DLN: 93493190018180

2018

OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Department of the Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

A Fo	or th	e 2019 c	alendar vear, or tax vear begin	ning 07-01-2018 , and ending 06-	30-2019					
		pplicable:	C Name of organization	, , , , , , , , , , , , , , , , , , ,			D Employ	er iden	tificatio	n number
		change	Kennesaw State University Foundation Inc				23-703	4345		
	me ch	-	Doing business as				23 703	7373		
☐ Ini		turn n/terminated	Doing business us			L				
		d return		nail is not delivered to street address) Room/s	suite		E Telephoi	ne numb	er	
□Ар	plicati	on pending	1000 Chastain Road No 9101				(470) 5	78-66	75	
			City or town, state or province, cou Kennesaw, GA 30144	ntry, and ZIP or foreign postal code						
			· ·				G Gross re	eceipts \$	50,429,	018
			F Name and address of principal Stephen Bridges	al officer:	H(a)	Is this a	a group re	turn fo		
			1000 Chastain Road No 9101			subordi	nates? subordina	toc	L]Yes ☑No
. Tax		ant status	Kennesaw, GA 30144			include		ies		☐Yes ☐No
L la	x-exei	mpt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or 527	1		attach a	•		actions)
J W	ebsit	e:► ww	w.foundation.kennesaw.edu		H(C)	Group e	exemption	numb	er 🟲	
				🗆	L Year o	f formati	on: 1 969	M Sta	te of lega	al domicile: GA
∢ Forr	n of o	rganization:	Corporation Trust Asso	ociation L Other >	1 10010	rionnaa	011. 1505		ce or rege	ii domiciic. Gr
Pa	art I	Sum	mary							
			scribe the organization's mission o							
യ			lule O for complete description.To ivate gifts and contributions in su	serve as an advocate for Kennesaw Sta	ite Univers	sity, and	d to receiv	e, inve	est, acco	ount for, and
<u>Š</u>	-	anocate pr	Trace gives are constructed in su	pport or the orniversity!						
Ē	-									
Activities & Governance		Chask thi	a box • if the organization di	scontinued its operations or disposed of	mara than	25%	of its not -	casta		
5				ng body (Part VI, line 1a)			or its riet a		з	60
χο Ω	4	Number o	of independent voting members of	f the governing body (Part VI, line 1b)					1	55
A Tie	5	Total nun	nber of individuals employed in ca	llendar year 2018 (Part V, line 2a) .					5	15
É	6	Total nun	nber of volunteers (estimate if ne	cessary)				-	5	60
⋖	7a	Total unr	elated business revenue from Par	t VIII, column (C), line 12				7	а	1,043,750
	ь	Net unrel	ated business taxable income from	m Form 990-T, line 34				7	b	
						Prio	r Y ear		Curr	ent Year
Qı	8	Contribut	ions and grants (Part VIII, line 1h)				10,669,	138		7,819,54
Ravenue	9	Program	service revenue (Part VIII, line 2g))			44,965,	623		41,021,150
Ş.	10	Investme	nt income (Part VIII, column (A),	ines 3, 4, and 7d)			3,424,	003		2,376,25
	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			-4,795,			-1,031,79
	12	Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)			54,262,			50,185,159
	l		nd similar amounts paid (Part IX, o				7,097,	758		7,774,82
	l		,	olumn (A), line 4)				0		(
38		-		enefits (Part IX, column (A), lines 5-10)			1,090,	-+		1,162,029
ens	l .		- , ,	mn (A), line 11e)				0		
Expenses			raising expenses (Part IX, column (D),	· — ·						
ш		· ·	, , , , , , , , , , , , , , , , , , , ,	11a-11d, 11f-24e)			33,213,			33,353,510
	l		enses. Add lines 13–17 (must equ				41,401,			42,290,360
_ on	19	Kevenue	less expenses. Subtract line 18 fr	om line 12	Posi	i	12,861,		Ema	7,894,799
Net Assets or Fund Balances					begi	iig 01	f Current \	cai	EHC	d of Year
SS e	20	Total ass	ets (Part X, line 16)				461,268,	397		453,917,73
Z Z	21	Total liab	ilities (Part X, line 26)				387,358,	795		370,381,45
žZ	22	Net asset	s or fund balances. Subtract line	21 from line 20			73,909,	602		83,536,28
	rt II		ature Block		•					
				ined this return, including accompanyin Declaration of preparer (other than of						
any k				- Podardion of proparor (outlook than or						
		*****	*			2020-	07-07			
Sign		Signati	ure of officer			Date	07-07			
Here		Stenhe	n Bridges Chief Financial Officer							
			r print name and title							
		P	rint/Type preparer's name	Preparer's signature	Date			PTIN		
Paid	t	L			2020-07-07		(P00655:	352	
Pre		er 🗐	irm's name 🕨 Mauldin & Jenkins LLC			Firm's	s EIN ► 58	-069204	13	·
Use		<u> </u>	irm's address ► 200 Galleria Pkwy SE S	Ste 1700		Phone	e no. (770)	955-860	00	
		- '	Atlanta, GA 30339594				(. , 0)	00	-	
M	he ID	S discuss		wn above? (see instructions)					Yes	
·idy [пе ІК	JUISCUSS	This recurr with the preparer show	WIL AUDVER ISEE INSTITICIONS!				V	1 1 6 5	1 141)

Form	990 (201	18)					Page 2
Pa	rt III 🥞	Statement o	f Program Service	e Accomplis	hments		
		Check if Schedu	ule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly d	describe the org	ganization's mission:				
To in	dependen	ntly support, gu	iide, and protect Ken	nesaw State Uni	versity in Kennesaw, Ge	orgia.	
2	Did the	organization u	ndertake any significa	ant program ser	vices during the year wh	ich were not listed on	
	the prio	r Form 990 or	990-EZ?				☐ Yes 🗹 No
			e new services on Scl				
3	Did the	organization ce	ease conducting, or n	nake significant	changes in how it conduc	cts, any program	
	services	;?					🗌 Yes 🗹 No
	If "Yes,"	describe these	e changes on Schedu	le O.			
4	Section	501(c)(3) and		ons are required	to report the amount of	argest program services, as mea grants and allocations to others	
4a	(Code:) (Expenses \$	32,664,858	including grants of \$) (Revenue \$	39,977,400)
	See Addi	tional Data					
4b	(Code:) (Expenses \$	4,784,344	including grants of \$	4,784,344) (Revenue \$)
	See Addi	tional Data					
4c	(Code:) (Expenses \$	981,822	including grants of \$	981,822) (Revenue \$)
	See Addi	tional Data					
	(Code:) (Expenses \$	2,008,655	including grants of \$	2,008,655) (Revenue \$)
						fees, health sciences program suppor am support, President's office expense	
4d	Other p	rogram service	s (Describe in Sched	ule O.)			
	(Expens	ses \$	2,008,655 inc	uding grants of	\$ 2,008,65	55) (Revenue \$)
4e	Total p	rogram servi	ce expenses >	40,439,6	79		

D-	Charlist of Parvived Cabadulas			rage 3
Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III".	8	Yes	
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
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		No
	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 2	11c		No
	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 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Yes	
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		No

Par	tiV Checklist of Required Schedules (continued)			Page 4
Par	Checklist of Required Schedules (continued)		Yes	No
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? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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	25a		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· i	Yes	□ No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 50			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No

b	If "Yes," has it filed a Form 990-1 for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No

		JC	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

10a

10b

11a

11b

12b

13b

13c

Yes

Nο

No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

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

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

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

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

which the organization is licensed to issue qualified health plans

Enter the amount of reserves the organization is required to maintain by the states in

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders .

