Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inter	nal Reve	since Serv		w.irs.gov/Form990 for instructions						pection
AI	For the	e 2018	calendar year, or tax year beginning	07/01, 2018	, and endir	ng			/30,20 1	
R ⁄	Check if ap	pplicable	C Name of organization				D Employer ide			
<u>с</u>	_		NORTHERN KENTUCKY UNI	VERSITY FOUNDATION, IN	IC.		23-711	6528		
	Addre chang		Doing business as							
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	e	E Telephone nu	mber		
	Initial	return	LUCAS ADMINISTRATIVE	CENTER	822		(859) 57	2-51	129	
	Final termin	return/ nated	City or town, state or province, country,	and ZIP or foreign postal code						
	Amen	nded	HIGHLAND HEIGHTS, KY	41099			G Gross receipt	s \$	9,8	32,268.
		cation	F Name and address of principal officer:	JASON O. JACKMAN			H(a) Is this a gro		n for Y	res X No
_			LUCAS ADMIN CENTER, H	IGHLAND HEIGHTS, KY 41	.099		subordinates H(b) Are all subord		luded?	/es 🗌 No
I	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 5	527	If "No," at	tach a lis	st. (see instruct	tions)
J	Websi	ite: 🕨	FOUNDATION.NKU.EDU			-	H(c) Group exem	ption nu	mber 🕨	
ĸ			ization: X Corporation Trust	Association Other	L Year	r of format	tion: 1970 M			cile: KY
	art I	-	mmary						i logal aoini	
			/ describe the organization's mission c	or most significant activities: SIIPPO	RT NORT	HERN	KENTIICKY	TINT	/ERSITY	
đ			OUGH PROVISION OF SCHOL					0111		
Governance			GRAMS.		, 11100 0		50110101			
erne	2			li						
0 Vě	2			liscontinued its operations or dispos				1 1		31.
ۍ م			er of voting members of the governing					3		31.
es			er of independent voting members of					4		
Activities &			number of individuals employed in cal					5		0.
cti			number of volunteers (estimate if neces					6		100.
◄			unrelated business revenue from Part V					7a	18	89,726.
	b	Net u	nrelated business taxable income from	Form 990-T, line 38				7b		
							Prior Year			nt Year
Ð	8	Contri	butions and grants (Part VIII, line 1h)			-	5,100,50		5,6	82,804.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)					0.		0.
ě	10	Invest	ment income (Part VIII, column (A), lin	es 3, 4, and 7d)			3,628,42	25.	3,2	57,819.
Ľ.	11	Other	revenue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		-	553,95	58.	6	70,583.
	12	Total	revenue - add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12) .			9,282,89	91.	9,6	11,206.
	13	Grant	s and similar amounts paid (Part IX, col	umn (A), lines 1-3)			2,438,18	37.	1,9	24,559.
			its paid to or for members (Part IX, colu					0.		0.
s	4.5		es, other compensation, employee ben					0.		0.
Expenses	16a		ssional fundraising fees (Part IX, column			0.		0.		
be	b		fundraising expenses (Part IX, column (-						
ŵ	17		expenses (Part IX, column (A), lines 11	-	7,708,74	4.	11,6	06,571.		
			expenses. Add lines 13-17 (must equa			•	10,146,93		13,5	31,130.
			ue less expenses. Subtract line 18 fror			•	-864,04			19,924.
es	10	110701					ning of Current		End of	
ets	20	Total	assets (Part X, line 16)				27,017,27			42,559.
Ass Bal	21		liabilities (Part X, line 26)			•	16,786,95			13,198.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 2			•	10,230,32			29,361.
	art II		gnature Block			• -	10,230,32		10//1	1,501.
			•	nis return including accompanying sched	lules and stat	tements a	and to the best o	f mv kr	nowledge ar	d belief it is
tru	e, corre	ect, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other that	n officer) is based on all information of wh	ich preparer	has any ki	nowledge.	i iliy ki	nowieuge ai	
Sig	ın		Signature of officer				Date			
He							Dato			
			Turne or print name and title							
			Type or print name and title		Data				TINI	
Paie	Ы		Type preparer's name	Preparer's signature	Date	2020	Check	ן יי נ	TIN	
	parer	AAR		Aaron Hershberge	N 6/3/2	2020	self-employ		P00961	1884
	Only	Firm's	aname ▶BKD, LLP	0			Firm's EIN 🕨			
	-		address >312 WALNUT STREET, SUITE	Phone no. 513-621-8300						
Ma	y the	IRS d	iscuss this return with the prepare	r shown above? (see instructions)		<u></u>		X Yes	
For	Paper	rwork	Reduction Act Notice, see the separa	te instructions.					Form	990 (2018)
JSA										

NORTHERN	KENTUCKY	UNIVERSITY	FOUNDATION,	INC.	23-
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	0 (2018)	Page 2
Pa		X
1	Check if Schedule O contains a response or note to any line in this Part III	
	ITACHMENT 1	
2	I the organization undertake any significant program services during the year which were not listed on the	
	or Form 990 or 990-EZ? Yes	X No
	Yes," describe these new services on Schedule O.	
3	I the organization cease conducting, or make significant changes in how it conducts, any program vices?	X No
	vices?	
4	scribe the organization's program service accomplishments for each of its three largest program services, as me	
	benses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,
	total expenses, and revenue, if any, for each program service reported.	
4a	ode:) (Expenses \$ 5,295,763. including grants of \$) (Revenue \$)
	IVERSITY FACILITIES AND EQUIPMENT ACQUISITION	_'
4b	bde:) (Expenses \$1,925,473. including grants of \$) (Revenue \$))
	UDENT FINANCIAL AID	
4c	ode:) (Expenses \$1,141,173. including grants of \$) (Revenue \$)	_)
	STITUTIONAL SUPPORT	
<u>74</u>	ner program services (Describe in Schedule O.) ATTACHMENT 2	
ΨŰ	penses \$ 3,812,751. including grants of \$) (Revenue \$)	
4e	tal program service expenses > 12,175,160.	
JSA 8E1	.000	990 (2018)
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NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528

Form 9	990 (2018)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		А
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
ь	complete Schedule D, Part VI	11a	A	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	х	
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		37	
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	10	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	~~~~	
19	If "Yes," complete Schedule G, Part III	19		x
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
24-	employees? If "Yes," complete Schedule J	23		
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	240		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
C		240		
Ь	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
zba		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		x
27		20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	208		
b	Schedule L, Part IV.	28b		x
~	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
U.	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule L, Y art W</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		<u> </u>
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 51		
01	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<u> </u>
•	or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
•••	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
JSA			990	(2018)
30,1				

Form 990 (2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves No 2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Latter of the statements. Relef of the calendar year ending with or within the year covered by this return Latter of the statements. Relef of the calendar year ending with or within the year covered by this return	Form	990 (2018)		F	Page 5			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0. 2b If at least on is reported on line 2a, different endiported tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -fle (see instructions). 3a X 3b Different endiported tax sings cross income of 31.000 or more during the year?. 3b X 4a Atany time during the calendar year, diff the origin zoturity. 3b X 4a Atany time during the calendar year, diff the origin zoturity. Attrasting the origin zoturity. 4a 5b If 'Yes,' has it field a form 390-T for this year? If 'No' to line 3b, provide an explanation or there subhrity over, afinancial account?. 4a X 61 Yes,' has the different the name of the foreign country. (such as a bark account, securities account, or other financial account?. 5a X 50 ax Did any taxable party notify the organization that was or is a party to a prohibited tax sheler transaction at yother of the organization and yother organization and years acturation include with every solicitation and party for goods and services provided? 6b X 61 Yes,' did the organization notify the droganization fuel was a chartable contributions? 7a X 7 <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th></th> <th></th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
Statements, field or the calendar year ending with or within the year covered by this return. a bit of tests one is reported on line 2a, did the organization field are equipyement tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i>-fle (see instructions). a bit the organization have unrelated business gross income of \$1,080 or more during the year?. a bit the organization country (such as a back account, or other financial accountry. b I' Yes.' that if field a Form 190-T for this year if 'Wo' to line 3b, provide an exploration in Schedule 0 a state account in a foreign country. A TAL TALCIMENT 3 So instructions for filling requirements of Finle preparts to a prohibited tax shelter transaction at any time during the tax year?. b I' Yes.' reter the name of the foreign country. A TALCIMENT 3 So instructions for filling requirements of Finle preparts to a prohibited tax shelter transaction at any time during the tax year?. b I' Yes.' full the organization fullie Form 8886-7? c I' Yes.' to line 5a or 5b, did the organization fille Form 8886-7? b I' Yes.' did the organization tax were not tax deductible? f Yes.' did the organization namelar preservation in an express statement that such contributions or gifts were not tax deductible? f Yes.' did the organization neckes of S75 made party as a contribution and partly for goods and services provided to the payor? f D di due organization necke any fund. diring the year f D' di eorganization necke any fund. diring the year f D di eorganization necke any fund. diring the year f D di the organization necke any fund. diring the year				Yes	No			
Statements, field or the calendar year ending with or within the year covered by this return. a bit of tests one is reported on line 2a, did the organization field are equipyement tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i>-fle (see instructions). a bit the organization have unrelated business gross income of \$1,080 or more during the year?. a bit the organization country (such as a back account, or other financial accountry. b I' Yes.' that if field a Form 190-T for this year if 'Wo' to line 3b, provide an exploration in Schedule 0 a state account in a foreign country. A TAL TALCIMENT 3 So instructions for filling requirements of Finle preparts to a prohibited tax shelter transaction at any time during the tax year?. b I' Yes.' reter the name of the foreign country. A TALCIMENT 3 So instructions for filling requirements of Finle preparts to a prohibited tax shelter transaction at any time during the tax year?. b I' Yes.' full the organization fullie Form 8886-7? c I' Yes.' to line 5a or 5b, did the organization fille Form 8886-7? b I' Yes.' did the organization tax were not tax deductible? f Yes.' did the organization namelar preservation in an express statement that such contributions or gifts were not tax deductible? f Yes.' did the organization neckes of S75 made party as a contribution and partly for goods and services provided to the payor? f D di due organization necke any fund. diring the year f D' di eorganization necke any fund. diring the year f D di eorganization necke any fund. diring the year f D di the organization necke any fund. diring the year	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
Note. If the sum of lines 1a and 2ais greater than 250, you may be required to e-dife (see instructions). Ja 3a Did the organization have unclated business greas income of \$1,000 or more avgination in Schodule 0. Jb X 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 of the foreign country (such as a bank account, securities account, or other financial account). Jb X b If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FEAR). Sa X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X 5a Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa X b If Yes," did the organization neity the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa X b If Yes," did the organization receive a payment in excess of \$75 made party as contribution and party for groadiatator receive a payment in excess of \$75 made party as contribution and party for groadiatator receive a payment in excess of \$75 made party as contribution and party for groadiatator receive a payment in excess of \$75 made party as contribution and party for groadiatator receive a payment in excess of \$75 made party as contribution on the second \$75 matery ata \$27 matery \$7 matery \$1 matery \$1 matery \$2 matery \$		Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). Image: Comparization have unrelated builts gross income of \$1,000 or more during the year? Image: Comparization have unrelated builts gross income of \$1,000 or more during the year? Image: Comparization have unrelated builts gross income of \$1,000 or more during the year? Image: Comparization have unrelated builts gross income in the rest in, or a signature or other authority over, a financial account; if comparized in a foreign country; if (such as a bank account, securities account, or other financial account; if Tyes, "enter the name of the foreign country; if (such as a bank account, securities account, or other financial Accounts (FBAR). Image: Such account is a party to a prohibited tax shelter transaction 1 ary time during the tax year? Image: Such account is a party to a prohibited tax shelter transaction 1 ary time during the tax year? Image: Such account is a party to a prohibited tax shelter transaction 1 ary time during the tax year? Image: Such account is a party to a prohibited tax shelter transaction 1 ary time during the tax year? Image: Such account is a party to a prohibited tax shelter transaction 1 ary to a gross attement that such contributions or gifts were not tax deductible? Image: Such account is a party to a prohibited tax shelter transaction 1 ary to a prohibited tax shelter transaction 1 ary to a prohibited tax shelter transaction 1 ary to a gross attement that such contributions of gross and services provided? Image: Such account is a party to a prohibited tax shelter transaction 1 ary to a gross attement that such contract 1 ary to a gross attement that such contract 1 ary to a gross attement that such acontract 1 ary to a gross attement that such account 2 ary to a gr	b		2b					
3a Did the organization have unrelated business gross income of \$1,000 or more during the yea?,,,,,,,, .								
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to fine 3b, provide an explanation in Schedule 0	3a		3a	Х				
a financial account in a foreign country (such as bank account, securities account, or other financial account)? 4a X b If 'ves,' enter the name of the foreign country. ATTACHINENT 3 5a Xa 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction? 5a Xa 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-17. 5c 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-17. 6a X b If 'ves,' did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 6a X 7 Organization sclue we apayment in excess of 57 made party is a contribution and partly for goods and services provided to the payor? 7a X 0 If the organization netwer and gross premiums, directly or indirectly, to pay premiums, directly or indirectly, on a personal benefit contract? 7b X 1 If 'ves,' indicate the number of Form 8282? Tied during the year? 7d X 7d X 1 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract? 7d X 7d X 1 Did the organization matex any taxable distribution to a dowised funds.			3b	Х				
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b If "Yes," enter the name of the foreign county: ▶ ATTACHMENT 3 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5b 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and id the organization solid any contributions that were not tax deductible as charitable contributions? 5c 7 Organizations that may receive deductible contributions under section 170(c). a) did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a X 7 Di d'he organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? lied during the year 7d 7d X 7 Di d'he organization neceive any pay premiums, directly or indirectly, on a personal benefit contract? 7d X 7 Di d'he organization receive any davide during the year 7d X 7d X 7 Di d'he organization sell, exchange, or otherwise dispose of tangible personal benefit contract? 7d X 7 Di d'he organization celevie any funds, idirectly or indirectly, on a personal benefit contract? <td></td> <td></td> <td>4a</td> <td>Х</td> <td></td>			4a	Х				
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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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
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	11							
against amounts due or received from them.) 11b 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 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. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X								
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	b							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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. 13a 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 X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 X			12a					
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. 13a 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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 X X	b							
Note. See the instructions for additional information the organization must report on Schedule O. Image: 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 Image: the instructions for additional information the organization must report on Schedule O. c Enter the amount of reserves on hand Image: the organization receive any payments for indoor tanning services during the tax year? Image: the instruction in Schedule O. 14a Did the organization receive any payments for indoor tanning services during the tax year? Image: the instruction in Schedule O. Image: the instruction in Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: the instructions and file Form 4720, Schedule N. 16 X								
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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 15 I6 X	а		13a					
the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X								
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b							
 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 								
 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>					v			
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 					X			
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X			14b					
If "Yes," see instructions and file Form 4720, Schedule N. 16 X	15				v			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		A			
is the organization an educational institution subject to the section 4900 excise tax on het investment income?			10		v			
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O.	10					

