Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

For Paperwork Reduction Act Notice, see the separate instructions.

PUBLIC DISCLOSURE COPY

Name of organization: WRIGHT STATE UNIVERSITY FOUNDATION, INC.

Employer identification number: 23-7019799

Address of organization: 3640 COLONEL GLENN HWY, 375 FND BLDG, DAYTON, OH 45435-0001

Date of organization: 1966

State of legal domicile: OH

Form of organization: 501(c)(3)

Firm’s name: CROWE HORWATH LLP

Firm’s EIN: 35-0921680

Firm’s address: 10 WEST BROAD STREET, SUITE 1700, COLUMBUS, OH 43215-3713

Preparer’s name: RACHEL SPURLOCK

Preparer’s EIN: 284,129

Preparer’s address: 10 WEST BROAD STREET, SUITE 1700, COLUMBUS, OH 43215-3713

Preparer’s phone number: (614) 469-0001

Preparer’s PTIN: P00520729

Check if applicable:

Firm’s EIN

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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Cat. No. 11282Y

Form 990 (2014)
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

Name of exempt organization or other filer, see instructions.

WRIGHT STATE UNIVERSITY FOUNDATION, INC.

Employer identification number (EIN) or

23-7019799

Social security number (SSN)

Number, street, and room or suite no. If a P.O. box, see instructions.

3640 COLONEL GLENN HWY, 375 FND BLDG

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

DAYTON, OH 45435-0001

Enter the Return code for the return that this application is for (file a separate application for each return)

Application

Is For

Return Code
Form 990 or Form 990-EZ
01
Form 990-T (corporation)
07
Form 990-BL
02
Form 1041-A
08
Form 4720 (individual)
03
Form 4720 (other than individual)
09
Form 990-PF
04
Form 5227
10
Form 990-T (sec. 401(a) or 408(a) trust)
05
Form 6069
11
Form 990-T (trust other than above)
06
Form 8870
12

• The books are in the care of

ROBERT T. BATSON, CFP(R)

Telephone No. 937-775-2869

Fax No. 937-775-2736

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15 , 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

Calendar year 20 or

2 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
### Statement of Program Service Accomplishments

#### Check if Schedule O contains a response or note to any line in this Part III

1. **Briefly describe the organization’s mission:**
   - **Check if Schedule O contains a response or note to any line in this Part III**
   - **Briefly describe the organization’s mission:**
     - To secure, manage, and distribute private support to enhance the growth and development of Wright State University such that it can provide quality educational experiences for students, conduct scholarly research, and serve the community.

2. **Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**
   - If “Yes,” describe these new services on Schedule O.

3. **Did the organization cease conducting, or make significant changes in how it conducts, any program services?**
   - If “Yes,” describe these changes on Schedule O.

4. **Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.**
   - Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

#### Part III - Statement of Program Service Accomplishments

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $)</th>
<th>(Revenue $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>4,026,473</td>
<td>0</td>
</tr>
<tr>
<td>4b</td>
<td>3,053,382</td>
<td>0</td>
</tr>
<tr>
<td>4c</td>
<td>1,082,706</td>
<td>0</td>
</tr>
<tr>
<td>4d</td>
<td>1,216,591</td>
<td>112,415</td>
</tr>
<tr>
<td>4e</td>
<td>9,379,152</td>
<td>0</td>
</tr>
</tbody>
</table>

- **4a** SUPPORT FOR VARIOUS ACADEMIC AND SUPPORT FUNCTIONS AT WRIGHT STATE UNIVERSITY ALLOWS ADMINISTRATORS FLEXIBILITY TO DELIVER QUALITY PROGRAMS TO THEIR CONSTITUENCIES. THESE CONTRIBUTIONS SUPPLEMENT THE UNIVERSITY’S BUDGET ALLOCATION AND ALLOW PROGRAM MANAGERS TO OFFER UNIQUE AND CREATIVE LEARNING OPPORTUNITIES FOR STUDENTS. DURING THE CURRENT YEAR, 47% OF EXPENSES IN THIS AREA RELATED TO PARTIAL SUBSIDIES BY RAISING PRIVATE CONTRIBUTIONS IN SUPPORT OF STUDENT TUITION PAYMENTS. DISTRIBUTIONS OF STUDENT FINANCIAL AID TOTaled $3,053,382 DURING THE YEAR.

- **4b** STUDENTS AT WRIGHT STATE UNIVERSITY RECEIVE A QUALITY EDUCATION THAT IS PAIRED PARTLY BY TUITION AND PARTLY BY STATE SUBSIDY. THE LATTER REVENUE SOURCE HAS DECLINED IN RECENT YEARS THEREBY MAKING IT MORE DIFFICULT TO FINANCE A COLLEGE EDUCATION. ALTHOUGH WRIGHT STATE REMAINS ONE OF THE MOST AFFORDABLE PUBLIC INSTITUTIONS IN OHIO, THE FOUNDATION SEeks TO OFFSET THE LOSS OF STATE TUITION SUBSIDIES BY RAISING PRIVATE CONTRIBUTIONS IN SUPPORT OF STUDENT TUITION PAYMENTS. DISTRIBUTIONS OF STUDENT FINANCIAL AID TOTaled $3,053,382 DURING THE YEAR.

- **4c** THE FOUNDATION ENTERTAINS REQUESTS TO ASSIST WITH FUNDING VARIOUS UNIVERSITY PROJECTS FOR THE BETTERMENT OF THE ENTIRE CAMPUS COMMUNITY. THE MAJORITY OF EXPENSES IN THE CURRENT FISCAL YEAR WERE MADE IN SUPPORT OF THE UNIVERSITY’S BRANDING PROJECT, AS WELL AS TO SUPPORT VARIOUS ALUMNI PROGRAMMING EFFORTS. GRANTS ARE ALSO MADE IN SUPPORT OF THE UNIVERSITY’S VARIOUS PROMOTION AND OUTREACH EFFORTS. TOTAL GRANT EXPENDITURES AMOUNTED TO $1,082,706.