Enter the amount of reserves on hand .

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

orm	990 (2018)			Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines ✓
Se	ction 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 at a factor 1a factor			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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?	\vdash	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
.1a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	
L	form?	11a	Yes	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		103	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed ► GA			
. 8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Form 990 (2	2018)										Page 7
Part VII	Compensation of Officers and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees,	, an	d F	lighe	st C	Compensated En	nployees	
1a Completo year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	ition	for th	е са	lendar year ending	with or within the o	rganization's tax
	of the organization's current off ation. Enter -0- in columns (D), (als	or organizations), re	gardless of amount	
	of the organization's current key										
who receive	organization's five current higher d reportable compensation (Box and any related organizations.										1
of reportable	of the organization's former office e compensation from the organiz	ation and any r	elated o	rgani	izatio	ons.					
organization	of the organization's former dire , more than \$10,000 of reportab	le compensatio	n from t	he or	ʻgani	izati	on and	any	y related organization	ons.	e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, un off tor/t	t che inles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table										

Part VII Section A. Officers, Direct	ctors, Trustees	s, Key	Emp!	loye	≥es,	, and I	Hig	nes	st Compens	ate	d Employees (conti	nued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo both a direct	ox, u an off tor/t	ot che unles fficer trust		rson a	or	(D) Reportable compensation from the organization (V 2/1099-MISC	w-	(E) Reportable compensation from related organizations (\\ 2/1099-MISC	w-	(F) Estima amount c compen from organizat	ated of other sation the
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	•	2/ 1099-PH3C		2/1055-m150,		relat organiza	ed
See Additional Data Table	-	 	-	 	\vdash	-	+	\vdash				+		
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					$oxed{\Box}$			$oxed{\Box}$				\blacksquare		
	-	<u> </u>	<u> </u>	<u> </u>	\downarrow		+	<u> </u>				+		
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	+				\vdash							\dagger		
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	'					<u></u>								
1b Sub-Total						▶ ▶		—				+-		
d Total (add lines 1b and 1c)	•						_		506,763		525,51	5		108,823
2 Total number of individuals (includin of reportable compensation from the			e liste	ed a	ıbov€	e) who) rec	eive	ed more than	\$10	0,000		_	_
3 Did the organization list any former line 1a? If "Yes," complete Schedule	,			•		loyee, d		_	•	ted	employee on	3	Yes Yes	No
4 For any individual listed on line 1a, is organization and related organization individual	ons greater than \$	\$150,00	00? <i>If</i>	"Yes	s," co	complet	te Sc	chec	dule J for sucl	h		4	Yes	
5 Did any person listed on line 1a rece services rendered to the organization									ganization or i	indi\ -	/idual for -		100	
Section B. Independent Contrac	· · ·							<u> </u>		<u> </u>	· · · ·	5		No
Complete this table for your five high from the organization. Report compe	hest compensate											npens	ation	
<u> </u>	(A) e and business addre		<u> </u>								(B) iption of services		(C Comper	
YLH Construction Company Inc											housing renovation	s		665,840
1819 Peachtree St NW 575 Atlanta, GA 30309														
Georgia Mechanical Inc 4189 Capital View Drive			_	_	_		_	_	Contract replacem		HVAC unit	_		486,825
Suwanee, GA 30024 American Bedding Mfg Inc									Vendor -	- furr	niture and mattress	es		224,373
2110 Redfern Dr Athens, TN 37303										•				
Edward Don & Company LLC											furniture and			209,228
6255 Brook Hollow Pkwy Suite 700 Norcross, GA 30071									equipme	₃nt				
Albion Scaccia								_	Contract	tor -	housing repairs	\dashv		202,364
8601 Dunwoody Pl 300 330 Sandy Springs, GA 30350														
2 Total number of independent contractor	ore (including but	t not lin	nited	to th		licted	abo	<u></u>	who received	mc	re than \$100 00	n of		

Part		Statement of	Revenue										Page 9
— લા	VIII	Check if Schedule		a respo	onse or n	ote to any	line in t	his Part VIII					🗆
				- F `	/•		(A) revenue	Rel ex fu	(B) ated or kempt nction	(C) Unrelated business revenue		(D) Revenue excluded from tunder sections
	1	a Federated campaign	ns	1a					re	venue			512 - 514
nts ints		b Membership dues		1 b	<u> </u>								
Gra nou		c Fundraising events		1c									
ts, I		d Related organization	ns	1d									
ia ia		e Government grants (co	ontributions)	1e									
ns, Sim		f All other contributions,	gifts, grants,										
utio ie		and similar amounts no above	ot included	1f		7,819,543							
흕호		g Noncash contribution in lines 1a - 1f:\$	ons included	10	0,500								
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-	·1f		0,300	>							
<u> </u>					· · ·	Business	Code T	7,819,543	Т				
E E	28	Rental income			-	Business		39,6	26,861	39,626	,861		
Program Service Revenue		Rental income			-		531190 721110	1,0	43,750		1,04	3,750	
بر بو		Management fees					531310	3	50,539	350	,539		
ervi							331310						
S E	d	•											
gra	f	All other program sei	rvice revenue										
Ĕ	g	T otal. Add lines 2a-2	f		>	41,0	21,150						
		Investment income (ir			interest,	and other			Ι			Т	
		similar amounts) .			and nuae.	• and a		1,823,392 796,724				-	1,823,392 796,724
		Income from investme Royalties	ent or tax-exe					730,72-	1			+	7,70,724
	_		(i) Real			ersonal						+	
	6a	Gross rents					1						
	ŀ	b Less: rental expenses					1						
	(c Rental income or (loss)											
	(d Net rental income o	r (loss)			•	1						
	_	C	(i) Securit	ies	(ii)	Other							
	7 <i>a</i>	Gross amount from sales of assets other											
		than inventory											
	ł	b Less: cost or other basis and	2	43,859			1						
		sales expenses		43,859			-						
		Gain or (loss) d Net gain or (loss) .					1	-243,859	9				-243,859
		Gross income from fu				<u> </u>							
ne		(not including \$ contributions reporte		of									
₹		See Part IV, line 18		а									
R		b Less: direct expenses		. b									
Other Revenue		c Net income or (loss) Gross income from g			ents .	• •	1		1			+	
ŏ	,	See Part IV, line 19	· · ·	cs.									
		b l	_	a			1						
		Less: direct expenses Net income or (loss)		b activit	ies	•							
		aGross sales of invent	ory, less										
		returns and allowanc	es	a									
	ŀ	Less: cost of goods s	old	b			1						
		Net income or (loss)		invent	tory .	. •	J						
		Miscellaneous	Revenue			ess Code							
	11	La Write-off of Direct F	inancing Lea			900099	1	-1,031,791	ı				-1,031,791
	_	. ———											
	ŀ	b											
									1			+	
	•	С											
	,	d All other revenue .										+	
		e Total. Add lines 11a				•			1			+	
	12	2 Total revenue. See	Instructions			, &		-1,031,791				+	
						• •		50,185,159	9	39,977,400	1,043,7	50	1,344,466

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

orm 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	inizations must comp	lete column (A).	
Check if Schedule O contains a response or note to any	_			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,774,821	7,774,821	general expenses	
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	297,484		297,484	
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	863,916		863,916	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	629		629	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	87,144		87,144	
c Accounting	88,439		88,439	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	157,398		157,398	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,857		51,934	4,923
12 Advertising and promotion	6,313		981	5,332
13 Office expenses	68,444		47,895	20,549
14 Information technology	15,247		15,247	
15 Royalties				
16 Occupancy	51,220		50,995	225
17 Travel	4,682		3,061	1,621
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	120,300		49,082	71,218
20 Interest	12,889,878	12,879,139	10,739	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,531,159	5,527,648	3,511	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Rental operations	14,258,071	14,258,071		
b Dues, Memberships, Regi	14,804		5,804	9,000
c Promotion and Developme	3,554			3,554
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	42,290,360	40,439,679	1,734,259	116,422
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2018)

