γ.	
3	

	99	Λ	Poture of Organization Evament From Inc.	omo To		OMB No 1545-0047
For	m <b>J</b> J	U	Return of Organization Exempt From Inc			2018
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excep	=		7
	artment of t	the Treasury	► Do not enter social security numbers on this form as it may be ► Go to www.irs.gov/Form990 for instructions and the latest in	-	THY (	Open to Public Inspection
A			endar year, or tax year beginning July 1 , 2018, and ending			, 20 19
В	Check if a		C Name of organization_Kent.State University Foundation	34.		er identification number
	Address	change	Doing business as			34-6576307
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	e	E Telepho	ne number
	Initial retu	ırn	P.O. Box 5190			330-672-2222
		v/terminated				
	Amended		Kent, OH 44242-0001	Tara sa sa	<b>G</b> Gross re	
ш	Application		F Name and address of principal officer Stephen G. Sokany PO Box 5190, Kent, OH 44242-0001			subordinates? ☐ Yes
_	Tax-exem		☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ [527]	<b>-</b> ' '		Ilist (see instructions)
<u>.</u>	Website		w.kent.edu/advancement/ksufoundation	H(c) Group	exemption	number ▶
K	Form of o		✓ Corporation ☐ Trust ☐ Association ☐ Other ►	n 1965	M State	of legal domicile OH
Р	art I	Summ	nary			
	1	Briefly de	escribe the organization's mission or most significant activities The Ken	t State Univ	ersity Fo	undation receives gifts
ge Ge	1 -		to benefit Kent State University The Foundation makes grants to Kent State	University	for acade	emic programs,
Governance			rvice, scholarships and fellowships, and research.		050/ -4	
ove.	1		ils box ▶ ☐ if the organization discontinued its operations or disposed of of voting members of the governing body (Part VI, line 1a)	more than	25% of	
ড			of independent voting members of the governing body (Part VI, line 1a)		4	40 36
Activities &			mber of individuals employed in calendar year 2018 (Part V, line 13)	;	5	30
Ę			mber of volunteers (estimate if necessary)		6	42
Ac			related business revenue from Part VIII, column (C), line 12		7a	
	ь	Net unrel	lated business taxable income from Form 990-T, line 38 .	•	7b	
				Pnor Ye	ar	Current Year
ē			tions and grants (Part VIII, line 1h)	25	,616,603	17,377,758
Revenue		•	service revenue (Part VIII, line 2g)			
æ	10	Investme	ent income (Part VIII, column (A), lines 3, 47 and 7, d) yenue (Part VIII, column (A), lines 5, 6d, 86 9c, 10c, and 11e)		,801,248	10,508,740
	12	Cittel rev	enue – add lines 8 through 11 (must equal Part-VIII, column (A), line 12)	21	14,000 ,431,851	13,918 27,900,416
_	13	Grants a	nd similar amounts paid (Part IX, column (A), lines (13) EN UT		,217,351	16,114,751
			paid to or for members (Part IX, column (A), line 4)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0111.0.
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)			- "
sesus	16a		onal fundraising fees (Part IX, column (A), line 11e)			·_·
Expen	<b>b</b> 1		draising expenses (Part IX, column (D), line 25) ▶ 624,274			
ш	1 '' '		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		,727,899	1,037,768
	1		penses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12		,945,250	17,776,793
- 8		nevenue		18 ginning of Cu	7,486,601 Trent Year	10,123,623 End of Year
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)		,169,333	245,939,628
t Ass	21		ollities (Part X, line 26)		,957,527	25,061,044
E E	22		ts or fund balances Subtract line 21 from line 20		,211,806	220,878,584
Pa	art II	Signat	ture Block	· ·		
			iry, I declare that I have examined this return, including accompanying schedules and statemi lete. Declaration of preparer (other than officer) is based on all information of which preparer h			ny knowledge and belief, it is
_			Jenuca H Vargo		11/12	119
Sig		Sign	etuge of officer	Dat		
He	re	$\rightarrow$		sistar	T 1	reasurer
_			pe preparer's name Preparer's signature Date		-	PTIN
Pa			po proparer a name primarer a signature Date	•	Check [ self-emp	#
	eparer		name •	C.m.	's EIN ▶	,
US	e Only		address >		ne no	
Ma	y the IR		s this return with the preparer shown above? (see instructions)			Yes No
			<del></del>	11282Y		Form <b>990</b> (2018)



Part	III	Statement of Program Service Accomplishments
	_	Check if Schedule O contains a response or note to any line in this Part III
1	Brief	fly describe the organization's mission
	The	Kent State University Foundation provides leadership, private sector funding and stewardship of gifts to support Kent State
		ersity meet its needs and achieve its priorities.
2		the organization undertake any significant program services during the year which were not listed on the
	•	r Form 990 or 990-EZ?
		es," describe these new services on Schedule O
3		the organization cease conducting, or make significant changes in how it conducts, any program
		ices?
		es," describe these changes on Schedule O
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by
		enses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported
	uie i	otal expenses, and revenue, if any, for each program service reported
4-	/0	10 444 754 \ \(\text{Poyons } \text{Poyons }
4a		de. ) (Expenses \$ 16,114,751 including grants of \$ 16,114,751) (Revenue \$ )
		Kent State University Foundation provided grants to Kent State University to further the University's academic, research, and
	publ	ic service programs.
		<u> </u>
		······································
4b	(Coc	de ) (Expenses \$ including grants of \$ ) (Revenue \$ )
		<del></del>
		······································
4c	(Coc	de ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	,	, ( , , , , , , , , , , , , , , , , , ,
4d		er program services (Describe in Schedule O )
4-		enses \$ including grants of \$ ) (Revenue \$ )
4e	iota	l program service expenses ► 16,114,751