### Form 990 (2014) Page 2

- **4e** Total program service expenses: 9,379,152
## Checklist of Required Schedules

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<td></td>
<td></td>
<td>Yes</td>
</tr>
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<td>---</td>
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<td>-----</td>
</tr>
<tr>
<td>21</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>23</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>24a</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>✔</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>✔</td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td>✔</td>
</tr>
<tr>
<td>25a</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>25b</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>26</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>27</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a. A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>✔</td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>✔</td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>✔</td>
</tr>
<tr>
<td>28c</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M</td>
<td>✔</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M</td>
<td>✔</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I</td>
<td>✔</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II</td>
<td>✔</td>
</tr>
<tr>
<td>33</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>34</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)? b. If “Yes” to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2</td>
<td>✔</td>
</tr>
<tr>
<td>35b</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>✔</td>
</tr>
<tr>
<td>36</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>37</td>
<td>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</td>
<td>✔</td>
</tr>
<tr>
<td>38</td>
<td>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</td>
<td>✔</td>
</tr>
</tbody>
</table>
Part V  
Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ............. 1a 15
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .......... 1b 0

2c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ........................................... 2c

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 3

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .................. 2b

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .... 3a

3b Did the organization have unrelated business gross income of $1,000 or more during the year? .... 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ................................................................. 4a

b If “Yes,” enter the name of the foreign country: ▶ ......................................................................................... 4b

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

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .... 5a

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b

Note. 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).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? .................................................................................. 7a

b If “Yes,” did the organization notify the donor of the value of the goods or services provided? .... 7b

Note. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ................................................................. 7c

Note. If “Yes,” indicate the number of Forms 8282 filed during the year ........................................................................ 7d

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? ... 7f

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

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ........ 8

9 Sponsoring organizations maintaining donor advised funds.

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

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

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

a Initiation fees and capital contributions included on Part VIII, line 12 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .... 10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders ........................................................................ 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) .................................................................................. 11b

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

b If “Yes,” enter the amount of tax-exempt interest received or accrued during the year .......... 12b

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

a 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

c Enter the amount of reserves on hand .................................................................................. 13c

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

b If “Yes,” has it filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O . 14b
**Part VI Governance, Management, and Disclosure**

For each “Yes” response to lines 2 through 7b below, and for a “No” response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

### Section A. Governing Body and Management

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<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.</td>
<td>30</td>
<td>✔</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent</td>
<td>30</td>
<td>✔</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have a written conflict of interest policy?</td>
<td>2</td>
<td>✔</td>
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<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>3</td>
<td>✔</td>
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<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>✔</td>
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<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5</td>
<td>✔</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>6</td>
<td>✔</td>
</tr>
<tr>
<td>7a</td>
<td>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>7a</td>
<td>✔</td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b</td>
<td>✔</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>8a</td>
<td>✔</td>
</tr>
<tr>
<td>a</td>
<td>The governing body?</td>
<td>8a</td>
<td>✔</td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>✔</td>
</tr>
<tr>
<td>9</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.</td>
<td>9</td>
<td>✔</td>
</tr>
</tbody>
</table>

### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>✔</td>
</tr>
<tr>
<td>10b</td>
<td>If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?</td>
<td>10b</td>
<td>✔</td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>✔</td>
</tr>
<tr>
<td>11b</td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>11b</td>
<td>✔</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If “No,” go to line 13.</td>
<td>12a</td>
<td>✔</td>
</tr>
<tr>
<td>12b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>✔</td>
</tr>
<tr>
<td>12c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done.</td>
<td>12c</td>
<td>✔</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>✔</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>✔</td>
</tr>
<tr>
<td>15</td>
<td>Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td>15a</td>
<td>✔</td>
</tr>
<tr>
<td>15b</td>
<td>The organization’s CEO, Executive Director, or top management official</td>
<td>15b</td>
<td>✔</td>
</tr>
<tr>
<td>16a</td>
<td>Other officers or key employees of the organization. If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td>16a</td>
<td>✔</td>
</tr>
<tr>
<td>16b</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16b</td>
<td>✔</td>
</tr>
</tbody>
</table>

### Section C. Disclosure

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>List the states with which a copy of this Form 990 is required to be filed</td>
<td>NONE</td>
</tr>
<tr>
<td>18</td>
<td>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>State the name, address, and telephone number of the person who possesses the organization’s books and records.</td>
<td></td>
</tr>
</tbody>
</table>

ROBERT T. BATSON, CFP(R), 3640 COLONEL GLENN HIGHWAY, DAYTON, OH 45435-0001, (937)775-2869, FAX: (937)775-2736
### 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**

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

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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Reportable compensation (W-2/1099-MISC)</th>
<th>(D) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(E) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) AMOS, RONALD D. CHAIR</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(2) LYMAN, M.D., JOHN VICE CHAIR</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(3) KUNK, ANDREA SECRETARY</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(4) LIGHTNER, JEFFREY TREASURER; CHAIR, FINANCE COMMITTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(5) CLOYD, RONALD CHAIR, AUDIT COMMITTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(6) GREENWOOD, TRAVIS CHAIR, GOVERNANCE COMMITTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(7) MCSEMEK, DAVID CHAIR, INVESTMENT COMMITTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(8) BACK, DONNA TRUSTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(9) BALYEAT, MARTHA TRUSTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(10) BIGLER, ERIC TRUSTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(11) CASWELL, REX TRUSTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(12) COOK, DOUG TRUSTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(13) CROSBY, CATHERINE TRUSTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
<tr>
<td>(14) DEPTULA, DAVID TRUSTEE</td>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15) DUNCAN, TOM TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(16) FEDDERS, JONI TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(17) GENTILE, JULIE TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(18) GRUENBERG, JONAS TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(19) HIGHTOWER, STEPHEN TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(20) KLINE, BRUCE TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(21) KOHR, BRIAN TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(22) LEBER, GENE TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(23) MILLER, JIM TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(24) MONTGOMERY, WILLIAM TRUSTEE</td>
<td>1</td>
<td>✔</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(25) (SEE STATEMENT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1b Sub-total | 0 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | 547,406 | 119,137 |
| d Total (add lines 1b and 1c) | 547,406 | 119,137 |

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 |

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 | Yes | No |

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 | Yes | No |

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 | Yes | No |

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEI, 1 FREEDOM VALLEY DRIVE, OAKS, PA 19456</td>
<td>INVESTMENT MANAGEMENT</td>
<td>697,022</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 1 |
## Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>11,572,187</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f:</td>
<td>500,122</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a–1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a–2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>185,350</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td>185,350</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>185,350</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td>5,833,612</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a OTHER INCOME</td>
<td>900099</td>
<td>112,415</td>
<td>112,415</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a–11d</td>
<td>112,415</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td>21,168,601</td>
<td>112,415</td>
<td>4,760</td>
<td></td>
<td>9,479,239</td>
</tr>
</tbody>
</table>