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

675

82,251,932

66,337,034

273.155.962

453.917.733

482.989

779.628

359,924,955

9.193.879

370.381.451

16.173.209

29,331,100

38.031.973

83,536,282

453,917,733

Form **990** (2018)

Less: accumulated depreciation

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright \square and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Investments—publicly traded securities

Investments—other securities. See Part IV, line 11 . Investments-program-related. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

	Beginning of year		End of year
Cash-non-interest-bearing	0	1	
Savings and temporary cash investments	17,918,782	2	20,
Pledges and grants receivable net	9 394 723	3	10

2	Savings and temporary cash investments	17,918,782	2	20,976,524
3	Pledges and grants receivable, net	9,394,723	3	10,327,431
4	Accounts receivable, net	647,001	4	809,175
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
_	1			

	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
ets	7	Notes and loans receivable, net	7	
SS	8	Inventories for sale or use	8	
< ₹	_			

10b

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

	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L	n 4958 itions d (see in	s(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
;	7	Notes and loans receivable, net				7	
2	8	Inventories for sale or use				8	
.	9	Prepaid expenses and deferred charges			217,638	9	59,6
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	153,862,568			

71,610,636

86,660,243 **10c**

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63,185,446

283.244.564

461.268.397

1,602,351

1.068.340

9.592.041

387.358.795

11.163.357

23,557,184

39.189.061

73.909.602

461,268,397

375,096,063

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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Form 990 (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 23-7034345

Name: Kennesaw State University Foundation Inc.

Form 990, Part III, Line 4a: Leasing operations - provide student housing, parking, office, dining and sports and recreation facilities to the University.

Form 990 (2018)

Form 990, Part III, Line 4b: To fund Kennesaw State University Academic programs and Scholarships.

Form 990, Part III, Line 4c: Housing Support

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	1				,	′	(1)1 0 (1 0 0 0	(11) 5/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Mr Chester A Austin Trustee	1.00	х					0	0	0
Mr Thomas N Bagwell Trustee	1.00	х					0	0	0
Mr Richard A Bennett Trustee	1.00	х					0	0	0
Mr Walton C Bryde	1.00								

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Mr Thomas N Bagwell
Trustee
Mr Richard A Bennett
Trustee
Mr Walton C Bryde

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Trustee

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Trustee

Trustee

Mr Lance E Burchett

Mr Steven I Cadranel

Mr Wesley E Cantrell Sr

Mrs Jo Ann Chitty

Mr Charles C Clay

Dr Michael J Coles

Immediate Past chair

Trustee, Effective Dec 2018 CEO

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Mr William E Darden Jr Trustee	1.00	Х						0	0	0
Mr Don E Davidson Trustee	1.00	х						0	0	0
Mr Stephen W Dils	1.00	Х						0	0	0
Trustee		.,								
Mr James P Dunn	1.00									

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Trustee
Mr Stephen W Dils
Trustee
Mr James P Dunn
Trustee, Interim COO

Dr Stanley H Dysart

Ms Connie L Enael

Mr Carl J Frinzi Sr

Mr Kirk M Gadebusch

Mr Reuel Rick E Hamilton III

Mrs Jennifer Britt Fleck

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Joseph J Handy Trustee	1.00	X						0	0	
Mr William MHayes Trustee	1.00	Х						0	0	
Ms Hollister A Hill	1.00	Х		х				0	0	

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Mr William MHayes
Trustee
Ms Hollister A Hill
Secretary
Mr Frank M Howard
Trustee

Mr Clark F Hungerford

Mr I Barry Hyman

Mr Don Johnson

Mr Scott C Johnston

Mr Douglas E Jones

Mr George W Kalafut

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	1						,	(1)	(11) 0 (1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mrs Julie Kimball Trustee	1.00	х						0	0	0
Mr Lawrence P Kraska Trustee	1.00	х						0	0	0
Mr William G Lako Jr Trustee	1.00	х						0	0	0
	1.00									

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Mr William G Lako Jr
Trustee
Mrs Catherine Land Waters
Trustee
Ms Ellen E Langford

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Mr Shepherd D Long

Mr Ben L Looper

Mrs Judith Moen

Mr William T Nelson

Mr Steven E Nicholson

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	formulated	and a an eccor, a ascec,						(14/ 2/4000	(14/ 2/4000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Mr Hector A Padilla Trustee	1.00	х						0	0	0	
Mr Theodore L Parrish Trustee	1.00	Х						0	0	0	
Mr James Chris Pike Trustee	1.00	Х						0	0	0	
Mrs Deborah Pike Trustee	1.00	Х						0	0	0	

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Dr Bob M Prillaman

Trustee

Trustee

Trustee

Trustee

Treasurer

Trustee

Mr Michael S Quinlan

Mr Norman J Radow

Mr Dan L Rakestraw

Mr Andre Schnabl

Mr Douglas Shore

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dr Kathy Schwaig Trustee, University Provost	1.00 40.00	Х						0	280,257	38,944
Mr Richard S Siegel Trustee	1.00	Х						0	0	0
Mr J Larry Stevens	1.00	×						0	7,240	0

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26,800

224,129

Mr Richard S Siegel	1.00	X			0
Trustee		,			0
Mr J Larry Stevens Trustee, Adjunct Professor	1.00 19.00	Х			0
Mr Trenton D Turk Chairman of the Board	1.00	×	х		0

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and Independent Contractors

Dr Nnaoke Ufere

Ms Valery Voyles

Mr David R Walens

Mr Robert K Walsh Jr

Dr Pamela Whitten

Trustee, KSU President

Mrs Candice L Saunders

Trustee

Trustee

Trustee

Trustee

Trustee

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless compensation compensation amount of other

192,913

43,079

	week (list any hours			both an officer rector/trustee)				from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	<u> </u>	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Ms Veronica C Morrissette Trustee	1.00	х						0	0	0
Mr Mark L Williams	1.00	Х						0	0	0
Trustee										
Mr Stephen Bridges	40.00									

144,200

CFO, KSUF

0.00 Mr Richard Corhen

.

Former KSUF COO

Public Charity Status and Public Support Complete if the organization is a section 301(c)(3) organization as a section 3047(a)(1) nonexempt charitable trust. Post the organization as section 3947(a)(1) nonexempt charitable trust. Post the organization complete in the organization operated organization operated organization described in section 170(b)(1)(A)(iii). (Attack) organization operated orga	efile	GR/	APHIC prii	nt - DO NO	OT PROCESS	As Filed Data -			DLN: 93	493190018180			
Commonstrate Comm	(For	m 990		Co	mplete if the org	ganization is a section 4947(a)(1) nonexer	on 501(c)(3) o npt charitable	rganization or trust.	ort 📙	2018			
Name of the organization Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(A)(iii). (Attach Schedule B (Earth 110)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	Departi	nent of	the Treasury		► Go to <u>v</u>					Open to Public			
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organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b	12	✓	more public	ly supporte	d organizations de	escribed in section 50	9(a)(1) or sec	tion 509(a)(2)	. See section 509(a)				
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Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations	d		Type III n functionally	on-functio integrated.	nally integrated . The organization	A supporting organiz generally must satisfy	ation operated i a distribution r	n connection wit	h its supported organi				
f Enter the number of supported organizations	e		Check this	, box if the or	rganization receive	ed a written determina	ation from the IR	RS that it is a Ty	oe I, Type II, Type III	functionally			
Provide the following information about the supported organization(s). (i) Name of supported organization (iii) EIN (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (A) Kennesaw State University (B) Georgia Business Success Center Inc (ii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions) (see instructions)	f	Enter					-						
organization (described on lines 1- 10 above (see instructions)) Yes No (A) Kennesaw State University 580965786 6 Yes 7,742,631 (B) Georgia Business Success Center Inc	g				_								
(A) Kennesaw State University 580965786 6 Yes 7,742,631 (B) Georgia Business Success Center Inc 474443286 5 No 15,093					(ii) EIN	organization (described on lines 1- 10 above (see			monetary support	(vi) Amount of other support (see instructions)			
(B)						Yes No							
Georgia Business Success Center Inc	(A) K	ennesa	w State Univer	sity	580965786	6	Yes		7,742,631	0			
Total 2 7.757.724		ia Busi	iness Success (Center Inc	474443286	5		No	15,093	0			
10tal	Total			2					7,757,724	(