#### Part IV 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)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	<b>✓</b>	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	解:弧	2 .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b>~</b>	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>✓</b>	
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	<b>√</b>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<b>√</b>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<b>√</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<b>✓</b>
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		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
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		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .	21	1	
		Forr	<sub>2</sub> 990	(2018)

	30 (2010)			raye
Part	Checklist of Required Schedules (continued)		Yes	No
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	165	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c 29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	<b>✓</b>	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<b>✓</b>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .	35a		✓
ь	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		✓
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		✓
38 Part	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	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a   103		105	140
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a   103    Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .   1b	†		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	

rart	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		_
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a 3b		<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3D		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country			<del>                                     </del>
_	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>-</u>		
	and services provided to the payor?	7a	<b>√</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822	7.	.,	
ы	required to file Form 8282?	7с	<b>✓</b>	1
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>	<u> </u>	
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them)	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		.	
-	the organization is licensed to issue qualified health plans   13b		.	-
С	Enter the amount of reserves on hand			<u>L</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N			<u> </u> -
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>/</b>
	If "Yes " complete Form 4720. Schedule O	,		Į.

Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	_			
Sacti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	· · ·		<u>.</u>	. 🗸
Secu	on A. Governing body and Management	***		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 4	) .	-	
	If there are material differences in voting rights among members of the governing body, or		1		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 30	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2	<b>√</b>	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5		1
6	Did the organization have members or stockholders?		6		1
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		/
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members.			Ė
_	stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:				
а	The governing body?		8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	•	8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exemption.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<b>√</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	<b>✓</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the pascribe in Schedule O how this was done	oolicy? If "Yes,"	12c	1	
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy? .		14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		1
b	Other officers or key employees of the organization		15b		<b>/</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	lar arrangement	16a	<u></u> -	\_\
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio	_			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-	Γ (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available Check all that Own website Another's website Upon request Other (explain in Sci	t apply	,		(-)
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	•	erest i	policy	, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization			_	

Form **990** (2018)

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

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

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

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

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

Check this box if heither the organization no	i any relate	u oig	aillZ		) ()	ompe	1150	T	it officer, directo	i, or trustee
					ation					
(A)	(B)	(do n	ot ch			e than o	one	(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
,	week (list any	—	1		_	or/trus	<del>,                                    </del>	from	related	other
	hours for	악	l Ist	Officer	Key	emg Hig	Former	the	organizations	compensation
	related	l red	₹	cer	en	nest	ner	organization	(W-2/1099-MISC)	from the
	organizations below dotted		2		Key employee	e 8		(W-2/1099-MISC)		organization and related
	line)	rus	=		yee	np(				organizations
		ê	Institutional trustee	į		Highest compensated employee		ĺ		
			, a			e e	_			-
(1) Raj Aggarwal	1									
		✓						0	0	
(2) Lawrence Armstrong	1									
		✓						0	0	
(3) James Bailey	11									
		✓						0	0	
(4) Harvey J. Bazaar	11					ŀ				
		✓						0	0	
(5) Heather Cerbone	1						l			
		✓						0	0	
(6) Edmund Cooke	1						ł			
		✓						0	o	
(7) Todd Diacon	1									
		✓						O	o	
(8) Robert DiDiano	1									
		✓						o	0	
(9) Timothy D Eippert	1									
	Ţ	✓						0	0	
(10) Barry Fetterman	1									
		✓						o	o	
(11) Richard Frenchie	1									
		✓						o	o	
(12) Catherine Hackney	1									
		✓						o	o	
(13) Cathy D. Hemming	1						<u> </u>			
	1	1		1				o	o	
(14) Peter Holway	1			ļ						
<u> </u>	†	1						0	o	
										l