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NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

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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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Code		A
Secu	on B. Folicies (This Section B requests information about policies not required by the internal Revenue	Coue	Yes	No
40.	Did the second in the schedule schedule in the schedule of the first of the schedule of the sc	10a		X
	Did the organization have local chapters, branches, or affiliates?	TVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
та b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- Tu		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
Ň	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cast	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{KY}{r}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	501(c)

X Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ERIC C. GENTRY, AC608 NUNN DRIVE, HIGHLAND HEIGHTS, KY 41099 859-572-5126

23-7116528

Part VII	Compe	nsation	ot	Officer	s, Dir	ectors,	Irust	tees, P	ley	Employee	es, Hig	jhest (compe	nsated	Emp	oloye	es, a	and
	Indeper	ndent C	ontra	actors														
	Check if	Schedul	e O d	contains	a respo	onse or r	note to a	any line ii	n this	Part VII					<u></u>		[
Section A.	Officers	, Directo	rs, T	rustees,	Key E	mployee	es, and	Highest	Com	pensated E	mployee	es						
1a Comple	ete this ta	able for	all r	persons	reauire	ed to be	listed.	Report	con	npensation	for the	calend	ar vear	endina	with	or v	vithin	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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	er box, unless person is both an any officer and a director/trustee)				is both	an :ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)RICHARD A. BOEHNE	.50									
BOARD MEMBER	0.	x						0.	0.	0.
(2)AREF W. BSISU	.50									
BOARD MEMBER-TERM ENDED FY19	0.	x						0.	0.	0.
(3)MARTIN C. BUTLER	2.00									
VICE PRESIDENT	0.	x		Х				0.	0.	0.
(4)JOHN W. CARNES	.50									
BOARD MEMBER-TERM ENDED FY19	0.	х						0.	0.	0.
(5)GREGORY P. COLE	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)GARREN COLVIN	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(7) BRENT M. COOPER	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) KAREN A. FINAN	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)ERIC C. GENTRY	10.00									
EXECUTIVE DIRECTOR	0.	Х		Х				0.	0.	0.
(10) ^{MARTIN} J. GERRETY	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) ^{KEVIN} E. GESSNER	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(12)JAKKI L. HAUSSLER	.50									
BOARD MEMBER-TERM ENDED FY19	0.	Х						0.	0.	0.
(13) JASON O. JACKMAN	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(14) BARBARA L. MORAN-JOHNSON	.50									
BOARD MEMBER	0.	Х						0.	0.	0.

JSA

8E1041 1.000

NORTHERN	KENTUCKY	UNIVERSITY	FOUNDATION,	INC.	23-7116528
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(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	ition more rson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
5) JACK G. KENKEL, JR.	.50									
BOARD MEMBER	0.	X						0.	0.	
.6) BARRY G. KIENZLE	.50									
BOARD MEMBER	0.	Х						0.	0.	
7) BRYSON P. LAIR	.50									
BOARD MEMBER	0.	Х						0.	0.	
8) JACQUELINE N. LEVOIR	.50									
BOARD MEMBER	0.	Х						0.	0.	
9) JOHN M. LUCAS	.50									
BOARD MEMBER	0.	Х						0.	0.	
20) FRED A. MACKE, JR.	.50									
BOARD MEMBER	0.	Х						0.	0.	
21) KAREN D. MEYERS	.50									
BOARD MEMBER-TERM ENDED FY19	0.	Х						0.	0.	
2) KRISTI P. NELSON	.50									
BOARD MEMBER	0.	X						0.	0.	
3) H. MCGUIRE RILEY	.50									
BOARD MEMBER	0.	Х						0.	0.	
24) THOMAS R. SAELINGER	.50									
BOARD MEMBER	0.	х						0.	0.	
25) CHAD SCOTT	.50									
BOARD MEMBER	0.	х						0.	0.	
1b Sub-total		1					•	0.	0.	
c Total from continuation sheets to Part VII,							-	0.	0.	
d Total (add lines 1b and 1c)								0.	0.	

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 🕨 0.

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	3
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	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
A	TACHMENT 4		
2	Total number of independent contractors (including but not limited to those more than $100,000$ in compensation from the organization > 1		

Yes No

Х

Х

Х

Page 8

(A) Name and title	(B) Average hours per	(do r		(C) Positie eck m		one	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		r and	a dire	on is both ector/trusi Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
6) TIMOTHY SHIGEL BOARD MEMBER	.50	x					0.	0.	
7) ROSEMARY SCHLACHTER BOARD MEMBER	.50	х					0.	0.	
8) JULIE A. SCHNEIDER BOARD MEMBER	.50	Х					0.	0.	
9) TRACY L. SCHWEGMANN BOARD MEMBER	.50	Х					0.	0.	
0) NATHANIEL G. SMITH BOARD MEMBER	.50	х					0.	0.	
1) BARBARA A. TURNER BOARD MEMBER	.50	Х					0.	0.	
2) ASHISA VAIDYA BOARD MEMBER	.50	Х					0.	0.	
3) THOMAS WIEDEMANN BOARD MEMBER	.50	Х					0.	0.	
4) KARA S. WILLIAMS SECRETARY	2.00	Х		x			0.	0.	
5) MARY E. ZALLA BOARD MEMBER	.50	Х					0.	0.	
Ib Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but									
 reportable compensation from the organiz Did the organization list any former employee on line 1a? <i>If "Yes," complete Sc</i> For any individual listed on line 1a, is t organization and related organizations <i>individual</i>	ation ► officer, directo thedule J for such he sum of rep greater than e or accrue con	0. r, or ch ind portab \$15 mpen	trus <i>ividu</i> le co 0,00 satio	stee, al ompo 0? n fro	, key e ensatio <i>If "Ye</i> s om any	emp n ai s,"	loyee, or highest nd other compens <i>complete Schedu</i> related organizatio	t compensated sation from the <i>le J for such</i> on or individual	Yes N 3
 Complete this table for your five highest compensation from the organization. Rep year. 									
(A) Name and busines	s address						(B) Description of se	ervices C	(C) ompensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>**

Par	't VII	Check if Schedule O co		ise or note to an	w line in this Part V			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	<u>1a</u>					
Grai	b	Membership dues	1b					
fts, r An	с	Fundraising events	<u>1</u> c	82,479.				
, Gi nila	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribu	·	668,723.				
buti ther	f	All other contributions, gifts,	-	4,931,602.				
d O		and similar amounts not included Noncash contributions included i		788,252.				
an	g h	Total. Add lines 1a-1f			5,682,804.			
ue				Business Code				
Program Service Revenue	2a							
e Re	b							
rvic	c							
ı Se	d							
ran	е							
rog	f	All other program service rev			0.			<u> </u>
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2f	luding dividen		0.			
	3	and other similar amounts).	U U	, ,	2,935,582.		189,726.	2,745,856.
	4	Income from investment of			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	131,321.					
	b	Less: rental expenses						
	c	Rental income or (loss)	131,321.					
	_d	Net rental income or (loss)	(i) Securities	(ii) Other	131,321.			131,321.
	7a	Gross amount from sales of	322,237.					
		assets other than inventory	522,237.					
	b	Less: cost or other basis						
	c	and sales expenses	322,237.					
	d	Net gain or (loss)		►	322,237.			322,237.
e	8a	Gross income from fundra	ising					
enu		events (not including \$	82,479.					
Other Revenue		of contributions reported on	line 1c).					
her		See Part IV, line 18		194,846.				
ğ	b	Less: direct expenses		221,062.	-26,216.			-26,216.
	c	Net income or (loss) from fu	-	· · · · · · · · · · · · · · · · · · ·	-20,210.			-20,210.
	9a	Gross income from gaming See Part IV, line 19		0.				
	b	Less: direct expenses		0.				
	c	Net income or (loss) from g		. •	0.			
	10a	Gross sales of invento	ory, less					
		returns and allowances	a	0.				
	b	Less: cost of goods sold	b	0.				
	c	Net income or (loss) from sal Miscellaneous Revenue		► Business Code	0.			
		MISCELLANEOUS REVENUE	•	900099	565,478.			565,478.
	11a			200022	505,470.			505,478.
	b c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			565,478.			
	12	Total revenue. See instruction			9,611,206.		189,726.	3,738,676.

Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	1,924,559.	1,924,559.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disgualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions [0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	225.	208.	11.	6
c Accounting	30,524.	28,212.	1,539.	773
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	515,686.		515,686.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	456,299.	421,729.	23,010.	11,560
12 Advertising and promotion	55,493.	51,289.	2,798.	1,406
13 Office expenses	605,290.	559,431.	30,524.	15,335
14 Information technology	4,900.	4,529.	247.	124
15 Royalties	0.			
16 Occupancy	10,610.	9,806.	535.	269
17 Travel	377,223.	348,643.	19,023.	9,557
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	14,600.	13,494.	736.	370
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aEXP REIMBURSEMENT TO NKU	8,056,205.	7,445,838.	406,262.	204,105
b ^{MISCELLANEOUS}	1,479,516.	1,367,422.	74,612.	37,482
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,531,130.	12,175,160.	1,074,983.	280,987
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 i f				
following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2018)

							Page II
Pa	rt X			to only line in this D	ort V		
		Check if Schedule O contains a response of	or note	e to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,795,363.	1	9,354,590.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			4,448,925.	3	3,011,621.
	4	Accounts receivable, net			29,969.	4	134,250.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest c	omper	nsated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu-), and o untary (contributing employers employees' beneficiary	0.	5	0.
s		organizations (see instructions). Complete Part II of Sch			0.	6	0. 56,946.
Assets	7	Notes and loans receivable, net			67,619.	7	56,946.
¥	8	Inventories for sale or use			0.	8	41,946.
	9	Prepaid expenses and deferred charges			38,154.	9	41,940.
	10a	Land, buildings, and equipment: cost or					
			10a		240 102		240 102
		Less: accumulated depreciation	10b		340,123. 69,266,259.	10c	340,123.
	11	Investments - publicly traded securities	AICH 5	39,030,862.	11	75,878,556.	
	12	Investments - other securities. See Part IV, line 11		12	32,624,527.		
	13	Investments - program-related. See Part IV, line 1	0.	13	0.		
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			127,017,274.	15	-
	16	Total assets. Add lines 1 through 15 (must equa	3,140,175.	16	121,442,559. 404,773.		
	17	Accounts payable and accrued expenses		17	404,773.		
	18	Grants payable	0.	18	162,864.		
	19	Deferred revenue			215,295.	19	102,804.
	20	Tax-exempt bond liabilities			0.	20	0
	21	Escrow or custodial account liability. Complete P			0.	21	0.
ies	22	Loans and other payables to current and f					
oilit		trustees, key employees, highest comper			0.	~~	0.
Liabilities		disqualified persons. Complete Part II of Schedule) L		0.	22	0.
	23	Secured mortgages and notes payable to unrelat			0.	23 24	0.
	24 25	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
				, ,	13,431,482.	25	13,445,561.
	26	of Schedule D Total liabilities. Add lines 17 through 25			16,786,952.	25 26	14,013,198.
ş	20	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check		20110012021	20	
nce	27				4,298,473.	27	4,622,782.
ala	28	Unrestricted net assets Temporarily restricted net assets	• • •	•••••	59,687,970.	27	55,616,688.
а В	29	Permanently restricted net assets			46,243,879.	29	47,189,891.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.				23	
	30					30	
Net Assets	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ	linmer	t fund		<u>30</u> 31	
As	32	Retained earnings, endowment, accumulated inc	ome '	or other funde		31 32	
let	33	Total net assets or fund balances	5me, (110,230,322.	32 33	107,429,361.
Z	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances		•••••	127,017,274.	33 34	121,442,559.
	54				14/,01/,4/9.	ა4	121, 442, 559.