Form 990 (2014)
### Part IX  Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .</td>
<td>6,325,770</td>
<td>6,325,770</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22 . . . .</td>
<td>3,053,382</td>
<td>3,053,382</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages . . . . . .</td>
<td>255,515</td>
<td></td>
<td>255,515</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits . . . . . .</td>
<td>79,399</td>
<td></td>
<td>79,399</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes . . . . . . . . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management . . . . . . . . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal . . . . . . . . . . . . .</td>
<td>44,777</td>
<td></td>
<td>44,777</td>
</tr>
<tr>
<td>c</td>
<td>Accounting . . . . . . . . . . .</td>
<td>25,600</td>
<td></td>
<td>25,600</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying . . . . . . . . . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees . . . .</td>
<td></td>
<td></td>
<td>724,254</td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>584,837</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion . . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses . . . . . . . . .</td>
<td>58,639</td>
<td></td>
<td>13,467</td>
</tr>
<tr>
<td>14</td>
<td>Information technology . . . . . .</td>
<td>192,055</td>
<td></td>
<td>4,942</td>
</tr>
<tr>
<td>15</td>
<td>Royalties . . . . . . . . . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy . . . . . . . . . . .</td>
<td>125,661</td>
<td></td>
<td>124,077</td>
</tr>
<tr>
<td>17</td>
<td>Travel . . . . . . . . . . . . .</td>
<td>177,644</td>
<td></td>
<td>15,695</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings . . .</td>
<td>19,298</td>
<td></td>
<td>19,298</td>
</tr>
<tr>
<td>20</td>
<td>Interest . . . . . . . . . . . .</td>
<td>9,332</td>
<td></td>
<td>9,332</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates . . . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization . .</td>
<td>116,887</td>
<td></td>
<td>116,887</td>
</tr>
<tr>
<td>23</td>
<td>Insurance . . . . . . . . . . .</td>
<td>19,389</td>
<td></td>
<td>19,389</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>MISCELLANEOUS . . . . . . . . .</td>
<td>5,803</td>
<td></td>
<td>5,803</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>12,104,371</td>
<td>9,379,152</td>
<td>1,125,521</td>
</tr>
</tbody>
</table>

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) . . . . . .
### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X □

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>3,271,998</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>1,098</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>6,440,300</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>7,728,259</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>194,128</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>101,623,727</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>17,712,019</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>2,994,839</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>134,718,436</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>274,824</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>1,997,880</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>1,000,000</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>1,466,340</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>4,739,044</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>21,168,601</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>12,104,371</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>9,064,230</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>129,979,392</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>(6,173,070)</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>(48,733)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>132,821,819</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: □ Cash</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>□ Accrual          □ Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked “Other,” explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis   □ Consolidated basis   □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis   □ Consolidated basis   □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>Yes</td>
</tr>
<tr>
<td>3b</td>
<td>If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td>Yes</td>
</tr>
<tr>
<td>(A) Name and Title</td>
<td>(B) Average hours per week (list any hours for related organizations below dotted line)</td>
<td>(C) Position (Check all that apply)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>(25) PHILLIPS, RANDY E.</td>
<td>1</td>
<td>TRUSTEE</td>
</tr>
<tr>
<td>(26) POHLMAN, WILLIAM H.</td>
<td>1</td>
<td>TRUSTEE</td>
</tr>
<tr>
<td>(27) REYNOLDS, ROBERT E.</td>
<td>1</td>
<td>TRUSTEE</td>
</tr>
<tr>
<td>(28) SOIN, VISHAL</td>
<td>1</td>
<td>TRUSTEE</td>
</tr>
<tr>
<td>(29) STEVENS, HOWARD</td>
<td>1</td>
<td>TRUSTEE</td>
</tr>
<tr>
<td>(30) WRIGHT, CAROLYN</td>
<td>1</td>
<td>TRUSTEE</td>
</tr>
<tr>
<td>(31) COLE, REBECCA</td>
<td>10</td>
<td>PRESIDENT</td>
</tr>
<tr>
<td>(32) SHEPARD, BILL</td>
<td>10</td>
<td>VICE PRESIDENT</td>
</tr>
<tr>
<td>(33) BATSON, ROBERT T.</td>
<td>10</td>
<td>CFO</td>
</tr>
<tr>
<td>(34) WALL, ANDREA</td>
<td>10</td>
<td>ASSISTANT SECRETARY</td>
</tr>
</tbody>
</table>
**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.

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

---

**Part I  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 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:

5 [ ] An organization operated for the benefit of, to perform the functions of, or to carry out the purposes of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 ✔ 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.)

8 [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)

10 [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 [ ] 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

   a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**

   b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**

   c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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.**

   e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

   f Enter the number of supported organizations:

   g Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4,796,110</td>
<td>4,827,317</td>
<td>7,543,181</td>
<td>9,487,402</td>
<td>11,572,187</td>
<td>38,226,197</td>
</tr>
<tr>
<td>2  Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  <strong>Total.</strong> Add lines 1 through 3</td>
<td>4,796,110</td>
<td>4,827,317</td>
<td>7,543,181</td>
<td>9,487,402</td>
<td>11,572,187</td>
<td>38,226,197</td>
</tr>
<tr>
<td>5  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  <strong>Public support.</strong> Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,430,408</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Amounts from line 4</td>
<td>4,796,110</td>
<td>4,827,317</td>
<td>7,543,181</td>
<td>9,487,402</td>
<td>11,572,187</td>
<td>38,226,197</td>
</tr>
<tr>
<td>8  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>3,018,683</td>
<td>2,809,933</td>
<td>3,280,922</td>
<td>2,203,942</td>
<td>3,650,387</td>
<td>14,963,867</td>
</tr>
<tr>
<td>9  Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>3,932</td>
<td>3,932</td>
<td></td>
<td></td>
<td></td>
<td>3,932</td>
</tr>
<tr>
<td>10  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>206,681</td>
<td>160,980</td>
<td>52,046</td>
<td>839,184</td>
<td>112,415</td>
<td>1,371,306</td>
</tr>
<tr>
<td>11  <strong>Total support.</strong> Add lines 7 through 10</td>
<td>206,681</td>
<td>160,980</td>
<td>52,046</td>
<td>839,184</td>
<td>112,415</td>
<td>1,371,306</td>
</tr>
<tr>
<td>12  Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>13  <strong>First five years.</strong> 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,371,306</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14  Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15  Public support percentage from 2013 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a  <strong>33⅓% support test—2014.</strong> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b  <strong>33⅓% support test—2013.</strong> If the organization did not check the box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a  <strong>10%-facts-and-circumstances test—2014.</strong> 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b  <strong>10%-facts-and-circumstances test—2013.</strong> 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18  <strong>Private foundation.</strong> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2014
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15% |
| Public support percentage from 2013 Schedule A, Part III, line 15 | 16% |

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17% |
| Investment income percentage from 2013 Schedule A, Part III, line 17 | 18% |
| 19a 33⅓% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization |         |
| 19b 33⅓% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization |         |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |         |
**Part IV: Supporting Organizations**