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	Section A. Public Support									
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	(or fiscal year beginning in) ▶	(4) 2017	(B) 2013	(6) 2010	(4) 2017	(0) 2010	(1) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
_	include any "unusual grant.") .									
2	Tax revenues levied for the									
	organization's benefit and either paid									
_	to or expended on its behalf The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)									
6	Public support. Subtract line 5 from									
	line 4.									
9	ection B. Total Support						1			
	Calendar year									
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c)2016	(d)2017	(e) 2018	(f)Total			
7	Amounts from line 4									
8	Gross income from interest,									
٠	dividends, payments received on	1								
	securities loans, rents, royalties and	1								
	income from similar sources	1								
9	Net income from unrelated business									
-	activities, whether or not the	1								
	business is regularly carried on	1								
10	Other income. Do not include gain or									
	loss from the sale of capital assets	1								
	(Explain in Part VI.)									
11	Total support. Add lines 7 through									
	10					<u> </u>				
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12				
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax vear as a sec	tion 501(c)(3) or	anization.			
	check this box and stop here	_		, ,	,	` ' ' ' '	,			
	check this box and stop here	C D								
	ection C. Computation of Public									
	Public support percentage for 2018 (line					14				
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15				
16a	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% oı	more, check this	box			
	and stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this									
17a	box and stop here. The organization qualifies as a publicly supported organization									
b	organization									

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

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► 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						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 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	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Schedule A (Form 990 or 990-EZ) 2018

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

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.)

Page 4

4c

5a

5b

5с

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Yes

No

No

No

No

No

No

No

Yes	No
	Yes

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		N

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,					
	describe the designation. If historic and continuing relationship, explain.	1	Yes			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described					
	in section 509(a)(1) or (2).	2		No		
3a	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c)					

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	3a		No
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.			

		Sa	140			
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)? <i>If "Yes," describe in Part VI</i> 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")? If "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					

	determination.	3b			
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.	3с			
### ##################################	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		No	
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	4b			
C	supervised by or in connection with its supported organizations. 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.	4.0			

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

	The West Supervision Companies tions (continued)		<u>'</u>	age 3			
i k	Supporting Organizations (continued)						
			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
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		No			
b	b A family member of a person described in (a) above?						
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		No			
	Section B. Type I Supporting Organizations						
	71 11 3 3		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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2					
_	Section C. Type II Supporting Organizations						
	Section C. Type 11 Supporting Organizations		Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		1.03	-110			
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
5	Section D. All Type III Supporting Organizations						
_	Total of Strain Type 222 Supporting Significations		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 organization's governing documents in effect on the date of notification, to the extent not previously provided?						
		1	Yes				
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).		103				
		2	Yes				
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	Yes				
5	Section 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 instruct	ions):					
_	a	,					
	b The organization is the parent of each of its supported organizations. Complete line 3 below.						
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstru	ctions)				
2	Activities Test. Answer (a) and (b) below.		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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	Yes				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	Yes				
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	res				
_	 a 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 organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. 	3h					

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					
	Section A - Adjusted Net Income		(A) Prior Year (B) Current (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):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	ganization (see		

Page **6**

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (chedule A (Form 990 or 990-EZ) 2018 Page 8							
Part VI	Section A, lines 1, 2, Part IV, Section D, lir	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; nes 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See						
Facts And Circumstances Test								
990 Sched	dule A, Supplemer	ntal Information						
Ret	urn Reference	Explanation						
Part IV, Section E, Line 1c:		The Kennesaw State University Foundation, Inc. supports Kennesaw State University ("KSU"). KSU is a university in the the state of Georgia university system and hence is a unit of government.						

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
PART IV, SECTION E, LINE 2B:	Kennesaw State University Foundation's Mission is to be an advocate for Kennesaw State University (the "University") and to receive, invest, account for, and allocate private gifts and contributions in support of the University. The Foundation provides student housing, parking, and leases administrative, dining, classroom, and athletic space to the University. The Foundation also operates hospitality space. All these activities are essential to the operations of Kennesaw State University. If the Foundation did not conduct these activities, another organization, or the University itself, would have to manage such activities and properties.						

000 Schedule A. Supplemental Information

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
PART IV, SECTION E, LINE 2A:	All activities engaged in by the Foundation are for the benefit of the supported organizat ion, Kennesaw State University. The scholarships help students to attend, the academic pro grams enrich the programs offered by the faculty; the leasing operations provide the Unive rsity's students with housing, parking, office, dining and sports and recreation facilitie s, etc.						

30 Deficación A/ Duppiemental Información							
Return Reference	Explanation						
PART IV, SECTION D, LINE 3:	The Foundation's supported organization (Kennesaw State University) has a significant voic e in the investment policies and the use of income and assets of the Foundation throughout the year. This is evidenced by the following facts: Kennesaw State University employees a re involved with the Foundation's daily operations; the deference the Foundation's board h as to Kennesaw State University's President and his cabinet regarding all matters; the pre sence of the President's and/or his emissaries at committee and board meetings where decis ions are made; the fact that the President is a voting trustee of the board and Vice Presi						

dent of Advancement sit on the board of directors, albeit as a non-voting member.

990 Schedule A. Supplemental Information

990 Schedule A, Supplemental Information							
Return Reference Explanation							
PART IV, SECTION A, LINE 5A:	The organization contributed support to an unrelated organization, Georgia Business Succes s Center Inc (DBA Ignite HQ), EIN 47-4443286. Georgia Business Success Center Inc was deve loped in partnership with Kennesaw State University and provides funding and support for local entrepreneurs. Both Georgia Business Success Center Inc and Kennesaw State University						

Foundation Inc are supporting organizations of Kennesaw State University.

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Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, ► Attach to Form 990.