Form 990 (2018)

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528

Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI. X 1 Total revenue (must equal Part VII, column (A), line 12) 1 2 Total expenses (must equal Part VII, column (A), line 25) 2 3 -3.919.924.1 4 10.23.531.130. 3 -3.919.924.1 4 110.230.322. 5 Net ussets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 110.230.322. 5 Net unrealized gains (losses) on investments 5 6 0. 7 0. 8 0. 9 0. 9 0. 10 107.429,361. 9 0. 10 107.429,361. 9 0. 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Yes," check a box below to indicate whether the financial statements for the year were compiled or r	Form 99	90 (2018)				Pa	ge 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 9, 611, 206. 2 Total expenses (must equal Part IX, column (A), line 25) 3 9, 611, 206. 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 919, 924. 4 110, 230, 322. 3 110, 230, 322. 5 Net unrealized gains (losses) on investments 6 0. 6 0. 7 0. 7 0. 8 0. 9 0. 8 0. 9 0. 0. 8 9 0. 0. 9 0. 10 Net assets or fund balances (explain in Schedule 0). 9 0. 9 0. 0 10 107, 429, 361. 10 107, 429, 361. 10 107, 429, 361. 10 110 107, 429, 361. 10 107, 429, 361. 10 107, 429, 361. 10 10 107, 429, 361. 10 107, 429, 361. 10 107, 429, 361. 10 107, 429, 361. 10 107, 429, 361. 10 107, 429, 361.	Part								
1 Total expenses (must equal Part IX, column (A), line 25) 2 13, 531, 130. 2 13, 531, 130. 3 -3, 919, 924. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 110, 230, 322. 5 1, 118, 963. 6 0. 7 0. 8 0. 9 0. 8 0. 9 0. 8 0. 9 0. 0. 107, 429, 361. 10 230, 322. 107, 429, 361. 107, 429, 361. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)). 107, 429, 361. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)). 107, 429, 361. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Yes No 107, 429, 361. 2a 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 11 "Yes" hock a box below to indicate whether the financial statements for the year were compiled or reviewed on a s									
a Revenue less expenses. Subtract line 2 from line 1 a -3,919,924. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) a 110,230,322. 5 Net unrealized gains (losses) on investments 5 1,118,963. 6 Donated services and use of facilities 5 1,118,963. 7 Investment expenses . 6 0 8 Prior period adjustments 6 0 9 Other changes in net assets or fund balances (explain in Schedule O) 8 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 107,429,361. 9 Other changes in net assets or fund balances (explain in Schedule O)	1								
 A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) I 10, 230, 322. Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities I, 1118, 963. Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Net assets or fund balances at exponse or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis or both: Separate basis (Consolidated basis, or both: Separate basis (Consolidated basis) Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization required by an independent accountant? If the organization changed either its oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audi	2								
 Inter discrete and use of facilities investments	3								
a 0 b 0 c	4								
0 Durated services any loss of rationalists 7 Investment expenses,	5	Net unrealized gains (losses) on investments	-		1,1	18,9			
 a Prior period adjustments	6	Donated services and use of facilities							
 a) Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7						
9 Other changes in her basets of full balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 107, 429, 361. 10 Reasets of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 107, 429, 361. 11 Renck if Schedule O contains a response or note to any line in this Part XII 10 107, 429, 361. 12 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or	8		8						
33, column (B)) 107, 429, 361. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Za X 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: Zb X 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: Zb X 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: Zb X 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? Zc X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X	9		9				0.		
PartXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: the second secon	10								
Check if Schedule O contains a response or note to any line in this Part XII Image: the space of the s		33, column (B))	10	10)7,4	29,3	61.		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other Yes No 1 Accounting method used to prepare the Form 990: Accrual Other Other Other Image: Cash X Accrual Other Image: Cash Accrual Other Image: Cash Accrual Other<	Part								
1 Accounting method used to prepare the Form 990: □ Cash X Accrual □ Other		Check if Schedule O contains a response or note to any line in this Part XII							
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b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis X 1 1 1 1 Separate basis X 1<		reviewed on a separate basis, consolidated basis, or both:							
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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: Image: Consolid	b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
 Separate basis X Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 									
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.3b					3a		Х		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	b		ergo t	he					
					3b				

Form **990** (2018)

SCHE	A	
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SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20 18

		nt of the Treasury		► Attach to Form 990 or Form 990-E2. Open to Public • Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
		ne organization		-				Employer identifi					
		-	KY UNIVER	SITY FOUNDATI	ION, INC.			23-71165					
	rt I				organizations must c	omplete	e this pa	art.) See instructions	j.				
					is: (For lines 1 through	-		,					
1	\square		•		tion of churches desci			,					
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)					
3					rganization described i								
4					conjunction with a hos				(iii). Enter the				
		hospital's nam	ne, city, and si	tate:		•							
5	Х	An organizati	on operated		a college or universit	y owned	d or ope	rated by a governme	ental unit described in				
6		-			rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).					
7				•			•		om the general public				
		-		(1)(A)(vi). (Compl	-	••	U		0				
8					b)(1)(A)(vi). (Complete	Part II.)							
9		-			ed in section 170(b)(1		operated	in conjunction with a	land-grant college				
		-		-	griculture (see instruct		-	-					
		university:						-	-				
10		receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	ore than 331/3 % of its functions - subject to o nrelated business tax 975. See section 509	certain e able inco	xception	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its				
11		• •	•		usively to test for publi		•						
12		An organization	on organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes				
		of one or mor	e publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).				
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.				
а		Type I. A su	pporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving				
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the				
		supporting c	organization.	You must complet	e Part IV, Sections A	and B.							
b			-	-	ed or controlled in co		with its	supported organizati	on(s), by having				
		control or m	anagement o	of the supporting o	rganization vested in	the sam	e person	is that control or man	age the supported				
			-		, Sections A and C.		·		•				
С		Type III fun	ctionally inte	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	lly integrated with,				
		its supporte	d organizatior	n(s) (see instruction	s). You must comple	te Part l	V, Sectio	ons A, D, and E.					
d		Type III non	-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)				
		that is not fu	inctionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness				
		requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.					
е		Check this b	ox if the orga	anization received	a written determinatio	n from tl	he IRS th	nat it is a Type I, Type I	I, Type III				
		functionally	integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.					
f	En	ter the number	of supported	l organizations									
g	Pro	ovide the follow	ing information	on about the suppo	orted organization(s).								
_	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of				
					(described on lines 1-10 above (see instructions))	-	ur governing ment?	support (see instructions)	other support (see instructions)				
						Yes	No						
(A)							7						
(~)													
(B)													
(C)													
(D)													
(0)													
(E)													
Tota	al												
									l				

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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.)

Sec	tion A. Public Support					· · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,372,032.	12,049,614.	5,006,804.	5,100,508.	5,682,804.	31,211,762.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,372,032.	12,049,614.	5,006,804.	5,100,508.	5,682,804.	31,211,762.
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)						255,764.
6	Public support. Subtract line 5 from line 4						30,955,998.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,372,032.	12,049,614.	5,006,804.	5,100,508.	5,682,804.	31,211,762.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,074,292.	1,897,148.	1,858,301.	2,711,394.	3,066,903.	10,608,038.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	366,432.	139,738.	399,903.	422,638.	565,478.	1,894,189.
11	Total support. Add lines 7 through 10						43,713,989.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2018 (lin					14	70.81%
15	Public support percentage from 2017						68.60 %
	331/3% support test - 2018. If the org box and stop here. The organization qu	ualifies as a pub	licly supported	organization			▶ X
	331/3% support test - 2017. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organization	n		▶∟
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t organization	meets the "fac he "facts-and-c	cts-and-circumst ircumstances" te	ances" test, cho est. The organiz	eck this box an zation qualifies	nd stop here. E as a publicly s	xplain in upported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	2017. If the organization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box -circumstances" istances" test.	on line 13, 16 ' test, check t The organizatic	a, 16b, or 17a, his box and st o on qualifies as a	and line op here. publicly
18	supported organization Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first. seco	nd. third. fourth	. or fifth tax v	ear as a sect	tion 501(c)(3)
	organization, check this box and stop here .	0	,	, ,			
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8,	•		mn (f))		. 15	%
16	Public support percentage from 2017 Sche	.,	-			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2018 (lir			13, column (f))		17	%
18	Investment income percentage from 2017 S					18	%
	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2017. If the orga	-	-				
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA				,,			m 990 or 990-EZ) 2018

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990 or 990-EZ) 2018

	NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-711	6528		
-	le A (Form 990 or 990-EZ) 2018		I	Page 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NU
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110		I
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	istructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instru	ctions)	
n	Activities Test Answer (a) and (b) bolow		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			

u	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? <i>If "Yes," explain in Part VI the</i>

- 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.*

2a

2b

3a

s regard. 3b Schedule A (Form 990 or 990-EZ) 2018

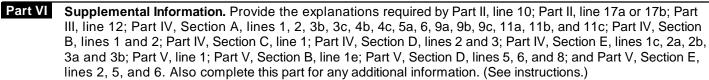
chedule A (Form 990 or 990-EZ) 2018			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization	•		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
1 Add lines 1 through 3	4		

4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat		Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish ex	vompt purposos		Current rear
2	Amounts paid to perform activity that directly furthers exer		ad	
2	organizations, in excess of income from activity	eu		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	2010/13	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ū	(provide details in Part VI). See instructions.	and organization to roop		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			



Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

18

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

23-7116528

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page **2** Employer identification number 23-7116528

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$252,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$260,977.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$164,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **2** Employer identification number 23-7116528

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7			Borson
		a 210 000	Payroll
		\$ \$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8			Person
			Payroll
		\$ 179,640.	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
NO.	Name, address, and Zir + 4		Type of contribution
9			Person
			Payroll
		\$668,723.	Noncash
			(Complete Part II for
<u> </u>			noncash contributions.)
(a)	(b)	(c)	(d)
10.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
		♥	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
— —			Person
		¢	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for
			noncash contributions.)
1			1

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
2		\$252,333.	12/18/2018
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK		
		\$260,977.	12/20/2018
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK		
		\$101,466.	05/16/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

23-7116528

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)							Page 4
Name of organization	NORTHERN	KENTUCKY	UNIVERSITY	FOUNDATION,	INC.	Employer identification number	
						23-7116528	

				23-/110528					
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 <i>exclusively</i> 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.								
(a) No. from	(b) Purpose of gift	(c) Use	(d) Description of how gift is held						
Part I		(0) 000 0. g							
		(e) Transf	er of gift						
	Transferee's name, address, an	d ZIP + 4	Relatio	onship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Part I	(b) Furpose of gift	(c) Use	orgin	(a) Description of now girt is neid					
	(e) Transfer of gift								
	Transferee's name, address, an	Relatio	Relationship of transferor to transferee						
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relatio	onship of transferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
			Neidth						