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

**Section A. All Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV  Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?  
   a  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  
   b  A family member of a person described in (a) above?  
   c  A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  
   a  The organization satisfied the Activities Test. Complete line 2 below.  
   b  The organization is the parent of each of its supported organizations. Complete line 3 below.  
   c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

   a  Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

   b  Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

   a  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

   b  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. **Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>Reason</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net short-term capital gain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2. Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Add lines 1 through 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Depreciation and depletion</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7. Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8. <strong>Adjusted Net Income</strong> (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>Reason and Description</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b. Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c. Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d. Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e. Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1d</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5. Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6. Multiply line 5 by .035</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7. Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8. <strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Reason and Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2. Enter 85% of line 1</td>
<td>2</td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3</td>
<td>4</td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6. <strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
<td>6</td>
</tr>
</tbody>
</table>

7. **Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).**
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2014 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2014</th>
<th>(iii) Distributable Amount for 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2014 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2014:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
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<tr>
<td>c</td>
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<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2013 . . . . .</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2009 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2014 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2015. Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2013 . . .</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2014 . . .</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2014
**Part VI**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule A, Part II, Line 10</td>
<td>OTHER INCOME</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Income</td>
<td>206,681</td>
<td>160,980</td>
<td>52,046</td>
<td>839,184</td>
<td>112,415</td>
<td>1,371,306</td>
</tr>
</tbody>
</table>
Name of the organization: WRIGHT STATE UNIVERSITY FOUNDATION, INC.
Employer identification number: 23-7019799

Filers of: Form 990 or 990-EZ
   ✔ 501(c)(3) (enter number) organization
   □ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
   □ 527 political organization

Form 990-PF
   □ 501(c)(3) exempt private foundation
   □ 4947(a)(1) nonexempt charitable trust treated as a private foundation
   □ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule
   □ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules
   ✔ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

   □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, etc., purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

   □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year .............................................................. $ ..................................................
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$ 2,000,000</td>
<td>Person ✔ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$ 2,000,000</td>
<td>Person ✔ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$ 1,550,300</td>
<td>Person ✔ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$ 480,000</td>
<td>Person ✔ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$ 350,857</td>
<td>Person ✔ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$ 315,000</td>
<td>Person ✔ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$250,000</td>
<td>✔ Person ✔ Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td>$250,000</td>
<td>✔ Person ✔ Payroll</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td>9</td>
<td></td>
<td>$233,464</td>
<td>✔ Person ✔ Payroll</td>
</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>$123,456</td>
<td>✔ Person ✔ Payroll</td>
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<tr>
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<td></td>
<td></td>
<td>$234,567</td>
<td>✔ Person ✔ Payroll</td>
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<tr>
<td></td>
<td></td>
<td>$345,678</td>
<td>✔ Person ✔ Payroll</td>
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<tr>
<td></td>
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<td>$456,789</td>
<td>✔ Person ✔ Payroll</td>
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<td></td>
<td></td>
<td>$567,890</td>
<td>✔ Person ✔ Payroll</td>
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<td>$678,901</td>
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<td>$789,012</td>
<td>✔ Person ✔ Payroll</td>
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<td></td>
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<td>$890,123</td>
<td>✔ Person ✔ Payroll</td>
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<tr>
<td></td>
<td></td>
<td>$901,234</td>
<td>✔ Person ✔ Payroll</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Part II Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Name of organization: WRIGHT STATE UNIVERSITY FOUNDATION, INC.
Employer identification number: 23-7019799
## Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
<td>Transfer of gift</td>
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</tr>
<tr>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
<td>Relationship of transferor to transferee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
<td>Transfer of gift</td>
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<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
<td>Transfer of gift</td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
<td>Transfer of gift</td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
<td>Transfer of gift</td>
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</tr>
</tbody>
</table>
### SCHEDULE D (Form 990)

**Supplemental Financial Statements**

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered “Yes” to Form 990, Part IV, line 6.

- **1.** Total number at end of year
- **2.** Aggregate value of contributions to (during year)
- **3.** Aggregate value of grants from (during year)
- **4.** Aggregate value at end of year
- **5.** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?
- **6.** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

**Part II**

**Conservation Easements.**

Complete if the organization answered “Yes” to Form 990, Part IV, line 7.

- **1.** Purpose(s) of conservation easements held by the organization (check all that apply).
- **2.** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- **3.** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
- **4.** Number of states where property subject to conservation easement is located.
- **5.** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- **6.** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
- **7.** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
- **8.** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- **9.** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered “Yes” to Form 990, Part IV, line 8.

- **1a.** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- **1b.** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - **(i)** Revenue included in Form 990, Part VIII, line 1
  - **(ii)** Assets included in Form 990, Part X
- **2.** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
  - **a.** Revenue included in Form 990, Part VIII, line 1
  - **b.** Assets included in Form 990, Part X
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a □ Public exhibition
   b □ Scholarly research
   c □ Preservation for future generations
   d □ Loan or exchange programs
   e □ Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  □ Yes □ No

Part IV Escrow and Custodial Arrangements.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ Yes □ No

1b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1f</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  □ Yes □ No

2b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  □ Yes

Part V Endowment Funds.

Complete if the organization answered “Yes” to Form 990, Part IV, line 10.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Beginning of year balance</td>
<td>93,411,764</td>
<td>84,195,844</td>
<td>76,972,250</td>
</tr>
<tr>
<td>1b</td>
<td>Contributions</td>
<td>1,767,157</td>
<td>4,727,493</td>
<td>2,233,453</td>
</tr>
<tr>
<td>1c</td>
<td>Net investment earnings, gains, and losses</td>
<td>2,235,066</td>
<td>9,001,610</td>
<td>7,516,400</td>
</tr>
<tr>
<td>1d</td>
<td>Grants or scholarships</td>
<td>5,263,608</td>
<td>4,513,183</td>
<td>2,526,259</td>
</tr>
<tr>
<td>1e</td>
<td>Administrative expenses</td>
<td>2,604,131</td>
<td>18,406</td>
<td>10,226</td>
</tr>
<tr>
<td>1f</td>
<td>End of year balance</td>
<td>92,150,379</td>
<td>93,411,764</td>
<td>84,195,844</td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment  ▶ 43.27 %
   b Permanent endowment  ▶ 46.65 %
   c Temporarily restricted endowment  ▶ 10.08 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations  □ Yes □ No

3b If “Yes” to 3a(ii), are the related organizations listed as required on Schedule R?  □ Yes