OMB No. 1545-0047

DLN: 93493190018180

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** Kennesaw State University Foundation Inc 23-7034345 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2018

Par	1111	Organizations Ma	aintaining Coll	ections of A	Art, Histori	cal T	reasu	res, or Oth	ner Similar A	ssets (conti	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):											
а	✓	Public exhibition			d	✓	Loan	or exchange	programs			
b		Scholarly research			e		Other	r				
c	✓	Preservation for future	e generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5		ng the year, did the org ss to be sold to raise fur								☐ Yes	☑ N	0
Pai	rt IV	Escrow and Cust Complete if the or			on Form 990	, Part	: IV, lir	ne 9, or rep	orted an amo			
1a	To the	X, line 21. e organization an agent	tructoo custodi-	n or other int	armadian, far	contri	bution	a ar athar acc	acto not			
Ta		ded on Form 990, Part I								☐ Yes	□ N	o
b	If "Y€	es," explain the arrange	ement in Part XIII	and complete	the following	table:			1	Amount		_
c		nning balance		· ·	_			1c				_
d	_	ions during the year .						1d				_
е		ibutions during the year										_
f		ng balance										_
_		-							1 11 1 11 2	п.,	П	_
2a		he organization include							•	_	∐ N	0
b		es," explain the arrange										
Pa	rt V	Endowment Fun	ds. Complete if									
1-	Dogina	sing of year balance		(a)Current y	ear (b) P 52,793	rior yea 40,552		(c)1wo years b 36,650	ack (d)Three ye	ars back (e) 1,595,276	our year	rs back 088,469
	_	ning of year balance .			·							
		butions		The state of the s	0,189		9,039 7,132	5,203	<u> </u>	-4,928		591,081 371,285
		vestment earnings, gair		<u>'</u>	,				<u> </u>			
		or scholarships		1,17	'9,819	1,458	8,003	1,204	1,044 1	,198,027	1,:	218,349
е		expenditures for facilitions of the contract o	es									
f	Admin	istrative expenses .		-39	0,082	-332	2,293	1,014	1,874	-262,749	;	237,210
g	End of	year balance		47,46	5,943	44,452	2,793	40,552	2,332 36	,650,082	33,	595,276
2 a		de the estimated perce d designated or quasi-e		nt year end ba	alance (line 1	g, colu	mn (a))) held as:		1		
b	Perm	anent endowment >	80.120 %	••••••								
_	Temr	 porarily restricted endo		80 %								
·		percentages on lines 2a	***************************************),							
3a		here endowment funds		•		t are h	eld and	d administere	d for the			
	-	nization by:		_							Yes	No
	• •	nrelated organizations				•				3a(i)		No
		related organizations .								3a(ii)		No_
ь 4		es" on 3a(ii), are the re ribe in Part XIII the inte	-				(? .			. 3b		
Pai	rt VI	Land, Buildings,									_	
		Complete if the or				•						
	Descr	iption of property	(a) Cost or oth (investmen		b) Cost or other	pasis (otner)	(c) Accumula	ited depreciation	(a) B	ook valu	e
1a	Land					5,3	03,920				5	,303,920
	Buildin					135,8	41,524		69,880,115		65	,961,409
		nold improvements				•			· · ·			
		nent				12,6	34,543		1,700,321		10	,934,222
	Other						82,581		30,200			52,381

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

Schedule D (Form 990) 2018				Page 3
Part VII Investments—Other Securities. Complete in See Form 990, Part X, line 12.	f the organizat	ion answer	ed "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value		od of valuation: of-year market value
(1) Financial derivatives		value		
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' o	n Form 990, P	art IV, line	11c. See Form 990	, Part X, line 13.
(a) Description of investment		ook value	(c) Meth	od of valuation: of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answe (a) Description		m 990, Part 1	V, line 11d. See Form	990, Part X, line 15. (b) Book value
(1) Net investments in direct financing leases				219,778,180
(2) Other peets				52,811,934
(3) Other assets (4) Donated Art				12,198 553,650
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				273,155,962
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	n answered 'Ye	es' on Form	990, Part IV, line 1	lie or 11f.
1. (a) Description of liability		(b) Book	value	
(1) Federal income taxes				
Accrued interest Accounts Payable to Related Entity			7,586,660 1,604,404	
Annuity obligation			2,815	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<u> </u>		9,193,879	
2. Liability for uncertain tax positions. In Part XIII, provide the tex			nization's financial stat	
organization's liability for uncertain tax positions under FIN 48 (AS	C 740). Check h	ere if the tex	ct of the footnote has b	peen provided in Part XIII 🗹

Part XI

2

а

b

c

d

е

3

4

b

C

Part XII

5

1

2

3

5

Part XIII

Return Reference

See Additional Data Table

Schedule D (Form 990) 2018

Add lines 4a and 4b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Net unrealized gains (losses) on investments . . .

Supplemental Information

Donated services and use of facilities .

Recoveries of prior year grants . . .

Other (Describe in Part XIII.)

Add lines 2a through 2d

2e

3

4c

5

1

Page 4

	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		 2e	
	Subtract line 2e from line 1		 3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		 4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

Explanation

	Page 5
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 23-7034345

Name: Kennesaw State University Foundation Inc

Supplemental Information

Return Reference	Explanation
Part III, Line 4:	The KSU Foundation art collection consists of just over two hundred paintings, sculpture, photographs, works on paper, and decorative arts fromt he seventeenth-century to the prese nt. While comprised primarily of artwork from the United States, the collection also inclu des works from Europe and Asia. As a supporting organization, providing this art collectio n furthers the educational purpose of KSU by inspiring students.

upplemental Information	
Return Reference	Explanation
	Endowment funds are held for investment and disbursed according to the intended donation p urpose of the donor. For example if a donor desired to make funds available for students t o pursue art education, their donations are awarded accordingly.

Sι

Supplemental Information	
Return Reference	Explanation
Part X, Line 2:	The Foundation qualified as a tax-exempt organization as described in Internal Revenue Cod e Section 501(c)(3) and has been classified by the Internal Revenue Service as a publicly supported organization and not as a private foundation. However, income from certain activ ities not directly related to the Foundation's tax-exempt purpose is subject to taxation a s unrelated business income. The Foundation follows the statutory requirements for its inc ome tax accounting and generally avoids risks associated with potentially problematic tax positions that may be challenged upon examination. Management believes any liability resul ting from taxing authorities imposing additional income taxes from activities deemed to be

unrelated to the Foundation's tax-exempt status would not have a material effect on the F

oundation's financial statements.

DLN: 93493190018180 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** Kennesaw State University 23-7034345 Foundation Inc **General Information on Grants and Assistance** Part I

Does the organization main the selection criteria used t						e, and	☑ Yes ☐ No
Describe in Part IV the orga	anization's procedur	es for monitoring the us	se of grant funds in the U	nited States.			E les E No
Part II Grants and Other A that received more t			nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
L) See Additional Data							
2)							
3)							
4)							
5)							
5)							
7)							
3)							
9)							
10)							
11)							
12)							
2 Enter total number of section		-					2
B Enter total number of other						<u> ▶</u>	0
or Paperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat. No. 50055	5P	Sch	nedule I (Form 990) 2018

steering committee.

Additional Data

Software ID: **Software Version: EIN:** 23-7034345 Name: Kennesaw State University Foundation Inc Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance

17	61 1 11 1 11	F0 006F706	61 1 11 1	3 463 863			
	or government				assistance	other)	i

58-0965786 State University 2,162,062

Kennesaw State University

Academic programs and 1000 Chastain Road Dean Support

Kennesaw, GA 30144

Kennesaw State University 58-0965786 State University 981,822 Housing Support

1000 Chastain Road Kennesaw, GA 30144

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-0965786 State University 1.097.124 University Programs Kennesaw State University 1000 Chastain Road

University Events &

Programs

Kennesaw, GA 30144

896.438

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

State University

Kennesaw State University

1000 Chastain Road

Kennesaw, GA 30144

58-0965786

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-0965786 State University 2.622.282 Kennesaw State University To provide monies to 1000 Chastain Road KSU for student scholarships Kennesaw, GA 30144 15.093l Financial Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Georgia Business Success 47-4443286 501(c)(3) Center Inc. 585 Cob Ave NW