	IEDULE D rm 990)	Complete if	ental Financial Statements the organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					омв №. 1545-0047
	rtment of the Treasury al Revenue Service	Go to www.irs.gov	Attach to Form 9 Form990 for instruction		the latest inform	nation.		Open to Public Inspection
	of the organization						ployer identificat	
NOR		Y UNIVERSITY FOUNDATIO					23-711652	8
Ра		tions Maintaining Donor Adv				Acco	ounts.	
	Complete	e if the organization answered	"Yes" on Form 990	, Part	IV, line 6.			
			(a) Donor adv	ised fu	nds		(b) Funds and	other accounts
1	Total number at e	nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	-	ion inform all donors and donor	-					Yes No
c	-	inization's property, subject to the	-	-				Yes No
6	-	on inform all grantees, donors, a purposes and not for the bene						
		issible private benefit?				•		Yes No
Pa		ition Easements.	<u> </u>					
		e if the organization answered	"Yes" on Form 990	, Part	IV, line 7.			
1		servation easements held by the						
	Preservatio	n of land for public use (e.g., rec	reation or education)		Preservation of	of a h	istorically imp	oortant land area
	Protection of	of natural habitat			Preservation of	of a c	ertified histor	ic structure
	Preservatio	n of open space						
2		through 2d if the organization h	eld a qualified conserv	vation	contribution in	the fo		
		last day of the tax year.					Held at the	End of the Tax Year
а	Total number of c	onservation easements				2a		
b	-	tricted by conservation easements				2b		
С		vation easements on a certified			• /	2c		
d		rvation easements included in (d	, ,					
•		isted in the National Register				2d		
3		rvation easements modified, trar	isterred, released, ext	inguisi	ned, or termin	ated	by the organ	ization during the
4	tax year ►	whore property subject to conce	ruption opcompont is lo	optod I				
4 5		where property subject to conse ation have a written policy reg				on h	andling of	
5	•	orcement of the conservation ea		monik	oning, inspecti	011, 1		Yes No
6		hours devoted to monitoring, inspec		ons. and	d enforcina con	servat	ion easements	
•			inig, nananig er herau	one, an	a chiefenig com	00.741		daning the year
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violati	ions, ai	nd enforcing co	onserv	vation easeme	ents during the year
	▶\$				-			
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the r	equire	ments of section	on 17(0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9		be how the organization reports						
		d include, if applicable, the text of		organiz	zation's financi	al sta	tements that c	lescribes the
De		counting for conservation easeme tions Maintaining Collections			waa ar Othar	Circo	ilar Acasta	
Fa		e if the organization answered				3111	lidi Assels.	
1a		n elected, as permitted under Sl torical treasures, or other simila wide, in Part XIII, the text of the fo						
b	works of art, hist	n elected, as permitted under a corical treasures, or other simila wide the following amounts relat	ar assets held for pu), to r Iblic e	eport in its re xhibition, educ	evenu cation	e statement i, or research	and balance sheet n in furtherance of
	• •	ded on Form 990, Part VIII, line 1						
	• •	ed in Form 990, Part X						
2	•	n received or held works of a					for financia	I gain, provide the
		s required to be reported under S					L :	
a b		on Form 990, Part VIII, line 1.						
-		Act Notice, see the Instructions fo						dule D (Form 990) 2018

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528

Schee	dule D (Form 990) 2018								Р	age 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	or Other	Similar As	ssets (c	ontinu	ed)	
3	Using the organization's acquisitio	n, accession, and c	other records, checl	k any of t	he follow	ing that ar	e a sign	ificant	use c	of its
	collection items (check all that appl	y):								
а	Public exhibition		d Loan d	or exchang	ge prograr	ns				
b	Scholarly research		e Other							
с	Preservation for future gener	rations								
4	Provide a description of the organ		and explain how t	they furthe	er the or	panization's	exempt	purpos	se in	Part
	XIII.							1 - 1 -		
5	During the year, did the organization	n solicit or receive d	Ionations of art hist	orical trea	sures or (other simila	r			
Ū	assets to be sold to raise funds rath							Yes		No
Pa	rt IV Escrow and Custodial A			organizatio				100		
ı a	Complete if the organiza		s" on Form 990 F	Part IV lin	e 9 or r	enorted an	amoun	t on Fo	٦rm	
	990, Part X, line 21.		5 on ronn 550, r	arerv, m	10 0, 01 1	spontou un	amoun			
12	Is the organization an agent, truste	e custodian or othe	ar intermediary for c	ontribution	ns or othe	r assats not				
Ia								Yes		No
Ь	included on Form 990, Part X? If "Yes," explain the arrangement in	Dort VIII and some	lata tha fallowing to	• • • • • •		• • • • • •	••• -	Tes		
D	ii fes, explain the arrangement i		biete the following tar	Jie.			A			
	De sie sie ste de see						Amount			
c	Beginning balance									
a	Additions during the year									
е	Distributions during the year									
t	Ending balance									1
2a	Did the organization include an am							Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been	provided	on Part XIII			•	
Pa	rt V Endowment Funds.				4.0					
	Complete if the organiza									
	-	(a) Current year	(b) Prior year	(c) Two ye		(d) Three yea		(e) Four		
1a	Beginning of year balance	91,841,000.	87,251,000.		4,000.	82,398				000.
b	Contributions	1,215,000.	1,278,000.	1,21	8,000.	652	,000.	1,	281,	000.
с	Net investment earnings, gains,									
	and losses	3,384,000.	6,594,000.		7,000.	-2,510				000.
d	Grants or scholarships	2,850,000.	2,640,000.	2,13	3,000.	2,050	,000.	2,	249,	000.
е	Other expenditures for facilities									
	and programs								-28,	000.
f	Administrative expenses	791,000.	642,000.	72	5,000.	676	,000.		376,	000.
g	End of year balance	92,799,000.	91,841,000.	87,25	1,000.	77,814	,000.	82,	398,	000.
2	Provide the estimated percentage	of the current year e	end halance (line 1g	column (a	i)) held as		•			
a	Board designated or quasi-endowm					•				
b	Permanent endowment 51.2		_							
с	Temporarily restricted endowment	▶ 46.2100 %								
	The percentages on lines 2a, 2b, a		100%.							
3a	Are there endowment funds not in	the possession of th	e organization that	are held a	and admir	nistered for t	he			
	organization by:		0					[Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate							3b		
4	Describe in Part XIII the intended u	0								
1	rt VI Land, Buildings, and Equ	lipment.		100.						
I G	Complete if the organization	ation answered "Ye	es" on Form 990,	Part IV, lii	ne 11a. S	See Form 9	990, Pa	rt X, Iin	ie 10	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Acc	cumulated		Book va		
10	Land	(invest		ther) 340,123		eciation		2	40,1	23
1a հ	Land			, ,	-			5	<u> </u>	
b	Buildings			208,028		08,028.				
C A	Leasehold improvements			100,020						
d	Equipment									
e Toto	Other		n 000 Port V colum	n (D) line	100)			r	10 1	22
iota	I. Add lines 1a through 1e. (Column	(u) must equal Forn	n 990, Part X, colum	п (<i>в), Iln</i> e	10C.)	<u></u> ▶		3	40,1	. 4 3 .

Schedule D	(Form 990)	2018
Schedule D	1 01111 330	2010

Schedule D (Form 990) 2018

Part VII **Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other_ATTACHMENT 1		
(A) CF PRIVATE EQUITY PARTNERS VII	561,651.	FMV
(B) CF CAPITAL NATURAL RESOURCES	1,413,908.	FMV
(C)QUELLOS-BLACKROCK REAL ASSETS	291,101.	FMV
(D) NORTHGATE VENTURE PARTNERS III	563,823.	FMV
(E) NORTHGATE PRIVATE EQUITY II	80,551.	FMV
(F) NORTHGATE PRIVATE EQUITY III	227,546.	FMV
(G)NORTHGATE PRIVATE EQUITY IV	361,531.	FMV
(H) NEWLIN ENERGY PARTNERS II LP	227,183.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	32,624,527.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		

Other Assets.

Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD IN TRUST FOR NKU	13,445,561.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,445,561.

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 JSA 8E1270 1.000

Schedul	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1 2 d c 3 4 a b c 5	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b	1 2e 3 4c 5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1 2 b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	1 2e	
	Add lines 2a through 2d Subtract line 2e from line 1 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	3 3 4c 5	
Provid 2; Part	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform DULE D, PART V, LINE 4	art V,	
INTE	NDED USE OF ENDOWMENT		
ENDO	WMENT IS TO BE USED PRIMARILY FOR STUDENT FINANCIAL AID AND		
SCHO	LARSHIPS AT NORTHERN KENTUCKY UNIVERSITY.		

 Schedule D (Form 990) 2018
 NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.
 23-7116528

 Part XIII
 Supplemental Information (continued)
 ATTACHMENT 1

	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES		COST
DESCRIPTION	BOOK VALUE	OR FMV
LIQUID REALTY PARTNERS IV	66,270.	FMV
SIGULER GUFF DISTRESSED FUND	152,641.	FMV
VENTURE INVESTMENT ASSOCIATES	339,552.	FMV
KAYNE ANDERSON MEZZANINE	10,912.	FMV
AETHER REAL ASSETS I	362,697.	FMV
AETHER REAL ASSETS II	1,319,124.	FMV
HEALTHCARE ROYALTY PARNERS II	161,316.	FMV
WCP REAL ESTATE III (WESTPORT)	544,955.	FMV
AMBERBROOK VI, LLP	827,394.	FMV
AMBERBROOK VII, LP	767,263.	FMV
HARVEST MLP INCOME FUND II	2,945,993.	FMV
ROCKLAND POWER PARTNER II, LP	962,953.	FMV
FIR TREE VALUE FUND	2,579,662.	FMV
STRATEGIC VALUE FUND III	2,010,705.	FMV
NGP NATURAL RESOURCES XI, LP	1,916,694.	FMV
ORBIMED ROYALTY OPPORTUNITIES	1,063,200.	FMV
HOMESTEAD CAPITAL USA FARMLAND	1,836,987.	FMV
MASON WELLS BUYOUT FUND V	543,706.	FMV
NEWCOLD LP	1,082,708.	FMV
RIMROCK HIGH INCOME PLUS FUND	4,105,761.	FMV
ROCKLAND POWER PARTNER III	752,237.	FMV
OCH-ZIFF OVERSEAS FUND II	21,847.	FMV
STRATEGIC VALUE SPECIAL IV	269,435.	FMV
HOMESTEAD CAPITAL USA FARMLAND	612,301.	FMV

Page 5

Schedule D (Form 990) 2018 NOR	THERN KENTUCKY	UNIVERSITY 2	FOUNDATION,	INC.	23-7116528	Page 5
Part XIII Supplemental Information	on (continued)					
				ATTAC	HMENT 1 (CONT	'D)
SCHEDULE D, PART VII - INVES	STMENTS - OTHE	R SECURITIES				
						COST
DESCRIPTION				BOOK V.	ALUE	OR FMV
PALO ALTO HEALTHCARE II				55	2,473.	FMV
SRE OPPORTUNITY FUND III				38	9,293.	FMV
EPIRIS FUND II				34	6,915.	FMV
EDISON PARTNERS IX, LP				50	3,152.	FMV
ACCOLADE PARTNERS VII, LP				4	3,097.	FMV
CONNETIC VENTURES IN				5	0,000.	FMV
CINTRIFUSE				1,07	0,990.	FMV
OTHER				68	5,000.	FMV
	TOTALS			32,62	4,527.	

		tatem	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Fo	rm 990)	Complete	if the organiza	tion answered '	'Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2018
Dener	tment of the Treasury		-	Attach	to Form 990.		Open to Public
Intern	al Revenue Service	G	o to www.irs.go	v/Form990 for in	nstructions and the latest inf		Inspection
	of the organization THERN KENTUCKY UN	TUEDOT	ייע בטוווסאי	PTON THO		Employer ide 23-71	entification number
Par	t I General Inform	ation o	n Activities		United States. Comple		
1	Form 990, Part IV			in records to a	substantiate the amount of	ite grante and other	
I	assistance, the grantees	eligibilit	y for the grant	ts or assistance	e, and the selection criteri	a used to award the	
2	For grantmakers. Desc outside the United States		Part V the org	anization's pro	ocedures for monitoring t	the use of its grant	s and other assistance
3	Activities per Region. (T	he follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (o a program service, describe specific type service(s) in the regio	expenditures for and investments
(1)	EUROPE		0.	0.	INVESTMENTS		2,103,686.
(2)	EAST ASIA AND THE PACIF	IC	0.	0.	INVESTMENTS		858,171.
(3)	CENTRAL AMERICA/CARIBBE	AN	0.	0.	INVESTMENTS		51,723.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(</u> 16)							
(17)							
3a b	Subtotal Total from contir	nuation					3,013,580.
C	sheets to Part I Totals (add lines 3a a						3,013,580.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1274 1.000 0109JL D410 4/29/2020 12:45:56 PM

Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsid	de the Unite	d States. Complet	te if the org	anization answer	ed "Yes" on	Form 990,
	Part IV, line 15, for any re	cipient who receive	ved more than \$5,000. F	Part II can be	duplicated if addition		needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
<u>(11)</u> (12)									
(13)									
(14)									
(15)									
(16)									

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

►

Page 2

Page 3

Schedule F (Form 990) 2018 Part III Part III can be duplicated if additional space is needed. (a) Type of grapt or assista (a) Number of (d) Amount of (a) Monno

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
_(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)						Sch	edule F (Form 990) 2018

Schedu	le F (Form 990) 2018		Page 4
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)	X Yes	s 🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Ye	s X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	s 🗌 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? <i>If</i> "Yes," <i>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)</i>	X Yes	s 🗌 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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)	X Yes	s 🗌 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Ye	s X No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part V

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).