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered “Yes” to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>173,000</td>
<td></td>
<td>173,000</td>
<td>173,000</td>
</tr>
<tr>
<td>1b Buildings</td>
<td>2,550,063</td>
<td>183,902</td>
<td>2,366,161</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>28,632</td>
<td>10,226</td>
<td>18,406</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>46,564</td>
<td></td>
<td>46,564</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c). ▶ 2,604,131
## Part VII  Investments—Other Securities.
Complete if the organization answered “Yes” to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) LIMITED PARTNERSHIPS</td>
<td>900,614</td>
<td>END OF YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) ALTERNATIVE ASSETS</td>
<td>17,307,400</td>
<td>END OF YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
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<td>(F)</td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td><strong>18,208,014</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Part VIII  Investments—Program Related.
Complete if the organization answered “Yes” to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<td>(3)</td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td>**</td>
<td></td>
</tr>
</tbody>
</table>

## Part IX  Other Assets.
Complete if the organization answered “Yes” to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td>**</td>
</tr>
</tbody>
</table>

## Part X  Other Liabilities.
Complete if the organization answered “Yes” to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) DUE TO WRIGHT STATE UNIVERSITY</td>
<td>1,117,925</td>
</tr>
<tr>
<td>(3) ANNUITIES PAYABLE</td>
<td>328,800</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td><strong>1,446,725</strong></td>
</tr>
</tbody>
</table>

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.
**Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered “Yes” to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
<td>14,239,844</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
<td>(6,173,070)</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>0</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>(6,173,070)</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td>20,412,914</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td>726,254</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td>29,433</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>755,687</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td></td>
<td>21,168,601</td>
</tr>
</tbody>
</table>

**Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered “Yes” to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
<td>11,397,417</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>19,300</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>19,300</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td>11,378,117</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td>726,254</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>726,254</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td></td>
<td>12,104,371</td>
</tr>
</tbody>
</table>

**Part XIII  Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

...
Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also, complete this part to provide any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE D, PART XI, LINE 4(B)</td>
<td>OTHER REVENUE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) Description</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Amount</td>
</tr>
<tr>
<td></td>
<td>CHANGE IN VALUE OF SPLIT INTEREST TRUSTS</td>
<td>5,333</td>
</tr>
<tr>
<td></td>
<td>CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE</td>
<td>24,100</td>
</tr>
</tbody>
</table>
Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE D, PART XII, LINE 2(D)</td>
<td>OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WRITE OFF OF NONCOLLECTIBLE PLEDGES</td>
<td>19,300</td>
</tr>
</tbody>
</table>
## Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE D, PART V, LINE 4</td>
<td>INTENDED USES OF ENDOWMENT FUNDS</td>
<td>ENDOWMENT FUNDS HAVE BEEN ESTABLISHED WITH THE FOUNDATION TO SUPPORT THREE MAJOR PROGRAM AREAS; ACADEMIC AND SUPPORT PROGRAMS, STUDENT FINANCIAL AID AND RESEARCH. SPECIFICALLY, ENDOWMENTS FUND PROGRAM OPERATIONS, STUDENT SCHOLARSHIPS AND AWARDS, DEPARTMENT CHAIR POSITIONS, PROFESSORSHIPS, STUDENT SUPPORT PROGRAMS AND INDIVIDUAL RESEARCH PROJECTS.</td>
</tr>
<tr>
<td>SCHEDULE D, PART X, LINE 2</td>
<td>FIN 48 (ASC 740) FOOTNOTE</td>
<td>THE FOUNDATION HAS BEEN APPROVED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL TAXES ON ITS NORMAL ACTIVITIES. GAAP PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS “MORE LIKELY THAN NOT” THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION, FOR TAX POSITIONS NOT MEETING THE “MORE LIKELY THAN NOT” TEST, NO TAX BENEFIT IS RECORDED. MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT JUNE 30, 2015 OR 2014, RESPECTIVELY. THE FOUNDATION DOES NOT HAVE ANY TAX BENEFITS RECORDED AT JUNE 30, 2015, AND DOES NOT EXPECT THAT POSITION TO SIGNIFICANTLY CHANGE IN THE NEXT YEAR. THE FOUNDATION WOULD RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE, IF APPLICABLE, AND THERE WERE NO AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2015 OR 2014.</td>
</tr>
</tbody>
</table>
## Part I  General Information on Activities Outside the United States

Complete if the organization answered “Yes” on Form 990, Part IV, line 14b.

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes  
   - No

2. **For grantmakers.** Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in region</th>
<th>(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures for and investments in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CENTRAL AMERICA AND THE CARIBBEAN</td>
<td>0</td>
<td>0</td>
<td>INVESTMENTS</td>
<td></td>
<td>14,859,000</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(3)</td>
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<td>(16)</td>
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<tr>
<td>(17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3a Sub-total</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td><strong>14,859,000</strong></td>
</tr>
<tr>
<td><strong>b Total from continuation sheets to Part I</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>c Totals (add lines 3a and 3b)</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td><strong>14,859,000</strong></td>
</tr>
</tbody>
</table>
## Part II Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered “Yes” on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
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</tbody>
</table>

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.
### Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered “Yes” on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>
### Part IV  Foreign Forms

1. **Was the organization a U.S. transferor of property to a foreign corporation during the tax year?**
   - If “Yes,” the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).
   - **Yes** ☐  **No** ☑

2. **Did the organization have an interest in a foreign trust during the tax year?**
   - If “Yes,” the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).
   - **Yes** ☐  **No** ☑

3. **Did the organization have an ownership interest in a foreign corporation during the tax year?**
   - If “Yes,” the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).
   - **Yes** ☑  **No** ☐

4. **Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year?**
   - If “Yes,” the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).
   - **Yes** ☑  **No** ☐

5. **Did the organization have an ownership interest in a foreign partnership during the tax year?**
   - If “Yes,” the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).
   - **Yes** ☑  **No** ☐

6. **Did the organization have any operations in or related to any boycotting countries during the tax year?**
   - If “Yes,” the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).
   - **Yes** ☑  **No** ☐
**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method: amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE F, PART I, LINE 3</td>
<td>METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</td>
<td>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL</td>
</tr>
</tbody>
</table>
## Part I. Fundraising Activities.
Complete if the organization answered “Yes” to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILSON-BENNETT TECHNOLOGY, INC., 140 PROFESSIONAL DRIVE SUITE 2, CABOT 72023</td>
<td>(SEE STATEMENT)</td>
<td>Yes</td>
<td></td>
<td>126,000</td>
<td></td>
</tr>
<tr>
<td>SNAVLEY ASSOCIATES 112 WEST FOSTER AVENUE SUITE 401, STATE COLLEGE 16804-1139</td>
<td>(SEE STATEMENT)</td>
<td>Yes</td>
<td></td>
<td>158,129</td>
<td></td>
</tr>
<tr>
<td>ANGELIA K. HOPKINS 1425 ASHBURY PARK PL, CENTERVILLE, OH 45458-6405</td>
<td>(SEE STATEMENT)</td>
<td>Yes</td>
<td></td>
<td>35,000</td>
<td></td>
</tr>
</tbody>
</table>