Kennesaw, GA 30144

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19319	0018	180
Sch	nedule J	Co	mpensati	ion Information	10	1B No.	1545-0	0047
(Fori	m 990)	► Complete if the orga	Compensa anization answ ► Attach	rustees, Key Employees, and Hig Ited Employees Iered "Yes" on Form 990, Part IV Ito Form 990.	, line 23.		18	
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>//Form990</u> for	instructions and the latest infor	nation.		to Pul ectio	
Nar	me of the organiza				Employer identificat			
	nesaw State Univers ndation Inc	ity			23-7034345			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso				
		nification and gross-up payments	⊻	Health or social club dues or initiati				
	□ Discretion	ary spending account		Personal services (e.g., maid, chau	Teur, cner)			
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 152	2	Yes	
	unectors, truste	es, officers, including the CEO/E/	recutive Director	, regarding the items checked in line	tar			
3		if any, of the following the filing of EO/Executive Director. Check all		d to establish the compensation of t not check any boxes for methods	ne			
	used by a relate	ed organization to establish comp	ensation of the (CEO/Executive Director, but explain	n Part III.			
	☑ Compens	ation committee		Written employment contract				
	☑ Independ	ent compensation consultant	✓	Compensation survey or study				
	☑ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supple	mental nonqual	ified retirement plan?		4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
		ontingent on the revenues of:		, , , , , ,				
а	The organization	1?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
а	=	1?				6a		No
b						6b		No_
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		No
8	subject to the in	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		No
9				presumption procedure described in		9		
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Mr James P Dunn Trustee, Interim COO	(i)	169,650	0	0	0	0	169,650	0
Tradition Internal	(ii)	0	0	0	0	0	0	0
2 Dr Kathy Schwaig Trustee, University Provost	(i)	0	0	0	0	0	0	0
Tradect, Chirefole, Travesc	(ii)	280,257	0	0	25,410	13,534	319,201	0
3 Dr Pamela Whitten Trustee, KSU President	(i)	0	0	0	0	0	0	0
Trasces, 1650 Fresident	(ii)	205,089	0	19,040	20,710	6,090	250,929	0
4 Mr Stephen Bridges CFO, KSUF	(i)	144,200	0	0	27,714	15,365	187,279	0
c. c, 1,001	(ii)	0	0	0	0	0	0	0
5 Mr Richard Corhen Former KSUF COO	(i)	0	0	192,913	0	0	192,913	0
Tormer Roof Coo	(ii)	0	0	0	0	0	0	0

Schedule's (Form 330) 2010	rage 3					
Part III Supplemental Information						
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					
Return Reference Explanation						
Part I, Line 1a	Social club dues and memberships are paid for University and Foundation leadership. Any personal use relating to these memberships is reported in the individual's					

Schedule 1 (Form 990) 2018

Return Reference	Explanation
· ·	The Foundation had a nonqualified deferred compensation plan for Richard Corhen. It called for longevity and retention payments. In December 2017, the deferred compensation payment of \$25,000 was made according to the plan. During the fiscal year ended 6/30/19, Richard Corhen received a severance payment from the organization for \$192,913.

Return Reference	Explanation
	The compensation reported here is likely different than that reported in opengeorgia.gov due to differences in reporting requirements with the IRS and that of opengeorgia.gov.

Return Reference	Explanation
	All payroll for Kennesaw State University Foundation, Inc. is processed by a related supported entity, Kennesaw State University, EIN 58-0965786. The Foundation reimburses the University for services provided to the organization. In 2018, the Foundation reimbursed the University for amounts paid to James Dunn, Steven Bridges, and Richard Corhen totaling \$549,842.

I (Form 990) 2018

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Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2018

DLN: 93493190018180

Open to Public **Employer identification number**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for the latest information.

Kennesaw State University

23-7034345 Foundation Inc Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No Development Authority of Cobb 58-1522881 190782AN2 11-12-2008 10,444,536 To refund bonds issued 11/1/98 Х Χ Х that purchased Development Authority of Cobb 58-1522881 190785AN5 07-13-2010 60,258,243 To construct soccer stadium and Χ Χ Х sports park. County Development Authority of Cobb 52-1522881 190806DS5 08-11-2011 30,140,106 To construct student housing Χ Χ Х County Development Authority of Cobb 52-1522881 19077CAU5 03-07-2013 45,060,551 To construct student recreation & Χ Χ County activity center expansion. Part ${
m I\hspace{-.1em}I}$ **Proceeds** C D 10,444,536 2,825,000 3,155,000 3,000,000 Amount of bonds legally defeased. 43,560,000 3 Total proceeds of issue . 10,444,536 60,259,784 30,245,869 45,389,352 4 1,092,961 1,488,283 5 1.101.272 2.147.986 3,891,009 6 7 208,890 1,143,398 545,607 836,557 8 818,020 376,786 9 4,991 10 57,192,103 26,082,527 39,173,503 11 12 13 1998 2010 2011 2015 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Χ Х Χ Χ 15 Χ Χ Χ Χ 16

Private Business Use

17

1

Part 🏻

Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Χ Χ Χ

Χ

Does the organization maintain adequate books and records to support the final allocation of

Χ

Χ

Χ

Enter the percentage of financed property used in a private business use by entities other than

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Schedule K (Form 990) 2018

6

8a

Part IV

а

b

C

Arbitrage

Page **2**

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

Schedule K (Form 990) 2018

Yes

D

Χ

Χ

В

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Α

No

Χ

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Χ

Χ

Χ

Χ

Yes

Х

Х

Yes

Χ

No

Χ

Х

Χ

Χ

Χ

Х

C

Х

Χ

b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	Х	X	X	,
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Total Proceeds includes investment earnings.

Page 3

No

2877.0000000000 %

D

No

Yes

Χ

D

Yes

Bayerische

Landesbank &

В

No

Explanation

No

Χ

Yes

Χ

R

No

Yes

No

C

Nο

Yes

Χ

Yes

Yes

Χ

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

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Form 990, Sch K, Part II, Line 3:

Return Reference	Explanation
Form 990, Sch K, Entity 2, Part II, Line 4, Column A:	\$167,221.94 is in DSR funds transferred from Series 2004.

Return Reference	Explanation
Form 990, Sch K, Entity 2, Part II, Line 4, Column B:	\$4,011,701 in DSR funds transferred from Series 2004.

Return Reference	Explanation
Form 990, Sch K, Entity 2, Part II, Line 4, Column C:	\$3,452,638 in DSR funds transferred from Series 2007 and \$1,256,000 in DSR funds transferred from Series 2004.

_

Return Reference	Explanation
Form 990, Sch K, Entity 1, Part II, Line 12, Column B:	Balance in Project fund

Return Reference	Explanation
Form 990, Sch K, Entity 2, Part II, Line 12, Column D:	Balance in Project fund

Return Reference	Explanation
rm 990, Sch K, Entity 3, rt II, Line 11, Column B:	Proceeds from Series 2013 bonds used to defease the Series 2003 bonds are included in other spend proceeds.

For Par

Return Reference	Explanation
Form 990, Sch K, Entity 1, Part IV, Line 2c, Column B	A rebate calculation was performed as of 07/13/2015.

Return Reference	Explanation
rm 990, Sch K, Entity 1, rt IV, Line 2c, Column C	A rebate calculation was performed as of 10/27/2016

Return Reference	Explanation
rm 990, Sch K, Entity 1, rt IV, Line 2c, Column D	A rebate calculation was performed as of 03/07/2018.

Forr Part

Return Reference	Explanation				
Form 990, Sch K, Entity 2, Part IV, Line 2c, Column A	A rebate calculation was performed as of 10/30/2018				

Return Reference	Explanation	
rm 990, Sch K, Entity 3, rt IV, line 2c, Column B	A rebate calculation was performed as of 06/18/2018	

For Par

DLN: 93493190018180

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

OMB No. 1545-0047

Department of the Treasury

Schedule K

(Form 990)

explanations, and any additional information in Part VI.