(15) Candice A Hughes  1	Part	VII Section A. Officers, Directors, Trust	lees, Key E	mplo	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (conti	nued)		
Name and title    Concept Check more than one in the profession of					,	•	•							
Name and title    Average   Dos, unless person both an incompletation of completation of compl		(A)	(B)	(do n				e than o	one	(D)	(E)		(F)	
Note		Name and title		box,	unles	s pe	rson	is both	an		1 '	1		
Competent Name   Comp						_			· · · ·	1 '				
Competent Name   Comp			hours for	Indiv	Inst	1	ey	emp High	F	1				
(15) Candice A Hughes 1				rec	럁	cer	em	loye	ner		(W-2/1099-MISC)			
(15) Candice A Hughes 1				Q a	mal		ploy	ĕ ç,		(** 27 1000 111100)				
(15) Candice A Hughes 1			line)	uste	trus		ee	per		1		orga	nızatıons	
(15) Candice A Hughes 1				ď	stee			sate						
(16) Richard Krumel  1	(4.5)				Н			ے						
(16) Richard Knumel  1	(15)_(	Candice A Hughes	11							1				_
(17) Judie Fall Lasser  1	(16)	Dish and Karamal	-	•	$\vdash$			-		<u> </u>	0			
(19) Mark Lucas  1	(10)_1	Richard Krumei		1										
(18) Dale Leppo	(17)	ludio Fall Laccor		<b>-</b> -	$\vdash$		-	<del> </del> -		<del> </del>			<del></del>	
(20) Steffany Matticola Larkins 1	3	Julie Fan Lassei	<del> </del>	1							,			
(19) Mark Lucas	(18)	Tale Lenno	1	_						•				<u> </u>
(20) Steffany Matticola Larkins 1	3	Suic Coppo	†	1							0			(
200  Steffany Matticola Larkins	(19)	Mark Lucas	1								_			
220   Steffany Matticola Larkins   1	3			✓						1 0	o			(
(21)   Margaret May	(20)	Steffany Matticola Larkins	1											
C22  Stephen Milkovich	3			✓						l	o			(
C22  Stephen Milkovich	(21)	Margaret May	1				İ							
Carrier D. Neidus   1				<b>\</b>						o	o			(
Cab   Mark Polatajko   1	(22)	Stephen Milkovich	1											
24  Mark Polatajko				✓						0	0			(
24   Mark Polatajko	(23)	Stuart D. Neidus	1	١.					ŀ					
25   Lori Randorf   1				✓						0	0			
Sub-total   C Total from continuation sheets to Part VII, Section A   D   C	(24)	Mark Polatajko	11	_										
1b Sub-total .				<b>✓</b>						0	0			
1 Sub-total .	(25) <sub>[</sub>	_ori Randorf	ļ <u>1</u>											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who	41.	0.1.1.1	<u> </u>	✓					Ļ	0	0			
Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual individu														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶    Yes   No	_		vii, Sectio	n A		•		•		ļ				
reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who			t not limited	1 to th					<u> </u>	L	ore then \$100.00	L		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who	2			i to ti	ose	IISI	.eu	above	;) W	no received m	ore man \$100,00	JO 01		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who		reportable compensation norm the organi	Zation										Yes	No.
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 V  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	ficar direc	tor c	r tr	ueta	20	kov d	mn	Novee or high	est compensate	,		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									ш	noyee, or mgi			<del></del>	1
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 V  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	4								n a	nd other comr	ensation from the		72	
Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 ✓  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who	•													
for services rendered to the organization? If "Yes," complete Schedule J for such person		· ·	•						-,				1	1
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	ion	froi	m any	un	related organiz	ation or individu	al		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who													] -	<u> </u>
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section	on B. Independent Contractors												
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than \$10	00,000	f	
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who			ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the o	rganızatı	on's tax	
2 Total number of independent contractors (including but not limited to those listed above) who														
, , , , , , , , , , , , , , , , , , ,		Name and business add	ress							Description of s	ervices	Compen	sation	
, , , , , , , , , , , , , , , , , , ,														
. بر ا									<u> </u>					
. بر ا														
, , , , , , , , , , , , , , , , , , ,									_					<del>,</del>
, , , , , , , , , , , , , , , , , , ,		<del></del>							<u> </u>				<u> </u>	, , , . }o
	2								th	lose listed ab	ove) who		( f <sub>P</sub>	٠٠̈ـ̈́ٽ'.

Form 990 (2018)

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

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

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

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

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

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

Check this box if neither the organization hol	any rolato	1 0.9	ui iiz		) C)	ompo	1134	led any curren	Conicer, directo	i, or trustee
(A)	(B)	1		Pos	ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles	s pe dad	rson	e than o is both or/trust	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) (26) Amy Reynolds	1	1						0	0	0
(2) (27) Rob Risman	1	1						0	0	0
(3) (28) Robert E Ross	1	1	:					0	0	0
(4) (29) Richard Selip	1	1			_			0	0	0
(5) (30) David J Sibits	1	1						0	0	0
(6) (31) Michael Solomon	1	<i>'</i>						0	0	0
(7) (32) Buzz Starner	1	,						0	0	0
(8) (33) Diana Strongosky	1	<b>→</b>						0	0	0
(9) (34) Beverly Warren	1	/						0	0	0
(10) (35) Daniel Wolfe	1	1						0	0	0
(11) (36) Gary L Brahler Director, Immediate Past Chair	2	1		1				0	0	0
(12) (37) Nora Jacobs Director, Board Chair	2	<i>'</i>		·				0	0	0
(13) (38) John Elliot Director, Board Chair Elect	2	<i>y</i>		<b>▼</b>				0	0	0
(14) (39) Michelle Thomas  Director, Board Secretary	2	1		·				0	0	•

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest Compensated</b>	Employees,	and
	Independent Contractors						

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

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

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

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

✓ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	it officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo of directo	unles	Pos neck ss pe	rson	e than or/trusi employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) (40) Stephen Sokany Director, Executive Director	2	<b>√</b>		1				0	0	0
(2) (41) Jessica Vargo Assistant Treasurer	2			/				0	0	0
(3) (42) Gregory Long Director, Treasurer	2	1		1				0	0	0
(4)										
(5)										
(6)										
(7)										
(8)						_				
(9)										
(10)										
(11)										
(12)										
(13)				_		-		-		
(14)										.*