### Total

| | | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Total | 0 | 319,129 | 0 |

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Ohio (OH)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2014
## Part II Fundraising Events

Complete if the organization answered “Yes” to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 Less: Contributions</td>
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<tr>
<td>3 Gross income (line 1 minus line 2)</td>
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<tr>
<td>4 Cash prizes</td>
<td></td>
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<td></td>
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<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
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<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
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<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
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</tbody>
</table>

Direct Expenses

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
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<tr>
<td>3 Noncash prizes</td>
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<td>4 Rent/facility costs</td>
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<tr>
<td>5 Other direct expenses</td>
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<tr>
<td>6 Volunteer labor</td>
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</tbody>
</table>

Part III Gaming

Complete if the organization answered “Yes” to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
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<tr>
<td>2 Cash prizes</td>
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<td>3 Noncash prizes</td>
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<td>4 Rent/facility costs</td>
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<tr>
<td>5 Other direct expenses</td>
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<tr>
<td>6 Volunteer labor</td>
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</tbody>
</table>

Direct Expenses

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
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<td>2 Cash prizes</td>
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<td>3 Noncash prizes</td>
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<td>5 Other direct expenses</td>
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<tr>
<td>6 Volunteer labor</td>
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</table>

Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?  
   | Yes ☐ ☐ ☐ ☐ No ☐ ☐ ☐ ☐  

b If “No,” explain:  
   |  

t Were any of the organization’s gaming licenses revoked, suspended or terminated during the tax year?  
   | Yes ☐ ☐ ☐ ☐ No ☐ ☐ ☐ ☐  

b If “Yes,” explain:  
   |  

---

Schedule G (Form 990 or 990-EZ) 2014
11 Does the organization conduct gaming activities with nonmembers?  □ Yes  □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  □ Yes  □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility  □  %
   b An outside facility  □  %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name ▶  
   Address ▶ 

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  □ Yes  □ No
   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ▶ and the amount of gaming revenue retained by the third party ▶ $ ▶
   c If "Yes," enter name and address of the third party:
      Name ▶ 
      Address ▶ 

16 Gaming manager information:
   Name ▶ 
   Gaming manager compensation ▶ $ ▶
   Description of services provided ▶
   □ Director/officer  □ Employee  □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  □ Yes  □ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ ▶

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE G, PART I</td>
<td>LINE 2B COLUMN (II)</td>
<td>MANAGEMENT OF STUDENT PHONATHON OPERATION</td>
</tr>
<tr>
<td>ACTIVITY 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHEDULE G, PART I</td>
<td>LINE 2B COLUMN (II)</td>
<td>DEVELOPMENT OF CAMPAIGN THEME, COMMUNICATIONS</td>
</tr>
<tr>
<td>ACTIVITY 2</td>
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<tr>
<td>SCHEDULE G, PART I</td>
<td>LINE 2B COLUMN (II)</td>
<td>DONOR CULTIVATION/CAMPAIGN EVENT PLANNING</td>
</tr>
<tr>
<td>ACTIVITY 3</td>
<td></td>
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</tr>
</tbody>
</table>
WRIGHT STATE UNIVERSITY FOUNDATION, INC.

WRIGHT STATE UNIVERSITY
3640 COLONEL GLENN HIGHWAY, DAYTON, OH 45435-0001
31-0732831

1 (a) Name and address of organization or government
(1) WRIGHT STATE UNIVERSITY
3640 COLONEL GLENN HIGHWAY, DAYTON, OH 45435-0001
31-0732831
STATE UNIVERSITY
6,325,770
N/A
N/A

(b) EIN
(c) IRC section if applicable
(d) Amount of cash grant
(e) Amount of non-cash assistance
(f) Method of valuation (book, FMV, appraisal, other)
(g) Description of non-cash assistance
(h) Purpose of grant or assistance

INSITUTIONAL SUPPORT
### Part III  Grants and Other Assistance to Domestic Individuals

Complete if the organization answered “Yes” to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
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<tbody>
<tr>
<td>1</td>
<td>SCHOLARSHIPS</td>
<td>1,267</td>
<td>3,053,382</td>
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<td>7</td>
<td><strong>Part IV  Supplemental Information.</strong> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Return Reference</td>
<td>Identifier</td>
<td>Explanation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHEDULE I, PART I, LINE 2</td>
<td>PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</td>
<td>ALL EXPENDITURES OF GRANT PROCEEDS FOR PROGRAM SUPPORT, RESEARCH, ATHLETICS AND MISCELLANEOUS GRANTS ARE SUBJECT TO APPROVAL OF THE FOUNDATION'S CFO OR HIS/HER DESIGNEE. PRIOR TO APPROVAL, THE CFO REVIEWS THE PURPOSE OF THE EXPENDITURE IN CONJUNCTION WITH DONOR RESTRICTIONS AS SPECIFIED IN GIFT AGREEMENTS AND OTHER RELATED GIFT DOCUMENTS. WITH RESPECT TO SCHOLARSHIP AWARDS, GRANT PROCEEDS ARE RELEASED TO THE FINANCIAL AID OFFICE OF WRIGHT STATE UNIVERSITY, A RELATED TAX-EXEMPT ORGANIZATION, WHICH CREDITS INDIVIDUAL STUDENT ACCOUNTS IN THE AMOUNT OF SCHOLARSHIPS AWARDED.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SCHEDULE J

**Form 990**

**Department of the Treasury**
**Internal Revenue Service**

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

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

**Name of the organization**

WRIGHT STATE UNIVERSITY FOUNDATION, INC.