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2018
		-		or Form 990	-		Open to Public
Department of the Treasury Internal Revenue Service	►G	o to www.irs.gov/Form9	990 for instr	uctions and	the latest instructions.		Inspection
Name of the organization						Employer identificati	on number
NORTHERN KENTUC						23-7116528	
	ing Activities. Con				"Yes" on Form	990, Part IV, line	917.
	0-EZ filers are not						
	r the organization rais	sed funds through a		•			
a Mail solicita		е			non-government g		
	email solicitations	f			government grants	S	
c Phone solic		g		cial fundra	ising events		
d 🔄 In-person s							
	ation have a written o						
	es listed in Form 990 10 highest paid indi					-	Yes No
	least \$5,000 by the		(iuiiuiaise	is) puisua	and to agreements		
·		5					
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and add or entity (f		(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or entity (i			contrib	outions?		col. (i)	organization
			Yes	No			
1							
2							
3							
4							
-							
5							
6							
7							
8							
9							
10							
10							
Total	<u></u>						
3 List all states in	which the organiza	tion is reaistered o	r licensed	to solicit	contributions or	has been notified	l it is exempt from
registration or lie		5					•

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Schedule G (Form 990 or 990-EZ) 2018

Fundraising Events. Complete if the organization answered "Yes" on 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. Part II

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 GNF GALA	(b) Event #2 GOLF OUTING	(c) Other events 8.	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	142,822.	42,143.	92,360.	277,325
R	2	Less: Contributions	65,904.	1,518.	15,057.	82,479
	3	Gross income (line 1 minus line 2)	76,918.	40,625.	77,303.	194,846
	4	Cash prizes				
(0)	5	Noncash prizes	30,710.	874.	1,901.	33,485
sesue	6	Rent/facility costs	2,650.	4,372.	6,728.	13,750
Direct Expenses	7	Food and beverages	20,672.	1,800.	58,384.	80,856
Direct	8	Entertainment			1,750.	1,750
	9	Other direct expenses	11,442.	823.	78,956.	91,221
	10	Direct expense summary. Add lin	oc 4 through 0 in colu	mn (d)	•	221,062
	10	Net income summary. Subtract li	ne 10 from line 3 colu	ımn (d)		-26,216
Revenue	1	\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses		Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	>Yes% No	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1. column (d)	►	
9 a t	1	Enter the state(s) in which the org Is the organization licensed to con	anization conducts ga	ming activities: in each of these state	es?	YesNo
l0a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus		• • •	YesNo
						· (Farm 000 at 000 FZ) 201

NORTHERN KE	ENTUCKY	UNIVERSITY	FOUNDATION,	INC.	23-7116528

	NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528
Sched	Ile G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	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
14	records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Nama N
	Name
	Gaming manager compensation ► \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
17 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
a	
Ø	Enter the amount of distributions required under state law to be distributed to other exempt organizations
D	or spent in the organization's own exempt activities during the tax year > \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								
	Comp	plete if the or	-	wered "Yes" on F		, line 21 or 22.		20 18	
Department of the Treasury				ttach to Form 990 /Form990 for the I				Open to Public Inspection	
Internal Revenue Service Name of the organization		Gu	to www.irs.gov	Formsso for the i	atest mormation	l.	Employer identifica		
6	CKY UNIVERSITY FOUND	DATION, IN	IC.				23-71165		
	nformation on Grants and						I		
1 Does the organi	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
	teria used to award the grant							X Yes No	
2 Describe in Part	IV the organization's procee	dures for mor	itoring the use	of grant funds in the	e United States.				
Part II Grants an	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,	
Part IV, li	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) NORTHERN KENTUCKY	V UNIVERSITY							SUPPORT/	
NUNN DRIVE, HIGHI	LAND HEIGHTS, KY 41099	61-1010545	GOV ' T	1,924,559.				SCHOLARSHIPS	
(2)		_							
(3)		_							
(4)		_							
(5)		_							
(6)		_							
(7)		_							
(8)		_							
(9)		_							
(10)		_							
(11)		_							
(12)		-							
2 Enter total numb	per of section 501(c)(3) and		 prognizations lie	l ted in the line 1 tak	<u> </u>		<u> </u>	<u> </u>	
	per of other organizations list							1.	
	on Act Notice, see the Instructi								

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Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
5					
6					
7					

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS

THE FOUNDATION MONITORS THE USE OF FUNDS GRANTED TO NKU THROUGH REVIEW OF

INVOICES PAID BY NKU. THE FOUNDATION IS ALSO ABLE TO MONITOR THE PROGRESS

OF NKU PROJECTS SUPPORTED WITH FOUNDATION FUNDS.

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
I					
2					
3					
4					
5					
3					
7					

information.

SCHEDULE I, PART II, LINE 1, COLUMN (H)

PURPOSE OF GRANT OR ASSISTANCE

SUBGRANT EXPENSES PAID FOR THE BENEFIT OF NORTHERN KENTUCKY UNIVERSITY

(NKU) TO HELP PROVIDE FUNDING FOR NKU FACULTY POSITIONS, CONSTRUCTION

PROJECTS AND VARIOUS OTHER OPERATING EXPENDITURES.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

23-7116528

Par	I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribut		
1	Art - Works of art						
2	Art - Historical treasures					-	
3	Art - Fractional interests						
4	Books and publications					-	
5	Clothing and household						
-	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		10.	744,754.	AVERAGE SHAF	E PR	ICE
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures .						
14	Qualified conservation						
••	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(<u>VARIOUS</u>)	Х	102.	43,498.	FMV		
-0 26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for			
	which the organization completed F				29		
	which the organization completed i	01111 0200,	r art it, Bonoo , toknomoug		LI	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I. line	s 1 through		
	28, that it must hold for at least th				-		
	to be used for exempt purposes for	-				1	Х
b	If "Yes," describe the arrangement i						
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?	•		•	31	X	
32a	Does the organization hire or use					-	
	contributions?		•			1	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked		
	describe in Part II.						

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

Schedule M (Form 990) (2018)

Part II 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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir.	s.gov/form990. Inspection
Name of the organization		Employer identification number
NORTHERN KENTUCKY	UNIVERSITY FOUNDATION, INC.	23-7116528

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED AND REVIEWED BY A CERTIFIED PUBLIC ACCOUNTING FIRM. THE RETURN IS REVIEWED BY MANAGEMENT AND THE FINANCE AND AUDIT COMMITTEE CHAIRS. THE RETURN IS EMAILED TO ALL VOTING BOARD MEMBERS FOR APPROVAL BEFORE A FINAL VERSION IS FILED WITH THE INTERNAL REVENUE SERVICE.