Part	VIII	Statement of Reve			l #b	Dowl VIII		
		Check if Schedule C	contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts rts	1a	Federated campaigns	s	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. Г	1b	]			
s, G	С	Fundraising events	[	1c			•	-
ar it	d	Related organizations	s	1d	1	i		
s, C	е	Government grants (cor		1e	1	•		
ë S	f	All other contributions, g						
E E		and similar amounts not inc		1f 17,377,758				
<u> </u>	g	Noncash contributions include	ded in lines 1a-1					
a So	h	Total. Add lines 1a-1		. •	17,377,758			
				Business Code	11/011/100			
Ę	2a							
æ	b							<del></del>
<u>8</u>	c							
ē	d							
ΞS	e							
Program Service Revenue	f	All other program ser		****				
<u>م</u>	g	Total. Add lines 2a-2		. •				
	3	Investment income		dividends, interest,				· · · · · · · · · · · · · · · · · · ·
		and other similar amo		. •	4,316,363	4,316,363		
	4	Income from investmen	t of tax-exem	pt bond proceeds ▶	1,010,000	.,5.0,000	<del></del>	
	5	Royalties .		•				•
		.,	(ı) Real	(II) Personal				
	6a	Gross rents .				1		
	ь	Less rental expenses			i			
	С	Rental income or (loss)			1			
	d	Net rental income or	(loss) .	. •				
	7a	Gross amount from sales of	(ı) Securitie	s (II) Other				<del>                                     </del>
	١	assets other than inventory	93,350	).891	1			
	ь	Less cost or other basis		,	1			
	_	and sales expenses	87,158	1.514				,
	С	Gain or (loss)	6,192					
	d	Net gain or (loss)		. •	6,192,377	6,192,377		
		• , ,			3,112,111	-,,-		
Jue	8a	Gross income from fu	undraising					
	•	events (not including \$						
Other Reve		of contributions reporte	ed on line 1c)	ī.				v
ē		See Part IV, line 18		а				
돭	b	Less. direct expenses	s .	b				
•	C	Net income or (loss) f	rom fundrais	sing events				
	9a	Gross income from ga	aming activitie	es.				
		See Part IV, line 19 .	•	а				
	b	Less direct expenses	s	b				
		Net income or (loss) f		activities . ▶				
	10a	Gross sales of in		ess			•	, , , , , , , , , , , , , , , , , , ,
		returns and allowance	es .	a	}			-
		Less cost of goods s		b				
	С	Net income or (loss) f	rom sales of	inventory <b>&gt;</b>				
		Miscellaneous F	Revenue	Business Code				
	11a	TAX RETURN PREPER	RATION		13,918	13,918		
	b							
	С							
	d	All other revenue					_	
1	е	Total. Add lines 11a-		<b>&gt;</b>				, i
	12	Total revenue. See II	nstructions	<b>•</b>	27,900,416	27,900,416		

Sectio	on 501(c)(3) and 501(c)(4) organizations must con			s must complete col	umn (A).
	Check if Schedule O contains a respon	se or note to any lin			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	16,114,751	16,114,751		
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, lines 15 and 16				٠,
4	Benefits paid to or for members .				, k
5	Compensation of current officers, directors, trustees, and key employees .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
C	Accounting	4,149 48,184		4,149 48,184	
ď	Lobbying	40,104	-	40,104	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				<del>-</del>
	(A) amount, list line 11g expenses on Schedule O)	717,469		717,469	
12	Advertising and promotion				
13	Office expenses	5,302		5,302	
14	Information technology . Royalties				
15 16	Royalties Occupancy	133	- <del>-</del>	122	· · · · ·
17	Travel	1,550		133 1,550	
18	Payments of travel or entertainment expenses	1,000		1,000	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	53,015	"	53,015	
20	Interest	496,843		83,966	412,877
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization .	254,388		42,991	211,397
23 24	Insurance .	13,106	-· -· · · ·	13,106	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				- <u>`</u>
	(A) amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	65,321	_	65,321	
b	PROFESSIONAL ADVANCEMENT	503		503	
c	PROPERTY TAXES	10		10	
d	ANNUAL REPORT	1,500		1,500	
е 25	All other expenses MISC.  Total functional expenses. Add lines 1 through 24e	569		569	
26	Joint costs. Complete this line only if the	<del></del>			
	organization reported in column (B) joint costs	1			
	from a combined educational campaign and fundraising solicitation. Check here ▶ □ if	] [			
	following SOP 98-2 (ASC 958-720)	17,776,793	16,114,751	1,037,768	624,274

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 2,749,506 1 2,910,082 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 20,443,860 19,117,135 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 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 Notes and loans receivable, net 11,061,000 7 11,061,000 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 12,849,716 Less accumulated depreciation . 10b 11,683,124 10c 1,382,980 11,466,736 11 Investments - publicly traded securities 145,822,168 11 155,320,600 12 Investments-other securities See Part IV, line 11 12 43,300,057 41,650,724 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 4,109,618 15 4,413,351 16 Total assets. Add lines 1 through 15 (must equal line 34) 239,169,333 16 245,939,628 17 Accounts payable and accrued expenses 17 359,459 478,794 18 Grants payable 18 19 Deferred revenue . 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 24,598,068 24,582,250 26 Total liabilities. Add lines 17 through 25 26 24,957,527 25,061,044 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 27 15,946,480 17,655,616 28 Temporarily restricted net assets 28 138,615,403 134,933,050 Permanently restricted net assets 59,649,923 29 68,289,918 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Assets 30 30 Capital stock or trust principal, or current funds . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Set 33 Total net assets or fund balances . 33 214,211,806 220,878,584 Total liabilities and net assets/fund balances 34 239.169.333 245.939.628

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27	900,416
2	Total expenses (must equal Part IX, column (A), line 25)	2		17	776,793
3	Revenue less expenses. Subtract line 2 from line 1	3		10	123,623
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		214	211,806
5	Net unrealized gains (losses) on investments	5		(3,	422,658 <u>)</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) .	9			(34,187)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		220	878,584
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII			<del></del>	<u> </u>
_			_	Ye	s No
1	Accounting method used to prepare the Form 990		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in	-	
_	Schedule O.		<u> </u>	_	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 28	a	-   ✔ - ,
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled (	or	77,.	1 1
	reviewed on a separate basis, consolidated basis, or both				
_	Separate basis Consolidated basis Both consolidated and separate basis		21	- <del>-</del>	
D	Were the organization's financial statements audited by an independent accountant?		<del></del>	3 4	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.	ea on	a		
	Separate basis, Consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis			ł	
_	·		_	-	_
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			. /	
	If the organization changed either its oversight process or selection process during the tax year, ex		) - ·	<del>*   *</del>	<del></del>
	Schedule O.	piairi	11	ŀ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		_
Vu	the Single Audit Act and OMB Circular A-133?		"'   3a	a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th			+-
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		□   3t	o	
			F	orm 99	(2018)