▶ Attach to Form 990.

Inter	nal Revenue Service		▶Go to <u>www</u> .	irs.gov/Form990 for		informat	tion.		F !			Inspeci			
Name of the organization Kennesaw State University							Employer identification number 23-7034345								
	ndation Inc								23-70	134345					
Part I Bond Issues (a) Issuer name		(b) Issuer EIN (c) CUSIP # (d) Date issu		(d) Date issued	(e) Issue price		(f) Description of purpose		(g) D	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
									Yes	No	Yes	No	Yes	No	
A	Development Authority of Cobb County	52-1522881	190778BS8	11-26-2013	38,	·	To partially refu 11/10/2004 tha purchased and o	d	X		Х		Х		
В	Development Authority of Cobb County	52-1522881	190778CM0	08-12-2014	48,	,	To partially refu 11/10/2004 tha purchased and o	d l	X		Х		Х		
С	Development Authority of Cobb County	52-1522881	190778EK2	05-20-2015	65,	,	To partially refund bonds issued 11/10/2004 that refunded, purchased and con		i	X		X		Х	
D	Development Authority of Cobb County	52-1522881	19078RAQ0	09-02-2015	41,	,	To refund bonds issued 11/10/2004 & 3/28/2006 that refunded, purchased and c			X		Х		Х	
Pa	rt II Proceeds			1			1		'						
						A B		С			D				
1	Amount of bonds retired					7,765	5,000 3,095,000			3,775,000			7,265,000		
2	Amount of bonds legally defeased														
3		l proceeds of issue				38,592	2,867 48,213,043		65,024,302			41,190,744			
4		oss proceeds in reserve funds				3,388	8,019 4,622,717		4,990,229						
5															
6	Proceeds in refunding escrows .						510	000.00							
7 8						748,618 9		933,608		,547	651,244				
-8 -9	Working capital expenditures fro													120.004	
10														120,864	
11						34,623	3,452 46,668,419		63,669,164			133,609 4 40,284,936			
12	Other unspent proceeds					34,023	, 732	+0,000,+19		33,009	,107		70,	204,930	
13				2013		2	2014		2015		2		2015		
	·				Yes	No		No	Yes	No		Yes		No	
14	Were the bonds issued as part o	of a current refunding	issue?			Х	Х		Х			Х			
15	Were the bonds issued as part o	of an advance refundi	ng issue?		Х			X		Х		Х			
16	Has the final allocation of procee	eds been made?			Х	†	X		Х					Χ	
17	Does the organization maintain a proceeds?				Х		Х		Х			Х			
Pa	rt III Private Business Us														
		-				A		В		<u> </u>			D		
1	Was the organization a partner i	n a partnership, or a	member of an IIC	which owned property	Yes	No	Yes	No	Yes	No	_	Yes		No	
-	financed by tay exempt hands?	in a paranership, or a	member of all LLC,	which owned property		X		X		Х				Χ	

Are there any lease arrangements that may result in private business use of bond-financed

financed by tax-exempt bonds?

Χ

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6

8a

Part IV

b

C

Arbitrage

Page 2

No

Χ

Χ

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No

Χ

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Yes

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Schedule K (Form 990) 2018

Yes

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Yes

Yes

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No

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Yes

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C

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Penalty in Lieu of Arbitrage Rebate?

If "No" to line 1. did the following apply?

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Page 3

No

D

D

No

Yes

Schedule K (Form 990) 2018

Yes

Yes No Yes No

Yes

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Bayerische

Landesbank

Bayerische

Landesbank

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

X

No

X Bayerische

Yes

962.0000000000 %

Landesbank

No

962.0000000000 %

Yes

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Nο

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Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

OMB No. 1545-0047 2018

Don to Public

Employer identification number

Open to Public

DLN: 93493190018180

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization

1

Kennesaw State University

explanations, and any additional information in Part VI.

► Attach to Form 990.

▶Go to www.irs.gov/Form990 for the latest information.

23-7034345 Foundation Inc Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No To refund bonds issued Χ Χ Development Authority of Cobb 52-1522881 19078NAW6 02-28-2017 46,085,000 Χ 11/15/2007 \$ 11/6/2008 that County refunded, purchased and c Χ Development Authority of City of 58-1871019 06-18-2013 27,130,000 To refund bonds issued Х 12/05/2003 that purchased and constructed student hou Development Authority of Cobb 58-1522881 19078VAT5 12-28-2017 47,421,969 To partially refund bonds issued Χ Χ 7/13/10 that constructed soccer County stadium Part II **Proceeds** C D 1,565,000 1,940,000 9,010,000 2 3 Total proceeds of issue. 50,330,132 28,544,856 47,421,969 1,161,575 5 6 47,207,027 7 777,991 570,897 214,942

8 9 10 2,087,427 11 49,552,141 24,724,957 12 13 2017 2013 2017 Yes No No Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Χ 14 Were the bonds issued as part of an advance refunding issue? . 15 Χ Χ Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Part 🏻 **Private Business Use** C Δ D Yes No Yes No Yes No Yes No

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

X Cat. No. 50193E

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Schedule K (Form 990) 2018

Χ

Χ

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

В

No

Χ

Χ

Х

Yes

Yes

Χ

Χ

Χ

No

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Yes

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Yes

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No

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Yes

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C

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Yes

No

Yes

Χ

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

No

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

No

Yes

Χ

Nο

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493190018180 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Kennesaw State University Foundation Inc. 23-7034345 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 100,500 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

efile GRAPH	C print - DO NOT PROCESS As	Filed Data -		DLN: 93493190018180		
SCHEDUL (Form 990 or EZ)	990- Complete to provide Form 990 or 990	Complemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.qov/Form990 for the latest information.				
Namel & the of g Kennesaw State U Foundation Inc 990 Schedul			23-703	yer identification number		
Return Reference			Explanation			
Form 990, Part VI, Section A, line 3	The Foundation delegates the manageme independent firms with experience in eacl e firms were Cushman & Wakefield and C	n related line of d	, ,			

Return Explanation
Reference

line 11b

Form 990,
Part VI,
Section B.

The organization provides the entire board of directors with access to Form 990 on their w
ebsite before it is filed. The return is reviewed by the Finance Committee and then presen
ted to the main board at a regular meeting.

990 Schedule O, Supplemental Information Return Explanation

Reference	
Form 990,	The Foundation has adopted a written conflict of interest policy whereby potential conflic
Part VI,	ts of interest or the appearance of such conflicts are handled as openly as possible. Each
Section B,	officer, director or trustee, and key employee must disclose annually any interest that m
line 12c	ay give rise to conflicts of interest by signing a document to this effect addressed to th
	leCFO

990 Schedule O, Supplemental Information Return Explanation

to prepare an executive compensation study every three years.

Reference	
Form 990,	Executive compensation is reviewed routinely by the Finance and Compensation committee. Co
Part VI,	nflicts of interest of committee members are reviewed each meeting and no participation is
Section B,	allowed if there is cause for concern. Meetings are formalized with minutes kept for docu
line 15	mentation of committee decisions. Additionally, the Foundation engages an independent firm

Return Explanation
Reference

Form 990,
Part VI,
Section C,
line 19

The organization makes its governing documents, policies, and financial statements availab
le to any interested party. The annual financial statements, Form 990s, and bylaws are pos
ted on the Foundations' web page for any interested party.