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FORM 990, PART VI, SECTION B, LINE 12C
MONITORING COMPLIANCE
```

THE OFFICERS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. THIS POLICY IS MONITORED BY THE MEMBERSHIP COMMITTEE CHAIRPERSON IN CONJUNCTION WITH THE BOARD PRESIDENT AND EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A AND 15B COMPENSATION REVIEW THE FOUNDATION EXECUTIVE COMMITTEE DETERMINES EXECUTIVE COMPENSATION UPON RECOMMENDATION OF THE NKU PERSONNEL COMMITTEE WHICH WORKS IN CONJUNCTION WITH HUMAN RESOURCES. THIS REVIEW WAS CONDUCTED IN MAY, 2016.

FORM 990, PART VI, SECTION C, LINE 19 DOCUMENT AVAILABILITY

THE FORM 990 IS MADE AVAILABLE UPON REQUEST AND ONLINE VIA THE

Schedule O (Form 990 or 990-EZ) 2018				
Name of the organization	Employer identification number			
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.	23-7116528			

FOUNDATION'S WEBSITE. THE GOVERNING DOCUMENTS, FORM 1023 AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST AND AT THE DISCRETION OF THE BOARD OF DIRECTORS AND MANAGEMENT.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF NORTHERN KENTUCKY UNIVERSITY FOUNDATION IS TO SECURE, INVEST, STEWARD, AND DISTRIBUTE PRIVATE RESOURCES IN SUPPORT OF NORTHERN KENTUCKY UNIVERSITY, TO ADVOCATE FOR THE UNIVERSITY'S BEST INTERESTS, AND TO BUILD LASTING RELATIONSHIPS WITH ALUMNI AND FRIENDS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	<u>S</u>	ATTACHMENT 2	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
INSTRUCTION, PUBLIC SERVICE, ACADEMIC SUPPORT,		3,812,751.	
LIBRARIES, STUDENT SERVICES, RESEARCH AND OTHER			
TOTALS		3,812,751.	

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BERMUDA

CANADA

CAYMAN ISLANDS

UNITED KINGDOM

ATTACHMENT 1

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2018	Page	2
Name of the organization	Employer identification number	
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.	23-7116528	
		_

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION CONSULTING 112,640.

FUND EVALUATION GROUP LLC 201 EAST FIFTH ST, STE 1600 CINCINNATI, OH 45202

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
PUBLICLY TRADED SECURITY	75,878,556.	FMV
TOTALS	75,878,556.	

23-7116528

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



23-7116528

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(; Name, address, and EIN (if a	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) NKUF PROPERTIES 1, LLC	23-7116528					
ADMIN CENTER SUITE 822	HIGHLAND HEIGHTS, KY 41099	RE HOLDINGS	KY	114,821.	225,452.	NKUF
(2) NKUF PROPERTIES 2, LLC	23-7116528					
ADMIN CENTER SUITE 822	HIGHLAND HEIGHTS, KY 41099	RE HOLDINGS	KY		40,738.	NKUF
(3) NKUF PROPERTIES 3, LLC	23-7116528					
ADMIN CENTER SUITE 822	HIGHLAND HEIGHTS, KY 41099	RE HOLDINGS	KY	16,500.	221.	NKUF
(4) NKUF PROPERTIES 4, LLC	23-7116528					
ADMIN CENTER SUITE 822	HIGHLAND HEIGHTS, KY 41099	RE HOLDINGS	KY		104,614.	NKUF
(5) NKUF PROPERTIES 5, LLC	23-7116528					
ADMIN CENTER SUITE 822	HIGHLAND HEIGHTS, KY 41099	RE HOLDINGS	KY		121.	NKUF
(6) NKUF PROPERTIES 6, LLC	23-7116528					
ADMIN CENTER SUITE 822	HIGHLAND HEIGHTS, KY 41099	RE HOLDINGS	КҮ		680,044.	NKUF

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1)							
(2)	-						
(3)							
(4)							
(5)							
(6)							
(7)							

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

23-7116528

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection Employer identification number

23-7116528

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	a) applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
			or foreign country)			entity
(1) NKUF PROPERTIES 7, LLC	23-7116528					
ADMIN CENTER SUITE 822	HIGHLAND HEIGHTS, KY 41099	RE HOLDINGS	KY			NKUF
(2)						
(3)						
(4)						
(5)						
(6)						

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	rolled
						Yes	No
(1)	-						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Page 2

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.

		Janizador		aranoromp daring an	o lax your.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ther?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
<u>(5)</u>								
<u>(6)</u> (7)								

Schedule R (Form 990) 2018

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

23-7116528

Page 3

Schedule R (Form 990) 2018

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1a	ı	
	Gift, grant, or capital contribution to related organization(s))	
С	Gift, grant, or capital contribution from related organization(s).			10	_	
d	Loans or loan guarantees to or for related organization(s)				1	
е	Loans or loan guarantees by related organization(s)				•	
f	Dividends from related organization(s)			1f		
	Sale of assets to related organization(s).					
	Purchase of assets from related organization(s)					
	Exchange of assets with related organization(s).					
j	Lease of facilities, equipment, or other assets to related organization(s)			<u>1</u> j		
	Lease of facilities, equipment, or other assets from related organization(s)					
	Performance of services or membership or fundraising solicitations for related organization(s)					
	Performance of services or membership or fundraising solicitations by related organization(s)					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					
0	Sharing of paid employees with related organization(s)			1c)	
				4		
-	Reimbursement paid to related organization(s) for expenses.					
q	Reimbursement paid by related organization(s) for expenses	• • • • • • • • • • • • •		1c	1	
_	$\mathbf{O}(\mathbf{h}) = \mathbf{f}(\mathbf{a}) + f$			1r		
	Other transfer of cash or property to related organization(s)					
	If the answer to any of the above is "Yes," see the instructions for information on who must complete					
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of de	eterminir	ıg
		type (a-s)		amount in	volved	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
JSA			Sc	hedule R (Forn	n 990)	2018

8E1309 1.000

Schedule R (Form 990) 2018

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

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501 organiz	ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	oortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	naging tner?	(k) Percentag ownershi
		sections 512-514)	Yes	No			Yes	No		Yes	No	
											<u> </u>	
											<u> </u>	
											<u> </u>	
											<u> </u>	
		(state or foreign country)	(state or foreign country) income (related, excluded from tax under sections 512-514)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) sec 501 organiz Yes	(state or foreign country) income (related, urrelated, excluded from tax under sections 512-514) Section 501(c)(3) organizations?	(state or foreign country) income (related, scluded from tax under section s512-514) social income	increase increase section sect	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) total income end-of-year assets alloc ····································	Income Income Income end-of-year assets allocations? Image: section solution solutite solutite solution solutite solution solution solution solution	income (related, sculuded) from tax under sections 512-514) income (related, sculuded) from tax under sections 512-514) total income sections? allocation? <	Image: section of toreign country) income (related, excluded from tax under sections 512-514) income (related, excluded from tax un	Income (related, country) Income (related, related, country) Sections 512-514) Sections 501(c)3) (rganizations? Income (related, related, rel

Schedule R (Form 990) 2018

Page 4

 Schedule R (Form 990) 2018

 Part VII
 Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Form	990-T	E>	empt Organization (and proxy tax					n	OMB N	No. 1545-0687
		For cale	ndar year 2018 or other tax year begin	ning	07/01,2018	, and endir	ng06/30,2	0 19.	わ	18
Depart	ment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and	the latest	information.		6	
Interna	I Revenue Service	► Do	not enter SSN numbers on this form a	as it ma	y be made public	if your orga	nization is a 501(c)(3).	Open to P 501(c)(3) 0	ublic Inspection for Organizations Only
A	Check box if address changed		Name of organization (Check be	ox if nar	ne changed and se	e instruction:	s.)			cation number e instructions.)
	mpt under section		NORTHERN KENTUCKY U	NIVE	RSITY FOUN	DATION	, INC.			
Х	501(C)(3)	Print or	Number, street, and room or suite no.	lf a P.O	box, see instruction	ns.			116528	
	408(e) 220(e)	Туре							ated busines structions.)	ss activity code
	408A 530(a)		LUCAS ADMINISTRATIV				822		,	
	529(a)	-	City or town, state or province, countr		• •	code			~ ~	
	ok value of all assets and of year		HIGHLAND HEIGHTS, K					52599	90	
	-		up exemption number (See instruct	,				1		
			eck organization type 🕨 X 501			501(c)		_ 401(a)		Other trust
		-	nization's unrelated trades or busine						(or first) u	
	ade or business her						complete Parts I			describe the
			end of the previous sentence, co	mplete	Parts I and II, co	mplete a S	chedule M for ea	ch additior	nal	
	ade or business, th									Yes X No
			corporation a subsidiary in an affil	-		subsidiary c	controlled group?		· · P L	Yes X No
			identifying number of the parent co RIC C. GENTRY	rporatio	JII	Telephon	e number 🕨 85	9-572-	-5126	
			or Business Income		(A) Inco		(B) Expen			(C) Net
1a	Gross receipts or s							505		
b	Less returns and allowa		c Balance ▶	1c						
2			ule A, line 7)	2						
3			2 from line 1c	3						
4a			ttach Schedule D)	4a	3(0,941.				30,941.
b			Part II, line 17) (attach Form 4797)	4b						
c			rusts	4c						
5			r an S corporation (attach statement)	5	158	3,785.	ATCH 2			158,785.
6				6						
7			come (Schedule E)	7						
8			ents from a controlled organization (Schedule F)	8						
9			1(c)(7), (9), or (17) organization (Schedule G)	9						
10			ncome (Schedule I)	10						
11			dule J)	11						
12	Other income (Se	e instruc	tions; attach schedule)	12						
13	Total. Combine li	nes 3 thr	ough 12	13	189	9,726.				189,726.
Par	t Deduction	ns Not	Taken Elsewhere (See inst	ructic	ons for limitati	ons on d	leductions.) (I	Except f	or contril	outions,
	deduction	is must	be directly connected with t	he ur	nrelated busin	iess inco	me.)			
14	Compensation of	officers,	directors, and trustees (Schedule K)					14		
15										
16	Repairs and main	tenance						16		
17										
18			(see instructions)							
19										
20			See instructions for limitation rules)		1	1		20	_	
21			4562)							
22			on Schedule A and elsewhere on re					22b		
23										
24			compensation plans							
25			S							
26			Schedule I)							
27			chedule J)							64,598.
28			chedule)						+	64,598.
29 20			s 14 through 28						+	125,128.
30 21			le income before net operating							145,140.
31 32			g loss arising in tax years beginnin e income. Subtract line 31 from line	-						125,128.
32 For F			Notice, see instructions.					32	Foi	rm 990-T (2018)

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NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528

	990-T (20	,							F	Page 2
Par	t III	Total Unrelated Business Taxable I	ncome							
33		of unrelated business taxable income compu				•				
	instruct	ions)				• • •	33	1	.25,1	L28.
34		s paid for disallowed fringes					34			
35	Deduct	on for net operating loss arising in tax	years beginning	g before Ja	anuary 1, 2018	(see				
	instruct	ions)					35	1	.25,1	128.
36		f unrelated business taxable income before								
	of lines	33 and 34					36			
37	Specific	deduction (Generally \$1,000, but see line 37 inst	tructions for exception	ons)			37		1,(000.
38	Unrelat	ed business taxable income. Subtract line 37	7 from line 36.	lf line 37 is	greater than line	36,				
	enter th	e smaller of zero or line 36					38			0.
Par	t IV	Tax Computation								
39	Organia	ations Taxable as Corporations. Multiply line 38 b	oy 21% (0.21)				39			
40	Trusts				n. Income tax					
	the amo	ount on line 38 from: Tax rate schedule or	Schedule E) (Form 1041),			40			
41		ax. See instructions		. ,			41			
42		ive minimum tax (trusts only)					42			
43		Noncompliant Facility Income. See instructions					43			
44		dd lines 41, 42, and 43 to line 39 or 40, whicheve					44			
Par		Tax and Payments								
		tax credit (corporations attach Form 1118; trusts	attach Form 1116)	45	a					
	-	redits (see instructions)								
		business credit. Attach Form 3800 (see instruction								
d		or prior year minimum tax (attach Form 8801 or 88								
		edits. Add lines 45a through 45d					45e			
46		t line 45e from line 44					46			
47		kes. Check if from: Form 4255 Form 8611					47			
48		x. Add lines 46 and 47 (see instructions)					48			0.
40 49		et 965 tax liability paid from Form 965-A or Form 9					49			
-		its: A 2017 overpayment credited to 2018				• • •				
		stimated tax payments								
		osited with Form 8868.								
		organizations: Tax paid or withheld at source (see								
		withholding (see instructions)								
		or small employer health insurance premiums (atta								
)		•					
9		orm 4136		Total > 50	~					
51		ayments. Add lines 50a through 50g					51			
52	-	ed tax penalty (see instructions). Check if Form 22				\square	52			
53		If line 51 is less than the total of lines 48, 49, ar			•		53			
55 54		yment. If line 51 is larger than the total of lines 48, 43, 43, 43, 43, 43, 43, 43, 43, 43, 43					54			
55	•	e amount of line 54 you want: Credited to 2019 estimat		amount overp	Refunde		55			
Par		Statements Regarding Certain Acti		her Inform						
56		time during the 2018 calendar year, did the						authority	Yes	No
50		financial account (bank, securities, or other)	-		-			-		
		Form 114, Report of Foreign Bank and Fi	-	•	-		•			
		BERMUDA, CANADA, CAYMAN IS		11 100, 0		ino	rororgii	oounny	Х	
E 7										x
57	•	the tax year, did the organization receive a distribution in the second state of the s	-	it the grantor	or, or transferor to, a	Torei	gn trust	· · · · ·		
58		see instructions for other forms the organization m		or 🕨 ¢						
50		ne amount of tax-exempt interest received or accru nder penalties of perjury, I declare that I have examined this			es and statements, and to	the b	est of my	/ knowledge	and beli	ief. it is
Siar	tr	ie, correct, and complete. Declaration of preparer (other than taxpa								, 13
Sigr Her								RS discuss		
ner		gnature of officer	Date	Title				preparer sh ^{ns)?} X Ye		
	3	- -	reparer's signature		Date	(586		PTIN	3	No
Paid			Caron S. Hus	11	6/3/2020	Check		P009	6100	4
_	arer		Not a Note	migue	0/0/2020		mployed	44-016		
	Only	Firm's name ► BKD, LLP Firm's address ► 312 WALNUT STREET, S		CTNCTNNTA				3-621-8		
		THINS ADDIESS F JIZ WALNUT JIKEL, S	JULIE JUUU,		111, UII 1 9202	Phone	eno. Ji			(2040)
JSA								Form 9	50-I	(2018)

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528

3 – 1	/116528	

Form 990-T (2018)							Page 3		
Schedule A - Cost of Go	oods Sold. En	ter method	d of invento	ory valuation	N/A				
1 Inventory at beginning of y	Inventory at beginning of year 1			6 Inventory at end of year 6					
2 Purchases	2			7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	Cost of labor 3			6 from I	ine 5. En	ter here and in			