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization Kent State University Foundation, Inc. 34-6576307 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 church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (i) Name of supported organization (II) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts. grants, contributions, membership fees received (Do not include any "unusual grants") 18,471,224 15,623,933 24,947,532 25,616,604 17,377,758 102,037,051 revenues levied 2 for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4 18,471,224 15,623,933 24,947,532 25,616,604 17,377,758 102,037,051 5 The portion of total contributions by person (other than governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 437,792 Public support. Subtract line 5 from line 4 101,599,259 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 7 Amounts from line 4 18,471,224 17,377,758 15,623,933 24,947,532 25,616,604 102,037,051 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from sımılar sources 8,503,176 7,653,600 3,027,703 7.688.145 4,330,281 31,202,905 9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 133,239,956 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . 14 76.25% % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 71.25% % 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . **▶** □ 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □ . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	1 () 22 ( )	# 1 00 d 5		1 (1) 0047		/
	dar year (or fiscal year beginning in)	(a) 2014 \	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	]	\		]	/	
2	Gross receipts from admissions, merchandise		\			/	+
	sold or services performed, or facilities		\				
	furnished in any activity that is related to the organization's tax-exempt purpose		\				
3	Gross receipts from activities that are not an		<u> </u>			/	
	unrelated trade or business under section 513		\				
4	Tax revenues levied for the		\		/		
	organization's benefit and either paid to		\				
	or expended on its behalf						
5	The value of services or facilities		\				
	furnished by a governmental unit to the		\ \		/		
•	organization without charge	<u> </u>	\\		/		
6 7a	<b>Total.</b> Add lines 1 through 5			<u> </u>	/		
ra	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			Y			
	or 1% of the amount on line 13 for the year	ļ					
С	Add lines 7a and 7b .			/ \			
8		<b>3</b>	· 韓	/ /*			
	line 6)	海山縣	المن علاما	in law in	rectant (TX	震 英 145	
	on B. Total Support	(=) 0014	(h) 004/É	(-) 0016	\ \(\delta\) 0047	(-) 0010	<b>(6</b> Tatal
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a	Gross income from interest, dividends,				`\		
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less	,	i		\		
	section 511 taxes) from businesses	<b>/</b>					
	acquired after June 30, 1975				,		
	Add lines 10a and 10b				\		
11	Net income from unrelated business activities not included in line 10b, whether				•		
	or not the business is regularly carried on					\	
12	Other income Do not include gain or					1	
	loss from the sale of capital assets	/				1	
	(Explain in Part VI.)					1	
13	Total support. (Add lines 9, 10c, 11,/					1	
	and 12)					1	
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he			<u>:_:</u>	·		. <b>▶</b> □
•	on C. Computation of Public Suppor			10 (0)	_	1 45 1 1	
15 16	Public support percentage for 2018 (line a Public support percentage from 2017 Sci		-			15 \	<u>%</u> %
	on D. Computation of Investment In					101 7	70
17	Investment income percentage for 2018 (			ov line 13. colu	ımn (f))	17	<u>%</u>
18	Investment income percentage from 201			,		18	<u>%</u>
19a	331/3% support tests - 2018. If the organ	ization did not	check the box			ore than 331/3	%,\and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 33½%, check this		<del>-</del>	:		•	' -
20	Private foundation. If the organization di	id not check a	box on line 14	. 19a. or 19b. (	check this box	and see instru	ictions. 🕨 l l

#### Part IV **Supporting Organizations**

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

Section	A.	All	Supporting	Organizations

		-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		70 y 3
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	10 m	1 ( ) ( ) ( ) ( ) ( ) ( )
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<u>-3√</u> 3a	24°	\$
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	7	199 . 1 200 . 1
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	چېر 3c	15,5	<u> </u>
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	4a	,F*	N 1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	· 沙	\$ \\ \( \)
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	51. 4 4.4 5a		The second
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	્રેલ્વ 5b	. 3	Segrice
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	\$ 1.		The state of the s
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	- C	<u></u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<del></del>	iş Səri	- 14 %
9a		9a	The state of the s	A si
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b	, est.	~*
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c	Wayde:	<u>~.</u> ,
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		演
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		3	٠,

determine whether the organization had excess business holdings.)

OU ICGO	16 77 (1 01 11 0 0 0 1 0 0 0 EZ/ Z 0 1 0			aye u
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	12.27	4	机光柱
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	in the		- 1
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	10		<u>.                                    </u>
			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	A. VALUE		, Page
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	المرابعة		<del></del>
	controlled the organization's activities. If the organization had more than one supported organization,	6 34	, S	1 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	- Ž	· ,	<b>∳~</b> }
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		<u>=5.</u>	
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported		- <b>3</b> 27	F 2-19.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	-	d .	·
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	4.0		
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II 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			- 3 - 4 )
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	- 47		\$ 4. 3
	or management of the supporting organization was vested in the same persons that controlled or managed	8.44	SAN TO	1 m
	the supported organization(s).	<u>-</u>		
Sooti	on D. All Type III Supporting Organizations	1 1		
Secu	on b. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	~ x2	200	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		, et a	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	* : .		****
		1	11	.,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	3, 4,3	が流れ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	24,000	( (G)	g
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	9 8	3 5 N	3- 1
	significant voice in the organization's investment policies and in directing the use of the organization's	. ***	· 建	¢ . <b></b>
	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	i Print	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	e)
a	☐ The organization satisfied the Activities Test Complete line 2 below.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•/
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity in the organization supported and the supported	/a.a	. 4 4	\
		see ins		
2	Activities Test Answer (a) and (b) below.	<u> </u>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 12 44		* 34 , ag
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ارزا	, ja	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	'-	Ε	` `
	how the organization was responsive to those supported organizations, and how the organization determined	أتـــا		~- 4 #
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	'	Autoria;	14 50 Tag 18
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		No.	* * * * *
	reasons for the organization's position that its supported organization(s) would have engaged in these	'	Ħ,	*
	activities but for the organization's involvement	2b		
2				,,,
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	31		arh, t
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		A. C.	<del></del>
	trustees of each of the supported organizations? Provide details in Part VI.	3a	44 7 5	<del></del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		_ 35.	ــــــــــــــــــــــــــــــــــــــ
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.				
Section A—Adjusted Net Income		(A) Pr	ıor Year	(B) Current Year (optional)
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			•
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B—Minimum Asset Amount		(A) Pr	ıor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	6,4	The sales	A Taranta Caracter Annual Cara	P. (漢葉) - 注
instructions for short tax year or assets held for part of year).	معيو قر معيو قر	k .	1 11 12	240
a Average monthly value of securities	1a			
<b>b</b> Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors (explain in detail in Part VI).	演	<b>建</b>	学学,	
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	30		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	是一数字子	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4 Enter greater of line 2 or line 3.	4		h dia	
5 Income tax imposed in prior year	5	18 TO	A. 18. 4.25	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7  Check here if the current year is the organization's first as a non-functional		tegrated Type	a III europortico	organization (occ
instructions!	יא ווי	tegrated Typ	e iii supportiiig	organization (See