Return Explanation

Reference	
Form 990,	The process for auditor selection and review of audited financial statements has not changed from the prior year.
Page 12,	

Line 2c:

Return Reference	Explanation
Form 990, Part I, Line 5 and Part V, Line 2a and 2h	Kennesaw State University Foundation, Inc. does not have any W-2 employees. All employees are employed by reporting agent, Kennesaw State University, EIN 58-0968786, a related orga nization. The Foundation reimburses the University for the compensation of all employees p roviding services to the Foundation.

SCHEDULE R
(Form 990)

As Filed Data Related

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Employer identification number

Open to Public Inspection

2018

DLN: 93493190018180OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Kennesaw State University

Foundation Inc								23-7	034345				
Part I Identification of Disreg	arded Entities Complete if the	he organ	ization answe	red "Yes	" on Form	990, Part	IV, line 3	33.					
See Additional Data Table (a) Name, address, and EIN (if applica	(a) Ind EIN (if applicable) of disregarded entity Primary activit		iivity	(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		eets (f) Direct control entity			
Part II Identification of Related related tax-exempt organiz	Tax-Exempt Organizations ations during the tax year.	s Comple						, Part I\		cause			
(a) Name, address, and EIN of related	d organization	Prima	(b) ary activity	Legal don or foreig	(c) nicile (state n country)	(d Exempt Cod) le section	Public of (if secti	(e) charity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) co ent Yes	g) 512(b) ontrolled tity? No
(1)Kennesaw State University 1000 Chastain Rd Kennesaw, GA 30144 58-0965786		State Univ	rersity	,	GA	501(c)(3)		Line 6		N/A		Tes	No
												-	
For Paperwork Reduction Act Notice, se	e the Instructions for Form 99	90.		Ca	t. No. 5013	5Y				Sche	edule R (Form	990) 20	018

one of more related organizations tre	acca as a pararership (, year.											
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	income(re unrelate excluded tax und sections	nant lated, ed, from der 512-	(f) Share of total income	(g) Share of end-of-year assets	Disprop	rtionate		Genei mana	ral or iging	
					514)	'			Yes	No		Yes	No	
							ation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state d	egal nicile or foreign	Direc	(d) et controlling entity	Type (C cor	of entity p, S corp,	(f) Share of total income		year	of- Perce	ntage	(13) controlled entity?
			,,											es No
	(b) Code Controlling Code Cod													
	ne or more related organizations treated as a partnership du (a) Name, address, and EIN of related organization dentification of Related Organizations Taxable as a Coecause it had one or more related organizations treated as a coecause it had one or more related organizations.											_		

Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No

Page **3**

Schedule R (Form 990) 2018

b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
C	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
-	Sale of accets to related organization(c)	10		No

d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
		1.5		No
f	Dividends from related organization(s)	11		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	

i Exchange of assets with related organization(s)			•	111	No
\mathbf{j} Lease of facilities, equipment, or other assets to related organization(s)				1j Ye	s
k Lease of facilities, equipment, or other assets from related organization(s)				1k Ye	es
				1l Ye	s
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	s
o Sharing of paid employees with related organization(s)				1o Ye	s
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses	of facilities, equipment, or other assets from related organization(s)			1 q	No
r Other transfer of cash or property to related organization(s)				1r Ye	es
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1s Ye	s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered i	relationships and trar	nsaction thresholds.		
	(b)	(c)	(d)		
	Transaction	Amount involved	Method of determining ar	mount involv	ved

	or racing co, equipment, or earlier assets from related organization (5).			• •		1	
I Perfor	nance of services or membership or fundraising solicitations for related organization(s)				1l Yes	;	
m Perfoi	nance of services or membership or fundraising solicitations by related organization(s)				1m	No	
n Sharir	g of facilities, equipment, mailing lists, or other assets with related organization(s) \ldots \ldots .				1n Yes	;	
o Shari	g of paid employees with related organization(s)				1o Yes	;	
p Reim	ursement paid to related organization(s) for expenses				1p	No	
q Reim	ursement paid by related organization(s) for expenses				1 q	No	
r Other	transfer of cash or property to related organization(s)				1r Yes	;	
s Other	transfer of cash or property from related organization(s)				1s Yes	;	
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	relationships and tran	saction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved			

q	Reimbursement paid by related organization(s) for expenses				1 q		No		
	Other transfer of cash or property to related organization(s)				<u> - - - - - - - -</u>	Yes Yes			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determine					ivolved			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ľ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
Schedule R (Form 990) 2018										0) 2018			

chedule R (Form 990) 2018								
Part VII	VII Supplemental Information							
Provide additional information for responses to questions on Schedule R (see instructions).								
Return Reference		Explanation						

Software ID: Software Version:

EIN: 23-7034345

Name: Kennesaw State University

Foundation Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity				
(1) Kennesaw State University Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	0	0	Kennesaw State University Foundation Inc				
(1) KSU Place Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	3,676,099	7,546,926	Kennesaw State University Foundation Inc				
(2) KSU UP Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	6,062,842	10,956,299	Kennesaw State University Foundation Inc				
(3) KSU Village I Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	7,980,886	30,133,317	Kennesaw State University Foundation Inc				
(4) KSU Village II Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	7,637,547	29,462,983	Kennesaw State University Foundation Inc				
(5) KSU Chastain Pointe Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	1,212,578	8,878,961	Kennesaw State University Foundation Inc				
(6) KSU Towne Point Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	1,001,218	9,100,889	Kennesaw State University Foundation Inc				
(7) KSU Center Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	-872,809	1,288,980	Kennesaw State University Foundation Inc				
(8) KSU Houses Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	205,782	2,191,930	Kennesaw State University Foundation Inc				
(9) KSU Parking Decks Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	890,196	16,492,192	Kennesaw State University Foundation Inc				
(10) KSU Central Parking Deck Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	1,367,063	26,477,710	Kennesaw State University Foundation Inc				
(11) KSU Dining Hall Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	1,371,500	16,152,584	Kennesaw State University Foundation Inc				
(12) KSU Sports and Recreation Park Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	3,523,305	64,104,277	Kennesaw State University Foundation Inc				
(13) KSUF Housing Management LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	0	0	Kennesaw State University Foundation Inc				
(14) Kennesaw Hospitality LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	1,061,388	4,439,869	Kennesaw State University Foundation Inc				
(15) Kennesaw State Properties LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	0	0	Kennesaw State University Foundation Inc				
(16) KSU Sports and Recreation Facilities Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	0	0	Kennesaw State University Foundation Inc				
(17) KSU University II Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	1,816,285	28,181,984	Kennesaw State University Foundation Inc				
(18) KSU SRAC Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	1,940,313	44,786,491	Kennesaw State University Foundation Inc				
(19) 3305 Busbee Real Estate Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	0	249,337	Kennesaw State University Foundation Inc				

Form 990, Schedule R, Part I - Identification of Disregarded Entities (a)

Name address and EIN (if applicable) of discognized entity

Name, address, and EIN (ir applicable) of disregarded entity	Primary Activity	(State or Foreign Country)	I otal income	End-of-year assets	Direct Controlling Entity
(21) KSU Marietta Hudson Road RE LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	0		Kennesaw State University Foundation Inc
(1) KSU Cobb Parkway RE LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Commercial Rental	GA	0		Kennesaw State University Foundation Inc
(2) SPSU Student Housing I LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034345	Residential Rental	GA	1,015,027		Kennesaw State University Foundation Inc
(3) KSU Special Events Foundation LLC 1000 Chastain Rd MD 9101 Kennesaw, GA 30144 23-7034/345	Operations	GA	0		Kennesaw State University Foundation Inc

23-7034345 -7,944 Kennesaw State University GΑ 7,400

Foundation Inc

(4) KSU 1250 Marietta Pky Real Estate Foundation LLC Commercial Rental 1000 Chastain Rd MD 9101 Kennesaw, GA 30144

23-7034345