4a Additional section 263A co	a Additional section 263A costs				2		7		
(attach schedule)	(attach schedule) 4a					section 263A (v			
b Other costs (attach schedu	le) 4b					or acquired fo			
5 Total. Add lines 1 through				to the orga	inization?	<u></u>			
Schedule C - Rent Income	e (From Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ved or accrue	ed			_			
for personal property is more than 10% but not percenta			age of rent for	personal property or r personal property based on profit or i	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of conhere and on page 1, Part I, line 6	()	,				(b) Total deduction Enter here and o Part I, line 6, colu	n page 1,		
Schedule E - Unrelated De			e instruction	ons)					
1. Description of deb	t-financed property	v		income from or o debt-financed		debt-finan	onnected with or allocable to ced property		
				roperty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4			income reportable n 2 x column 6)	 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 		
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						e and on page 1, ne 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
Totals Total dividends-received deduct	i ons included in co						Form 990-T (2018)		

Form **990-T** (2018)

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528 Page 4

Schedule F-Interest, Annu	uities, Royalties	, and Re	ents Fro	om Contro	lled Or	ganizati	ons (see	e instructio	ons)	0	
	· •			ontrolled Or							
1. Name of controlled organization	2. Employer identification number	51		lated income instructions)		of specified ents made 5. Part of column 4 that is included in the controlling organization's gross incom		olling	ig connected with income		
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations	I			1						
7. Taxable Income	8 Net unrelated income			Total of specifie		includ	t of column ed in the co ation's gross	ntrolling		Deductions directly nected with income in column 10	
(1)						U U	0				
(2)											
(3)											
(4)											
Totals Schedule G-Investment Ir	come of a Sec	tion 501	l(c)(7).	(9). or (17	►	Enter I Part I	columns 5 a here and on line 8, colum	page 1, mn (A).	Ent	Id columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of			3. Deduc directly cor (attach sch	tions		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and c Part I, line 9, cc									Enter here and on page 1, Part I, line 9, column (B).	
Totals											
Schedule I-Exploited Exe	mpt Activity Ind	come, O	ther Th	nan Adverti	ising Ir	ncome (s	ee instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business 3. Expenses directly connected with production of business income 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. 5. Gross from activities is not un business		ivity that nrelated	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).					
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1, line 10,	Part I,						Enter here and on page 1, Part II, line 26.		
Schedule J-Advertising Ir	come (see instru	uctions)									
Part I Income From Per			Conso	lidated Bas	sis						
1. Name of periodical	2. Gross advertising income		4. Advertising Direct gain or (loss) (col. sing costs 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

Form 990-T (2018)

NORTHER	RENTOCKI OK	ITARDITI 100	NDATION, IN	C. 25 /1.	Fage J
		rate Basis (For	each periodical	listed in Part II	, fill in columns
2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
n of Officers, D	irectors, and Tr	ustees (see insti	uctions)		
1. Name		2. Title		4. Compensation unrelated l	
			%		
			%		
			%		
			%		
	ine-by-line basis 2. Gross advertising income Enter here and on page 1, Part I, line 11, col (A).	iodicals Reported on a Separation ine-by-line basis.) 2. Gross advertising income 3. Direct advertising costs advertising costs Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B). In of Officers, Directors, and Tr	iodicals Reported on a Separate Basis (For example, ine-by-line basis.) 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B). In of Officers, Directors, and Trustees (see instruction)	iodicals Reported on a Separate Basis (For each periodical ine-by-line basis.) 2. Gross advertising income 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income Image: Description of the page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B). 5. Percent of time devoted to business Image: Description of the page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B). 3. Percent of time devoted to business Image: Description of the page 1, Part I, line 11, col (B). 9%	iodicals Reported on a Separate Basis (For each periodical listed in Part II ine-by-line basis.) 2. Gross advertising income 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income 6. Readership costs Image: Second

Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INCOME FROM INVESTMENT PARTNERSHIPS

ATTACHMENT 2

FORM 990T -	LINE 5	-INCOME	(LOSS)	FROM	PARTNERSHIPS	OR	S	CORPORATIONS	

NORTHGATE PRIVATE EQUITY PARTNERS II	-1,859.
NORTHGATE PRIVATE EQUITY PARTNERS III	-238.
NORTHGATE PRIVATE EQUITY PARTNERS IV	7,300.
NORTHGATE VENTURE PARTNERS III	-4.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III	16.
Q-BLK REAL ASSETS II (PARALLEL), LP	-7,533.
NEWLIN ENERGY PARTNERS II, LP	-14,825.
VIA ENERGY LP	-3,909.
ROCKLAND POWER PARTNERS II	239,162.
ROCKLAND POWER PARTNERS III	80,454.
AETHER REAL ASSETS I, LP	-15,890.
AETHER REAL ASSETS II, LP	-32,116.
NGP NATURAL RESOURCES XI	-35,393.
METROPOLITAN REAL ESTATE PARTNERS III-A, LP	8,950.
WCP REAL ESTATE FUND III, LP	-24,305.
AMBERBROOK VII, LLC	-1,291.
AMBERBROOK VI, LLC	-388.
LIQUID REALTY PARTNERS IV	-4,203.
ORBIMED ROYALTY OPPORTUNITIES II, LP	22,192.
SRE OPPORTUNITY FUND III PARTNERS IV	-1,795.
WCP NEWCOLD	-39,572.
CF CAPITAL PE PARTNERS VII	3,956.
CF CAPITAL NATURAL RESOURCES PARTNERS VIII	-19,924.
INCOME (LOSS) FROM PARTNERSHIPS	158,785.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT MANAGEMENT FEES	59,849.
PROFESSIONAL FEES	4,749.

PART	ΙI	-	LINE	28	-	OTHER	DEDUCTIONS	64,598.
------	----	---	------	----	---	-------	------------	---------

ATTACHMENT 4

FORM 990-T - LINE 31 - NET OPERATING LOSS DEDUCTION

		LOSS		
	LOSS	PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	SUSTAINED	APPLIED	REMAINING	THIS YEAR
06/30/11	13,227	13,125	102	102
06/30/12	11,123	-	11,123	11,123
06/30/13	19,873	-	19,873	19,873
06/30/14	26,734	-	26,734	26,734
06/30/15	18,928	-	18,928	18,928
06/30/16	247,034	-	247,034	247,034
06/30/17	-	-	-	-
06/30/18	198,146	-	198,146	198,146
NOL CARROVER A	AVAILBALE THIS YEA	AR	521,940	521,940

SCHEE	DULE D
(Form	1120)

Capital Gains and Losses

OMB No. 1545-0123

2018

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name NOR7	THERN KENTUCKY UNIVERSITY FOUNDAT		Employer identification number 23-7116528			
Part			.)			
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, lin column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	3,729.	12.			3,717.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss). Combine lines			<u></u>	. 7	3,717.
Part	· · · ·	(See instructions.)		1		
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lir column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	10,281.	79.			10,202.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				. 11	17,022.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchan	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	h	<u></u>	15	27,224
	Enter excess of net short-term capital gain (line 7) of	ver net long-term capita	al loss (line 15)		16	3,717
17	Net capital gain. Enter excess of net long-term capi	tal gain (line 15) over n	et short-term capital los	s (line 7)	17	27,224.
18	Add lines 16 and 17. Enter here and on Form 1120					30,941.
	Note: If losses exceed gains, see Capital losses in th					,

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service
Nama(c) shown on roturn

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return	Social security number or taxpayer identification number
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.	23-7116528

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	Cost or other basis. See the Note below	If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo day yr)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMBERBROOK VI	VAR	VAR	19.				19.
AMBERBROOK VII	VAR	VAR	33.				33.
CF CAPITAL PE PARTNERS VII	VAR	VAR		1.			-1.
NPG NAT RESOURCES XI	VAR	VAR		11.			-11.
NORTHGATE IV	VAR	VAR	6.				б.
ORBIMED ROYALTY OPPORT II	VAR	VAR	3,671.				3,671.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C at	I here and inc is checked), lin	lude on your e 2 (if Box B	3,729.	12.			3,717.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number	
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.	23-7116528	

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below	W See the separate instructions. Subtr		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMBERBROOK VI	VAR	VAR	1,407.				1,407.
AMBERBROOK VII	VAR	VAR	280.				280.
CF CAPITAL NR PARTNERS VIII	VAR	VAR	1,640.				1,640.
CF CAPITAL PE PARTNERS VII	VAR	VAR	1,415.				1,415.
NEWLIN ENERGY PARTNERS II	VAR	VAR	200.				200.
NPG NAT RESOURCES XI	VAR	VAR	318.				318.
NORTHGATE IV	VAR	VAR	104.				104.
ORBIMED ROYALTY OPPORT II	VAR	VAR	3,439.				3,439.
Q-BLK REAL ASSETS II	VAR	VAR	605.				605.
VIA ENERGY	VAR	VAR		79			-79.
WCP REAL ESTATE FUND III	VAR	VAR	873.				873.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	10,281.	79.			10,202.

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184 20 18

Attach to your tax return.

Attachment	~-
Sequence No	27

	artment of the Treasury rnal Revenue Service	o to www.irs.go	ov/Form4797 fo	or instructions an	Id the latest info	rmation.		Sequence No. 27
Nar	me(s) shown on return						dentify	ving number
NO	ORTHERN KENTUCKY UNIVER	RSITY FOUND	ATION, INC				23-1	7116528
1	Enter the gross proceeds from s	ales or exchange	s reported to y	ou for 2018 on Fo	orm(s) 1099-B or 2	1099-S (or		
	substitute statement) that you are						1	
Pa	art I Sales or Exchanges of						ns Fro	om Other
	Than Casualty or The							
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvemen expense of	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
A	ATTACHMENT 1							17,022.
3	Gain, if any, from Form 4684, line	39					3	
4	Section 1231 gain from installment	nt sales from Forn	n 6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from I	ike-kind exchanges	s from Form 8824	1			5	
6	Gain, if any, from line 32, from oth	ner than casualty o	r theft				6	
7	Combine lines 2 through 6. Enter	the gain or (loss)	here and on the	appropriate line as fo	llows		7	17,022.
	Partnerships and S corporations line 10, or Form 1120S, Schedule				for Form 1065, S	chedule K,		
	Individuals, partners, S corporati line 7 on line 11 below and skip losses, or they were recaptured i Schedule D filed with your return a	lines 8 and 9. If I n an earlier year,	ine 7 is a gain a enter the gain	and you didn't have from line 7 as a lo	any prior year see	ction 1231		
8	Nonrecaptured net section 1231 I	osses from prior ye	ears. See instruct	ions			8	
9				-				
	9 is more than zero, enter the an			Ŭ		•		
	capital gain on the Schedule D file				• • • • • • • • •		9	
	art II Ordinary Gains and L		,					
10	Ordinary gains and losses not inc		Inrough 16 (incit					
	Loss, if any, from line 7						44	(
	Gain, if any, from line 7 or amoun						11	()
	Gain, if any, from line 7 of amoun Gain, if any, from line 31						12	
							13	
	Net gain or (loss) from Form 4684	-					14	
15	, 0						15	
16	Ordinary gain or (loss) from like-ki	-					16	
17	0						17	
18	For all except individual returns, e and b below. For individual returns			ne appropriate line o	of your return and s	skip lines a		
a	a If the loss on line 11 includes a los	ss from Form 4684	1, line 35, colum	n (b)(ii), enter that p	art of the loss here	e. Enter the		
	loss from income-producing prope	erty on Schedule A	(Form 1040), lin	e 16. (Do not include	e any loss on prope	rty used as		
	an employee.) Identify as from "For	rm 4797, line 18a.	" See instruction	s			18a	
k	b Redetermine the gain or (loss) on line	17 excluding the los	s, if any, on line 18	8a. Enter here and on	Schedule 1 (Form 10	40), line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19	19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
	A						
	В						
	C						
	D						
	These columns relate to the properties on lines 19A through 19I	p. 🕨	Property A	Property B		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
24		24					
	If section 1245 property:						
	a Depreciation allowed or allowable from line 22						
	b Enter the smaller of line 24 or 25a.	25b					
20	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
á	a Additional depreciation after 1975. See instructions	26a					
I	b Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
(C Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
	d Additional depreciation after 1969 and before 1976.	26d					
	e Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
	g Add lines 26b, 26e, and 26f	26g					
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
á	a Soil, water, and land clearing expenses	27a					
I	b Line 27a multiplied by applicable percentage. See instructions	27b					
	c Enter the smaller of line 24 or 27b	27c					
	If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
	b Enter the smaller of line 24 or 28a	28b					
	If section 1255 property:						
á	a Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
	b Enter the smaller of line 24 or 29a. See instructions	29b					
Su	mmary of Part III Gains. Complete proper	ty co	lumns A through	D through line	29b	b before going to li	ne 30.
30	Total gains for all properties. Add property columns	A thro	ugh D, line 24				
31	Add property columns A through D, lines 25b, 26g, 2	27c, 2	28b, and 29b. Enter he	re and on line 13			
32	Subtract line 31 from line 30. Enter the portion from	m cas	sualty or theft on Form	4684, line 33. E	Inter	the portion from	
	other than casualty or theft on Form 4797, line 6						
Pa	rt IV Recapture Amounts Under Section (see instructions)	ns 17	79 and 280F(b)(2)	When Busine	ess	Use Drops to 50%	or Less
						(a) Section 179	(b) Section 280F(b)(2)
32	Section 179 expense deduction or depreciation allow	vahle	in prior years		33		
	Recomputed depreciation. See instructions	abie			34		

•••		-	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form 4797 (2018)

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. Supplement to Form 4797 Part I Detail

23-7116528

ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
AMBERBROOK VI	VAR	VAR	928.			928.
AMBERBROOK VII	VAR	VAR			708.	-708.
CF CAP NR PART VIII	VAR	VAR	1,971.			1,971.
CF CAP PE PART VII	VAR	VAR			802.	-802.
METRO RE PART III-A	VAR	VAR	2,203.			2,203.
NEWLIN ENERGY II	VAR	VAR			1,424.	-1,424.
NPG NAT RESOURCES XI	VAR	VAR	2,034.			2,034.
NORTHGATE IV	VAR	VAR			582.	-582.
NORTHGATE PE PART II	VAR	VAR			14.	-14.
VIA ENERGY	VAR	VAR			203.	-203.
WCP REAL ESTATE III	VAR	VAR	13,619.			13,619.
Totals						17,022.

SCHEE	DULE D
(Form	1120)

Capital Gains and Losses

OMB No. 1545-0123