Part		s) Supporting O	rgan	izations (co	ntinuea)_			
Sect	ion D—Distributions					Cur	rent Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of	suppo	orted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported	dorga	nızatıons			•	
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions.	h the organization	is res	sponsive				
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distribut	ions	(ii) Underdistr Pre-2	ibutions	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6		À.,	بعو بعط	in the parties "			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ) See instructions		100 A			er lyge		
3	Excess distributions carryover, if any, to 2018	中國 哲学 中下	3/4	第1 大海·三十	<b>为</b>	寶十十	San Tan In a Re	
а	From 2013	Corner man in			1000	يَعْ مِنْ الْفُلُاءُ	And the street	
b	From 2014	- 『鷺 等		to the second se	AND MAKE A	_	Selling!	
С	From 2015	が動い機能は	13.4	ない (を)	李建立	な豊富し	<b>建</b> 基 / W	
d	From 2016 .	Apple and	~ હેળ દે	麗, 海,	in the second	ks		
е	From 2017 .	and the allegate of allegation and	, "iz."	<b>激</b>	dig.		1,55	
f	Total of lines 3a through e			學學學	<b>,重量加</b>	£1 *	传统第一文	
<u>g</u>	Applied to underdistributions of prior years	7	, å				ar fact	
<u>h</u>	Applied to 2018 distributable amount	· 参考 A. A. A.	. 183 gr	海邊衛 海東 半 容	45 CAM. 14			
<u>_i</u>	Carryover from 2013 not applied (see instructions)			E. M		3 % ( 3	- 4.	
	Remainder Subtract lines 3g, 3h, and 3i from 3f	No. of the State of the state of the	*****	The state of the s	See English	*****		
4	Distributions for 2018 from	Walter State of the State of th	in the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		精楽ン	表 1977	
	Section D, line 7 \$	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· \$5	1 4 4	The state of	Post on way	2. W. T. R R	
<u>a</u>	Applied to underdistributions of prior years	1 1		arries that is	ائىرىن ئى#كىكىر		1. 新教 1	
<u>b</u> _	Applied to 2018 distributable amount  Remainder. Subtract lines 4a and 4b from 4.	· · · · · · · · · · · · · · · · · · ·	(#3)	不知 二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	<b>学》</b>		- 1000 M	
<u>C</u>		· · · · · · · · · · · · · · · · · · ·	क्रे के	سدر مدر ا	- E - 1300 .	- 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	お優し	
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions					A contract		
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in <b>Part VI.</b> See instructions.	· · · · · · · · · · · · · · · · · · ·	1000				•	
7	Excess distributions carryover to 2019. Add lines 3j and 4c	, , , , , , , , , , , , , , , , , , ,				曹操るる		
8	Breakdown of line 7	A PARTY OF THE PROPERTY OF	नेंजू स्न्हें।	京本子 で物サン	VA.	1 <b>10</b> 2001	7 17 17 17 17 17 17 17 17 17 17 17 17 17	
a	Excess from 2014	2 (File 75) 200	3	A CONTRACTOR	- C.	¥3× 13	المواجع الأنسانية .	
<u>b</u>	Excess from 2015	have the state of the	300 1	Service Company Community		17 m 4 72	700 400	
	Excess from 2016 .	·····································	700	ST COMME .		, , , , , , , , , , , , , , , , , , ,	21.5 25.0	
d	Excess from 2017 .	s	<u></u>	5 kg	i Militari			
е	Excess from 2018	15 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.5	Part 3 34	- 1 Per - 1	•	San Area C	

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

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

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	ate University Foundation, Inc.		34-6576307
Part			
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year .		<u> </u>
	Did the organization inform all donors and donor		
	funds are the organization's property, subject to th	ne organization's exclusive legal contro	ol? 📋 Yes 🗌 No
	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?	<u> </u>	· · · ·
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g , recrea	tion or education)   Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	. 2b
С	Number of conservation easements on a certified I	historic structure included in (a) .	. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· 🔲 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe-	cting, handling of violations, and enforcin	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text o	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	II Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF.	AS 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, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes these items.
	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X .	•	▶ \$
2	If the organization received or held works of art,	, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these if	tems
а	Revenue included on Form 990, Part VIII, line 1 .		. <b>&gt;</b> \$
h	Assets included in Form 990, Part X		•

Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply).		her record	ds, chec	k any of th	e follow	ing that are a s	significant use of its
а	✓ Public exhibition		<b>d</b> [	] Loan	or exchang	ge progra	ams	
b	Scholarly research		е [	] Other	·			
С	Preservation for future generations							
4	Provide a description of the organization XIII.	tion's collections a	and explai	in how tl	hey further	the orga	anızatıon's exer	npt purpose in Part
5	During the year, did the organization	solicit or receive	donations	of art,	historical ti	reasures	, or other simil	ar
	assets to be sold to raise funds rather		iined as p	art of the	e organizati	ion's col	lection?	☐ Yes ☑ No
Parl	Escrow and Custodial Arra Complete if the organization		" on Forn	n 990 F	Part IV. line	e 9. or r	eported an ar	nount on Form
	990, Part X, line 21.		<b></b>	.,	<b></b>	· ·, · ·		
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er interm	ediary fo	or contribut	tions or	other assets n	ot Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fol	 Iowina ta	able	•	•	☐ 162 ☐ 140
	ii res, explain the arrangement iir	art Am and comple	210 1110 101	iowing to	2010		A	mount
С	Beginning balance .					1c		
d	Additions during the year					1d		
е	Distributions during the year .		•			1e		
f	Ending balance	•				1f		
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodial	account liability	/? ☐ Yes ☐ No
<u>b</u>	If "Yes," explain the arrangement in P	art XIII Check here	e if the ex	planatio	n has been	provide	d on Part XIII .	🗆
Par								
	Complete if the organization				•			
		(a) Current year	(b) Prio		(c) Two year	<del></del>	(d) Three years bac	
1a	Beginning of year balance	138,117,510		,069,236		746,799	115,917,46	
b	Contributions	6,334,070	5	,295,046	9,0	033,662	5,426,83	9,273,652
С	Net investment earnings, gains, and losses			700 040			<b>(5.004.00</b> )	200 504
d	Grants or scholarships	2,838,502 5,887,484		,709,616 i,956,388		637,489	(5,824,36	
e	Other expenditures for facilities and	5,007,404		,,,,,,,,,	5,.	348,714	4,773,13	4,636,410
	programs							
f	Administrative expenses							
g	End of year balance	141,402,598	138	,117,510	129,0	,069,236 110,74		115,917,465
2	Provide the estimated percentage of t			line 1g	, column (a	a)) held a		
а	Board designated or quasi-endowment	nt 🕨	2%					
b	Permanent endowment	42%						
С	Temporarily restricted endowment							
0-	The percentages on lines 2a, 2b, and	•		-4 41				
Зa	Are there endowment funds not in the organization by	e possession of th	ie organiz	ation tha	at are neid	and adn	ninisterea for tr	r
	(i) unrelated organizations							Yes No 3a(i) ✓
	(ii) related organizations			• •		•		3a(i)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requir	ed on Sc	chedule R?	•		3b
4	Describe in Part XIII the intended uses	-	-			•		
Part		<del> </del>						
	Complete if the organization		on Forn	n 990, F	Part IV, line	e 11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth			or other basis ther)		ccumulated preciation	(d) Book value
	Land		549,121		1,886,823			2,435,944
b	Buildings				10,413,773		1,382,980	9,030,793
С	Leasehold improvements .							
d	Equipment				-			
e	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X	, column	i (B), line 10	Oc).	<i>.</i> . ▶	11,466,737

Schedule D (Fo					Page		
Part VII	Investments — Other Securities Complete if the organization ans		90 Part IV line	e 11h. See Form	n 990 Part X line 12		
	(a) Description of security or categor		<b>b)</b> Book value		thod of valuation		
	(including name of security)			Cost or end	i-of-year market value		
(1) Financial	derivatives						
(2) Closely-h	neld equity interests			····	·		
(3) Other	·						
(A) Private	Equity		8,631,849	End-of-year net as	set value		
(P) Hedge	Funds		22,134,410 End-of-year net asset value				
(C) Real A	ssets		10,884,465	End-of-year net as	set value		
(D)							
(E)							
(F)							
(G)							
(H)	(1) (5 000 D (1) (0) (0) (0) (0)						
	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related		41,650,724		·		
Part VIII	Complete if the organization ans		90, Part IV, line	e 11c. See Form	990, Part X, line 13.		
	(a) Description of investment	(	b) Book value		thod of valuation I-of-year market value		
(4)	<del> </del>				· · · · · · · · · · · · · · · · · · ·		
(1)							
(2)							
(4)			-				
(5)					·		
(6)							
(7)					·		
(8)		· · · · · · · · · · · · · · · · · · ·			•		
(9)							
	b) must equal Form 990, Part X, col (B) line 13)						
Part IX	Other Assets.	•					
	Complete if the organization ans	wered "Yes" on Form 99	90, Part IV, line	e 11d. See Form	n 990, Part X, line 15.		
	(;	a) Description			(b) Book value		
(1)							
(2)		<del></del>					
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	mn (b) must equal Form 990, Part X, c	ol (D) kao 15 )					
Part X	Other Liabilities.	OI. (b) IIIIe 13.)	· · · · ·	•			
Part A	Complete if the organization ans	wered "Yes" on Form 99	0, Part IV, line	e 11e or 11f Se	e Form 990, Part X,		
	line 25.		•		, ,		
1.	(a) Description of liability	(b) Book value					
(1) Federal in	ncome taxes		]				
(2) Funds he	eld as agent	10,829,843	3		•		
(3) Capital le	ease	9,733,652	<u>.</u>				

(4) Actuarial liabilities (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 24,582,250

