent State University PO Box 5190, Kent, OH 44242-0001 Department of the Treasury Internal Revenue Service Name of the organization Part II Part ! Ξ Ø <u>O</u> (12) ව **3** 9 E 8 6

Schedule I (Form 990) (2016)

Cat. No. 50055P

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

Schedule I (Form 990) (2016)

Part III Grants an

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individual space is needed.	ls. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
က						
4						
2						
9						
2						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  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	the information re	quired in Part I, lin	e 2; Part III, columnial Part III, columnial Part III, columnial Part III, columnial Part III, columnial Part III, columnial I	ation required in Part I, line 2; Part III, column (b); and any other additional information. he various departments and colleges of Kent State University (KSU). The Foundation verifies that eacl	onal information.
supports th	supports the mission of KSU and meets donor restrictions.	ķ				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
						•
					i	Schedule I (Form 990) (2016)

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

Employer identification number

OMB No 1545-0047 2016

Open to Public Inspection

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.

Kent State University Foundation, Inc. 34-6576307 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . . 2 Art-Historical treasures . . 3 Art—Fractional interests . . Books and publications . . . 4 5 Clothing and household goods . . . . . . . . . Cars and other vehicles . . . 216 108,107 auction 7 Boats and planes . . . . 8 Intellectual property . . . . 9 Securities-Publicly traded . . 61 1,021,255 Average of high/low price 10 Securities-Closely held stock . 3 25,004 Cash received upon sale 11 Securities-Partnership, LLC, or trust interests . . . . . Securities - Miscellaneous . 12 13 Qualified conservation contribution-Historic structures . . . . . 14 Qualified conservation contribution—Other . . 15 Real estate - Residential . . 16 Real estate—Commercial 17 Real estate-Other . . . . Collectibles . . . . . . . 18 19 Food inventory . . . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts 23 Scientific specimens . . . . 24 Archeological artifacts . . . 25 26 Other ► ( \_\_\_\_\_) 27 Other ► ( \_\_\_\_\_) 28 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 . . . . . . 29 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 isn't required 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 1 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked.

describe in Part II.

Part II	<b>Supplemental Information.</b> 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 1, 32b	: The Kent State University Foundation uses licensed brokers to sell publicly traded securities and auction firms to sell vehicles
received a	s non-cash contributions.
Part 1, 33:	Items considered art-historical treasures are additions to the musuem collection. The Foundation has chosen not to report such
items in th	e revenue statement and balance sheet, as permitted under SFAS 116 (ASC958).
	3

## SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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 was sent electronically to all members of the Bo	ard of Directors for review before				
it was 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 \$281,288	······································				
•					
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	······				
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