**Employer identification number**

23-7019799

### Part I

#### Questions Regarding Compensation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If “No,” complete Part III to explain.</td>
</tr>
<tr>
<td>1b</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? |
| 2 | Yes | No |

| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |
| 3 | Compensation committee   | Written employment contract |
|   | Independent compensation consultant   | Compensation survey or study |
|   | Form 990 of other organizations   | Approval by the board or compensation committee |

| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: |
| 4a | Receive a severance payment or change-of-control payment? |
| 4b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? |
| 4c | Participate in, or receive payment from, an equity-based compensation arrangement? |
| 4c | If “Yes” to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. |

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: |
| 5a | The organization? |
| 5b | Any related organization? |
| 5b | If “Yes” to line 5a or 5b, describe in Part III. |
| 5b | Yes | No |

| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: |
| 6a | The organization? |
| 6b | Any related organization? |
| 6b | If “Yes” to line 6a or 6b, describe in Part III. |
| 6b | Yes | No |

| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If “Yes,” describe in Part III |
| 7 | Yes | No |

| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If “Yes,” describe in Part III |
| 8 | Yes | No |

| 9 | If “Yes” to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? |
| 9 | Yes | No |
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)–(D)</th>
<th>(F) Compensation in column (B) reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLE, REBECCA PRESIDENT</td>
<td>(i) 0</td>
<td>(ii) 0</td>
<td>(i) 0</td>
<td>(ii) 218,587</td>
<td>0</td>
</tr>
<tr>
<td>SHEPARD, BILL VICE PRESIDENT</td>
<td>(i) 0</td>
<td>(ii) 0</td>
<td>(i) 0</td>
<td>(ii) 144,359</td>
<td>0</td>
</tr>
<tr>
<td>BATSON, ROBERT T. CFO</td>
<td>(i) 116,839</td>
<td>(ii) 0</td>
<td>(i) 0</td>
<td>(ii) 116,839</td>
<td>0</td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2014
**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
</table>
## SCHEDULE M
(Form 990)

### Noncash Contributions

> Complete if the organizations answered “Yes” on Form 990, Part IV, lines 29 or 30.
> Attach to Form 990.
> Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art—Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art—Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art—Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities—Publicly traded</td>
<td>✔</td>
<td>12</td>
<td>MARKET VALUE</td>
</tr>
<tr>
<td>10</td>
<td>Securities—Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities—Partnership, LLC, or trust interests</td>
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</tr>
<tr>
<td>12</td>
<td>Securities—Miscellaneous</td>
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<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution—Historic structures</td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution—Other</td>
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<tr>
<td>15</td>
<td>Real estate—Residential</td>
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<td>16</td>
<td>Real estate—Commercial</td>
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<td>17</td>
<td>Real estate—Other</td>
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<td>18</td>
<td>Collectibles</td>
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<tr>
<td>19</td>
<td>Food inventory</td>
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<td></td>
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</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
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<tr>
<td>22</td>
<td>Historical artifacts</td>
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<td></td>
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<tr>
<td>23</td>
<td>Scientific specimens</td>
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<tr>
<td>24</td>
<td>Archeological artifacts</td>
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</tr>
<tr>
<td>25</td>
<td>Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>29</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Cat. No. 51227J

Schedule M (Form 990) (2014)
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE M, PART I</td>
<td>EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</td>
<td>SECURITIES – PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS</td>
</tr>
</tbody>
</table>
**Return Reference** | **Identifier** | **Explanation**
--- | --- | ---
FORM 990, PART I, LINE 1 | BRIEF MISSION | DEVELOPMENT OF WRIGHT STATE UNIVERSITY SUCH THAT IT CAN PROVIDE QUALITY EDUCATIONAL EXPERIENCES FOR STUDENTS, CONDUCT SCHOLARLY RESEARCH, AND SERVICE THE COMMUNITY.

FORM 990, PART III, LINE 4D | DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES $677,883.00 INCLUDING GRANTS OF $677,883.00)(REVENUE $112,415.00) ATHLETIC PROGRAMS

FORM 990, PART III, LINE 4D | DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES $538,708.00 INCLUDING GRANTS OF $538,708.00)(REVENUE ) SCHOLARLY RESEARCH IS A CORE PART OF WRIGHT STATE UNIVERSITY'S MISSION. THE FOUNDATION SEeks TO ENHANCE FUNDING FOR THESE ACTIVITIES BY RAISING PRIVATE SUPPORT THAT PROVIDES PERSONNEL AND OPERATING COST COVERAGE FOR VARIOUS PROJECTS. MANY, ALTHOUGH NOT ALL, OF THE UNIVERSITY-SUPPORTED RESEARCH PROGRAMS ARE IN THE FIELD OF MEDICINE.

FORM 990, PART V, LINE 1C | REQUIRED FEDERAL EMPLOYMENT TAX RETURNS AND BACKUP WITHHOLDING | WRIGHT STATE UNIVERSITY FOUNDATION, INC. (WSUF) WAS INCORPORATED TO RECEIVE AND HOLD GIFTS, GRANTS AND BEQUESTS OF MONEY AND PROPERTY FOR THE BENEFIT OF WRIGHT STATE UNIVERSITY (WSU) AND ITS STUDENTS AND FACULTY. WSUF HAS NO EMPLOYEES OF ITS OWN, BUT SEVERAL WSU EMPLOYEES PROVIDE STAFF SUPPORT.

ALTHOUGH WSUF IS A LEGALLY SEPARATE, TAX-EXEMPT ENTITY, IT HAS BEEN DETERMINED THAT IT DOES MEET THE CRITERIA FOR DISCRETE PRESENTATION WITHIN WSU'S FINANCIAL STATEMENT. BASED ON THE IRS INSTRUCTIONS FOR SCHEDULE R, WSUF AND WSU ARE NOT CONSIDERED RELATED BASED ON THE DEFINITIONS PROVIDED. HOWEVER, TO PROVIDE TRANSPARENCY AND CLARITY TO THE READER THE FORM 990 HAS BEEN PRESENTED AS WSUF AND WSU BEING RELATED ENTITIES TO ACCURATELY REFLECT THE ON-GOING OPERATIONS.

FORM 990, PART VI, LINE 1A | DELEGATE BROAD AUTHORITY TO A COMMITTEE | THE EXECUTIVE COMMITTEE IS COMPOSED OF THE PRESIDENT (NON-VOTING), BOARD CHAIR, VICE CHAIR, TREASURER, SECRETARY, CHAIRS OF EACH OF THE STANDING COMMITTEES (4) AND AN AT-LARGE TRUSTEE. THE FOUNDATION'S CODE OF REGULATIONS AUTHORIZES THE EXECUTIVE COMMITTEE TO EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF TRUSTEES, BUT ONLY IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD.

FORM 990, PART VI, LINE 4 | SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS | INCREASED THE MAXIMUM NUMBER OF TRUSTEES PERMITTED ON THE BOARD (35 CHANGED TO 40). ADDED TWO STUDENT TRUSTEE POSITIONS, CHANGED THE NAME OF THE DEVELOPMENT COMMITTEE ON TRUSTEES TO THE GOVERNANCE COMMITTEE, ELIMINATED THE DEVELOPMENT COMMITTEE AND REVISED QUORUM VOTING LANGUAGE.