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Pag	_	4

Schedule D (Form 990) 2018

Part			-	Return.	
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements		, iine iza.	1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•		<del>                                     </del>	24,443,571
	Net unrealized gains (losses) on investments	امدا	(0.400.050)		
a h	Donated services and use of facilities	2a 2b	(3,422,658)		
b	Recoveries of prior year grants	2c			
c d	Other (Describe in Part XIII )	2d	(24 107)		
e	Add lines 2a through 2d	Zu	(34,187)	2e	(2.450.045)
3	Subtract line 2e from line 1			3	(3,456,845) 27,900,416
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	•		27,300,416
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b	1.5		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	· · ·	5	27,900,416
Part			With Expenses pe	r Return	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements		<u> </u>	1	17,776,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		.	
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	17,776,793
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b		.	
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18)		5	17,776,793
Part					
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar				ne 4, Part X, line
2, Parl	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to prov	ide any additional inf	formation	
Part III,	, 1a: Purchases of collection items are expensed as incurred. Items contribute	d to col	lections during the ye	ar are not	reflected in the
Found	ation's financial statements. Proceeds from deaccessions or insurance recove	eries are	reflected as increase	s in the ap	propriate
net ass	set classes. The Foundation received proceeds of \$383 from deaccessions du	ring the	year ended June 30, 2	:019 and \$	6,733
during	the year ended June 30, 2018			· <b></b>	
Part III,	4: The Foundation owns certain historical fashion items. The Kent State Univ	ersity M	useum maintains cus	tody of the	se items which
provid	e the basis for the museum's exhibits and an academic resource for Kent Stat	e Univer	sity.		
Part V,	4: The endowment funds of the Foundation are invested with the purpose of	using the	e earnings to support	the needs	and priorities of
Kent S	tate University.				
Part X,	2: Pursuant to determination by the Internal Revenue Service, the Foundation	ıs exem	npt from federal incom	ie tax unde	er section 501 (c)
(2) as a	ha Internal Devenue Code. The Foundation recognizes a honefit only if it is low		lu alaan maali alaaa alaa a	i <b>s</b> i	
(3) Of t	he Internal Revenue Code The Foundation recognizes a benefit only if it is "m	iore-likel	y-man-not" that the ta	ix position	would be
enetai-	and in a tay avamination with a tay avamination being avacumed to consu. The	ame	t recognized is the la-	most a	int of the boards
JUSIGII	ned in a tax examination, with a tax examination being presumed to occur. The	a a i i i Oun	crecognized is the lar	Aest amon	III OI LAX DENEIIL
that is	greater than 50% likely of being realized on examination. For tax positions no	t meetin	a the "more-likely-the	n.not" teel	no tay benefit
aiut 13	greater shall governed or being realized on examination. For tax positions no	· mceull	M are more-incityula	in not test	, WA Delicit
is reco	rded. Management has concluded that they are unaware of any uncertain tax	benefits	or liabilities to be reco	ognized at	lune 30, 2019 or

Part XIII Supplemental Information (continued)
2018. The Foundation would recognize interest and penalties related to unrecognized tax benefits in interest and income tax, respectively.
The Foundation has no amounts accrued for interest or penalties at June 30, 2019 or 2018. The Foundation does not expect the total amount
of unrecognized tax benefits to significantly change in the next twelve months.
Part XI, 2d: Change in Actuarial Liability \$(34,188)

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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

20 <b>1</b>	Open to Public
	_

OMB No 1545-0047

Inspection

**Employer Identification number** 

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, **%** □ (h) Purpose of grant or assistance **Education programs** ☐ Yes 34-6576307 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 16,114,751 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 115(a) 31-6402079 (**b**) EIN Kent State University Foundation, Inc. 1 (a) Name and address of organization (1) Kent State University PO Box 5190, Kent, OH 44242-0001 Partl Part II ଷ ල 9 9 8 (12) ₹ 9 S 6 Ξ

Schedule I (Form 990) (2018)

Cat No 50055P

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(f) Description of noncash assistance								ional information.						Schedule I (Form 990) (2018)
(e) Method of valuation (book, FMV. appraisal, other)								ר(b); and any other addit						
(d) Amount of noncash assistance								ne 2; Part III, columi						
(c) Amount of cash grant								required in Part I, <u>II</u>						
(b) Number of recipients								the information						
(a) Type of grant or assistance								Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
	-	2	3	4	5	9	7	Pai						

# SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

2018

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Kent State University Foundation, Inc. 34-6576307 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . 2 Art-Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 132,773 Auction 204 7 Boats and planes 1.047,118 8 Intellectual property 9 Securities-Publicly traded 60,024 10 Securities-Closely held stock 1 Securities-Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution-Other Real estate-Residential . 15 16 Real estate—Commercial 17 Real estate—Other. Collectibles . 18 19 Food inventory Drugs and medical supplies . 20 21 Taxidermy . 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► ( 26 Other ► ( \_\_\_\_\_) 27 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 ✓ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . 32a . . . If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
Part 1, 32b:	The Kent State University Foundation uses licensed brokers to sell publicly traded securities and auction firms to sell vehicles
received as	non-cash contributions.
Part 1, 33: I	tems considered art-historical treasures are additions to the musuem collection. The Foundation has chosen not to report such
items in the	revenue statement and balance sheet, as permitted under SFAS 116 (ASC958).
	)

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Kent State University Foundation, Inc.	34-6576307
Form 990, Part VI, 11b: A complete copy of Form 990 was sent electronically to all members of the Boa	
it was filed with the IRS.	
Form 990, Part VI, 12c: Annually, board members of the Kent State University Foundation must review	the conflict-of-interest policy, disclose
any conflicts, and acknowledge this by signing a letter stating adherence to the policy. Members who	have a conflict of interest with a
proposed transaction must excuse themselves from discussion of, and voting on, the transaction	
Form 990, Part VI, 19: The Kent State University Foundation makes its governing documents, conflict-	of-interest policy, and financial
statements available to the public upon request. All requests need to be in writing and delivered by ha	nd, US mail, or email.
Form 990, Part XI, 9: Change in actuarial liability \$(34,187)	
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number