FORM 990, PART VI, LINE 11B | REVIEW OF FORM 990 BY GOVERNING BODY | PRIOR TO FILING WITH THE IRS, THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. THE FULL DOCUMENT IS PRESENTED TO THE COMMITTEE AND STAFF PROVIDES AN OVERVIEW OF THE INFORMATION CONTAINED IN THE REPORT. ONCE THE AUDIT COMMITTEE IS SATISFIED THAT THE FORM IS ACCURATELY COMPLETED, IT APPROVES THE FORM FOR FILING. PRIOR TO FILING, THE FINAL VERSION OF THE FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE FOUNDATION BOARD.

FORM 990, PART VI, LINE 12C | CONFLICT OF INTEREST POLICY | TRUSTEES OF WRIGHT STATE UNIVERSITY FOUNDATION, INC. (THE FOUNDATION) ARE ANNUALLY REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT AND TO DISCLOSE ANY POTENTIAL CONFLICTS THAT MAY EXIST. THESE DISCLOSURES ARE REVIEWED BY THE FOUNDATION'S CFO. THIS POSITION IS RESPONSIBLE FOR REVIEWING AND APPROVING ALL OPERATING EXPENDITURES AUTHORIZED BY THE ANNUAL FOUNDATION BUDGET. SUCH AUTHORIZATIONS ARE MADE IN LIGHT OF THE CFO'S KNOWLEDGE OF CONFLICT DISCLOSURES. TRUSTEES ARE EXPECTED TO ABSTAIN FROM SELF-DEALING AND ANY VOTES THAT MAY BE BIASED BY PERSONAL CONFLICTS OF INTEREST. THE ANNUAL DISCLOSURE PROCEDURE HELPS THEM IDENTIFY AND AVOID SUCH CONDITIONS.


FORM 990, PART VI, LINE 15B | PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES | THE COMPENSATION OF THE OTHER OFFICERS OF THE ORGANIZATION IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES OF WRIGHT STATE UNIVERSITY. THE BOARD USES COMPARABILITY DATA, SURVEYS AND OTHER SOURCES TO DETERMINE COMPENSATION. THE LAST COMPENSATION REVIEW WAS PERFORMED AND DOCUMENTED IN FYE 2015.

FORM 990, PART VI, LINE 19 | REQUIRED DOCUMENTS | IN GENERAL, DOCUMENTS MAINTAINED BY WRIGHT STATE UNIVERSITY FOUNDATION, INC. (THE FOUNDATION) ARE SUBJECT TO THE STATE OF OHIO'S...
Available to the Public

Public Records Law, which generally holds that all requests for documents will be fulfilled. The Foundation's annual financial statements and several governing documents are also published on its website.

<table>
<thead>
<tr>
<th>Form 990, Part XI, Line 9</th>
<th>Other Changes in Net Assets or Fund Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Description</td>
</tr>
<tr>
<td></td>
<td>CHANGE IN VALUE OF SPLIT INTEREST TRUSTS</td>
</tr>
<tr>
<td></td>
<td>CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE</td>
</tr>
<tr>
<td></td>
<td>WRITE OFF OF NONCOLLECTIBLE PLEDGES</td>
</tr>
</tbody>
</table>
## Part I  Identification of Disregarded Entities
Complete if the organization answered “Yes” on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th></th>
<th>Name, address, and EIN (if applicable) of disregarded entity</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Total income</th>
<th>End-of-year assets</th>
<th>Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FAIRBORN OFFICE PROPERTY LLC</td>
<td></td>
<td>OH</td>
<td>185,350</td>
<td>2,585,725</td>
<td>WRIGHT STATE UNIVERSITY FOUNDATION, INC.</td>
</tr>
<tr>
<td></td>
<td>3070 PRESIDENTIAL DRIVE, FAIRBORN, OH 45324</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part II  Identification of Related Tax-Exempt Organizations
Complete if the organization answered “Yes” on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Exempt Code section</th>
<th>Public charity status (if section 501(c)(3))</th>
<th>Direct controlling entity</th>
<th>Section 512(b)(13) controlled entity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WRIGHT STATE UNIVERSITY (31-0732831)</td>
<td>EDUCATION</td>
<td>OH</td>
<td>501(C)(1)</td>
<td>N/A</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>3640 COLONEL GLENN HIGHWAY, DAYTON, OH 45435-0001</td>
<td></td>
<td></td>
<td></td>
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<td>2</td>
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<td>✔</td>
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</tr>
</tbody>
</table>
### Part III  Identification of Related Organizations Taxable as a Partnership
Complete if the organization answered “Yes” on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<td></td>
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<tr>
<td>2</td>
<td></td>
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<td>Yes</td>
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<td>No</td>
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<tr>
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<td>No</td>
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<td>No</td>
<td>No</td>
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</tr>
</tbody>
</table>

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust
Complete if the organization answered “Yes” on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>Yes</th>
<th>No</th>
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<td>CHARITABLE REMAINDER TRUSTS (4)</td>
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<td>No</td>
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</table>
### Part V  Transactions With Related Organizations

Complete if the organization answered “Yes” on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
<td></td>
<td></td>
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<tr>
<td>b</td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
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<tr>
<td>c</td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
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<tr>
<td>d</td>
<td>Loans or loan guarantees to or for related organization(s)</td>
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<tr>
<td>e</td>
<td>Loans or loan guarantees by related organization(s)</td>
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<td>f</td>
<td>Dividends from related organization(s)</td>
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<td>g</td>
<td>Sale of assets to related organization(s)</td>
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<td>h</td>
<td>Purchase of assets from related organization(s)</td>
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<td>i</td>
<td>Exchange of assets with related organization(s)</td>
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<td>j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
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<td>k</td>
<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
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<td>l</td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
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<td>m</td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
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<tr>
<td>n</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
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<td>o</td>
<td>Sharing of paid employees with related organization(s)</td>
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<tr>
<td>p</td>
<td>Reimbursement paid to related organization(s) for expenses</td>
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<td>q</td>
<td>Reimbursement paid by related organization(s) for expenses</td>
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<td>r</td>
<td>Other transfer of cash or property to related organization(s)</td>
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<td>s</td>
<td>Other transfer of cash or property from related organization(s)</td>
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2. If the answer to any of the above is “Yes,” see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<p>| | | | |</p>
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<tr>
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<tbody>
<tr>
<td>(a) Name of related organization</td>
<td>(b) Transaction type (a–s)</td>
<td>(c) Amount involved</td>
<td>(d) Method of determining amount involved</td>
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### Unrelated Organizations Taxable as a Partnership

Complete if the organization answered “Yes” on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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