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

Department of the Treasury Internal Revenue Service New

Name	•				Employ	er identification number
NOR	THERN KENTUCKY UNIVERSITY FOUNDAT	ION, INC.				23-7116528
Part	Short-Term Capital Gains and Losses	(See instructions.)			
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, lin column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked	3,729.	12.			3,717.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 5	Short-term capital gain from installment sales from F Short-term capital gain or (loss) from like-kind exchar				. 4	
5	Short-term capital gain of (1055) from inte-kind excita	iges nom Form 8624			- 5	
6	Unused capital loss carryover (attach computation)				6	()
7 Part	Net short-term capital gain or (loss). Combine lines 1 Long-Term Capital Gains and Losses		h	<u></u>	. 7	3,717.
I al l	See instructions for how to figure the amounts to enter on	````	()	(g) Adjustments	s to gain	(h) Gain or (loss)
	the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 8949, Part II, line 2, column (g)		Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	10,281.	79.			10,202.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				. 11	17,022.
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37	,		12	
13	Long-term capital gain or (loss) from like-kind exchar	13				
14	Capital gain distributions (see instructions)	14				
15	Net long-term capital gain or (loss). Combine lines 8	15	27,224.			
Part						
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	3,717.
17	Net capital gain. Enter excess of net long-term capit	al gain (line 15) over ne	et short-term capital los	s (line 7)	17	27,224.
18	Add lines 16 and 17. Enter here and on Form 1120,					30,941.
-	Note: If losses exceed gains, see Capital losses in the				• _ • •	· ·

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

|--|

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury						
Internal Revenue Service						
Nama(c) shown on roturn						

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return	Social security number or taxpayer identification number
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.	23-7116528

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

F

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis. See the Note below	If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMBERBROOK VI	VAR	VAR	19.				19.
AMBERBROOK VII	VAR	VAR	33.				33.
CF CAPITAL PE PARTNERS VII	VAR	VAR		1.			-1.
NPG NAT RESOURCES XI	VAR	VAR		11.			-11.
NORTHGATE IV	VAR	VAR	6.				б.
ORBIMED ROYALTY OPPORT II	VAR	VAR	3,671.				3,671.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C al	I here and inc is checked), lin	lude on your e 2 (if Box B	3,729.	12.			3,717.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018)	Attachment Sequence No. 12A Pag				
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number				
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.	23-7116528				

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	Date sold or Proceeds Se		Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AMBERBROOK VI	VAR	VAR	1,407.				1,407.
AMBERBROOK VII	VAR	VAR	280.				280.
CF CAPITAL NR PARTNERS VIII	VAR	VAR	1,640.				1,640.
CF CAPITAL PE PARTNERS VII	VAR	VAR	1,415.				1,415.
NEWLIN ENERGY PARTNERS II	VAR	VAR	200.				200.
NPG NAT RESOURCES XI	VAR	VAR	318.				318.
NORTHGATE IV	VAR	VAR	104.				104.
ORBIMED ROYALTY OPPORT II	VAR	VAR	3,439.				3,439.
Q-BLK REAL ASSETS II	VAR	VAR	605.				605.
VIA ENERGY	VAR	VAR		79			-79.
WCP REAL ESTATE FUND III	VAR	VAR	873.				873.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	10,281.	79.			10,202.

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form	4	7	9	7
	_	-	-	-

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184 2018

Dep	artment of the Treasury				to your tax return				Attachment 07
	mal Revenue Service		o to www.irs.go	ov/Form4797 f	or instructions an	d the latest info			Sequence No. 27
	me(s) shown on return							-	ving number
	RTHERN KENTUC							23-1	7116528
1	Enter the gross pr		Ũ			· · ·			
Б					instructions			<u> 1 </u>	m Other
Pa					or Business an ore Than 1 Year			ns Fro	om Other
2		ion	(b) Date acquired (mo., day, yr.)		(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost o basis, p improveme expense o	lus nts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
I	ATTACHMENT	1							17,022.
3	Gain, if any, from F	orm 4684, line 3	9					3	
4	Section 1231 gain							4	
5	Section 1231 gain		-					5	
6	Gain, if any, from li							6	10.000
7		0	o ()					7	17,022.
	Partnerships and S line 10, or Form 112				ing the instructions 2 below.	for Form 1065, S	chedule K,		
	line 7 on line 11 b	elow and skip li e recaptured in	ines 8 and 9. If I an earlier year,	ine 7 is a gain enter the gain	If line 7 is zero or a and you didn't have from line 7 as a lo w.	any prior year see	ction 1231		
8	Nonrecaptured net	section 1231 lo	sses from prior ye	ears. See instruct	ions			8	
9	Subtract line 8 from				enter the gain from li w and enter the gai				
							-	9	
Pa			sses (see in:						
	Ordinary gains and			/	ude property held 1 ye	ear or less):			
								_	
11	Loss, if any, from lin	e7						11	()
	Gain, if any, from li		, , ,					12	
13	Gain, if any, from lir	ne 31						13	
14	0 ()							14	
15	Ordinary gain from	installment sale	es from Form 625	2, line 25 or 36				15	
16	Ordinary gain or (Ic	ss) from like-kin	nd exchanges from	n Form 8824				16	
17		•						17	
18	For all except indivi and b below. For ind				he appropriate line o	of your return and s	skip lines a		
	a If the loss on line 1		·		n (b)(ii), enter that p	art of the loss here	. Enter the		
					e 16. (Do not include				
					IS			18a	
I	b Redetermine the gain	or (loss) on line 1	7 excluding the los	s, if any, on line 1	8a. Enter here and on	Schedule 1 (Form 10	40), line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254,	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)				
	A.						uu, , , , , , , , , , , , , , , , ,
	3						
	C						
	0						
			Property A	Property B		Property C	Property D
	These columns relate to the properties on lines 19A through 19I	D. 🕨	. ,	. ,		. ,	. ,
20	Gross sales price (Note: See line 1 before completing.)						
21		21					
22	Depreciation (or depletion) allowed or allowable						
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
	If section 1245 property:	24					
	a Depreciation allowed or allowable from line 22	25a					
	• Enter the smaller of line 24 or 25a.						
_	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.	235					
i	Additional depreciation after 1975. See instructions	26a					
I	Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
	Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
	Additional depreciation after 1969 and before 1976.	26d					
	e Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
	a Add lines 26b, 26e, and 26f	26g					
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
i	a Soil, water, and land clearing expenses	27a					
I	b Line 27a multiplied by applicable percentage. See instructions	27b					
	Enter the smaller of line 24 or 27b	27c					
	If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
I	D Enter the smaller of line 24 or 28a						
	If section 1255 property:						
i	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
I	Enter the smaller of line 24 or 29a. See instructions						
	mmary of Part III Gains. Complete proper		lumns A through	D through line	29k	before going to	line 30.
30	Total gains for all properties. Add property columns	A thro	ugh D, line 24			30	
31	Add property columns A through D, lines 25b, 26g, 2	27c, 2	28b, and 29b. Enter he	re and on line 13			
32	Subtract line 31 from line 30. Enter the portion from	m cas	ualty or theft on Form	4684, line 33. E	Inter	the portion from	
	other than casualty or theft on Form 4797, line 6						
Pa	rt IV Recapture Amounts Under Section (see instructions)						
						(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allow	vable	in prior years		33		
	Recomputed depreciation. See instructions				34		

 34
 Recomputed depreciation. See instructions
 34

 35
 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report
 35

Form 4797 (2018)

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. Supplement to Form 4797 Part I Detail

23-7116528

ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
Description	Acquired	3010	Flice		Dasis	for entire year
AMBERBROOK VI	VAR	VAR	928.			928.
AMBERBROOK VII	VAR	VAR	520.		708.	-708.
CF CAP NR PART VIII	VAR	VAR	1,971.		,	1,971.
CF CAP PE PART VII	VAR	VAR			802.	-802.
METRO RE PART III-A	VAR	VAR	2,203.			2,203.
NEWLIN ENERGY II	VAR	VAR	,		1,424.	-1,424.
NPG NAT RESOURCES XI	VAR	VAR	2,034.		,	2,034.
NORTHGATE IV	VAR	VAR	,		582.	-582.
NORTHGATE PE PART II	VAR	VAR			14.	-14.
VIA ENERGY	VAR	VAR			203.	-203.
WCP REAL ESTATE III	VAR	VAR	13,619.			13,619.
Totals						17,022.

FEDERAL FOOTNOTES

ELECTION TO CAPITALIZE AND AMORTIZE IDC: THE FOUNDATION ELECTS UNDER IRC SEC 59(E)(4) TO CAPITALIZE AND AMORTIZE THE FOLLOWING INTANGIBLE DRILLING COSTS PAID OR INCURRED DURING THE TAX YEAR OVER 60 MONTHS.TYPE OF EXPENDITURE: 59(E)(2) CAPITALIZED AMOUNT: \$368,722 FEDERAL FOOTNOTES

THE FOUNDATION ELECTS UNDER PROPOSED REGULATIONS 1.987-1(B)(1)(II) NOT TO APPLY THE PROPOSED SECTION 987 REGULATIONS FOR PURPOSES OF TAKING INTO ACCOUNT CERTAIN ITEMS OF GAIN OR LOSS IF THE INDIVIDUAL OR CORPORATION OWNS, DIRECTLY OR INDIRECTLY, LESS THAN 5% OF EITHER THE TOTAL CAPITAL OR THE TOTAL PROFITS INTEREST IN THE FOREIGN PARTNERSHIP.

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Form 926 (Rev. 11-2018)

Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form926 for instructions and the latest information. Attach to your income tax return for the year of the transfer or distribution. 					
Pai	rt I U.S. Trans	feror Information (see instructions)				
Name	e of transferor NORTH	ERN KENTUCKY UNIVERSITY FOUNDAT	FION, INC.	Identifying number (see 23-7116528	e instructio	ons)
	If the transferor w If the transfer was five or fewer dome Did the transferor	a specified 10%-owned foreign corporation tha as a corporation, complete questions 2a throug a section 361(a) or (b) transfer, was the trans estic corporations? remain in existence after the transfer? rrolling shareholder(s) and their identifying num	gh 2d. sferor controlled (under sectio	on 368(c)) by	Yes Yes Yes	X No X No No
	(Controlling shareholder	Iden	tifying number		
	If the transferor	was a member of an affiliated group filing	a consolidated return was	it the parent		
	corporation?	e and employer identification number (EIN) of t			Yes	No No
	Na	me of parent corporation	EIN of p	parent corporation		
d	Have basis adjust	ments under section 367(a)(4) been made?			Yes	No
3 a	complete questior	was a partner in a partnership that was the a ns 3a through 3d. I EIN of the transferor's partnership.	actual transferor (but is not	treated as such ur	nder se	ction 367),
		Name of partnership	EIN	of partnership		
С	Is the partner disp Is the partner disp	ck up its pro rata share of gain on the transfer o posing of its entire interest in the partnership? posing of an interest in a limited partnership	that is regularly traded on a	an established	Yes Yes	No No
	securities market?	<u> </u>		<u></u>	Yes	No
Pai	rt Transferee	Foreign Corporation Information (see instant)	structions)			
4 SI(CCAR POINT (G	ee (foreign corporation) UERNSEY) INVESTMENT LIMITED		5a Identifying nur 98-1194788	nber, if	any
6	Address (including	J COUNTRY) AZTEC FINANCIAL SERVICES (GUERNS TRAFALGAR COURT, LES BANQUES ST		5b Reference ID n (see instructions)	umber	
7	Country code of c	ountry of incorporation or organization (see ins	structions)			
8		cterization (see instructions)				
-	CORPORATION					

9 Is the transferee foreign corporation a controlled foreign corporation?

For Paperwork Reduction Act Notice, see separate instructions.

	6 (Rev. 11-20					Page 2
Part			ransfer of Property (se	e instructions)		
т	on A - Cas Type of roperty	(a) Date of	(b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized on
Cash		transfer	property	date of transfer	basis	transfer
10	lf "Yes," sl	the only property transf kip the remainder of Pa	rt III and go to Part IV.			Yes 🛛 No
		er Property (other (a)	than intangible propert	y subject to section ((d)	(e)
	Гуре of roperty	Date of transfer	Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized on transfer
Stock as		12/31/2018	STOCKS AND SECURITIE	_s 267,993	144,947	123,046
Invento	ry					
another Property	ed under category) y with					
built-in l	IOSS					
Totals				267,993	144,947	123,046
12a b c	recognition Were any foreign co If "Yes," g Was the tr (including If "Yes," co Immediate transferee If "Yes," co	n agreement was filed? assets of a foreign bra rporation? o to line 12b. ansferor a domestic co a branch that is a foreig ontinue to line 12c. If "I ely after the transfer, foreign corporation? ontinue to line 12d. If "I	k or securities subject t nch (including a branch th prporation that transferred gn disregarded entity) to a No," skip lines 12c and 12 was the domestic corp No," skip line 12d, and go	hat is a foreign disregar a substantially all of the specified 10%-owned f id, and go to line 13. oration a U.S. shareho to line 13.	ded entity) transferred t assets of a foreign bra oreign corporation? older with respect to	<pre>Yes X No Yes No Yes No No Nch Yes X No</pre>
13	Did the tra If "No," sk	insferor transfer proper ip Section C and quest	It included in gross income rty described in section 36 ions 14a through 15. bject to Section 367(d)			Yes X No

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

14a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life	X No
h	reasonably anticipated to exceed 20 years? Yes At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes	X No X No
c	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section	
	1.367(d)-1(c)(3)(ii) for any intangible property?	X No
d		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	
	Regulations section 1.367(d)-1(c)(3)(ii) ► \$	
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	X No
Supp	plemental Part III Information Required To Be Reported (see instructions)	
Dort		
Part	Additional Information Regarding Transfer of Property (see instructions)	
Part 16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.	
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0.0000% (b) After0.0459_% Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351	
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.0000 % (b) After 0.0459 % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.	XNo
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X X X No
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0.0000% (b) After0.0459 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X No X No
16 17 18 b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X No X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X No X No X No X No
16 17 18 b c d 19 20a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X No X No X No X No X No
16 17 18 c d 19 20a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X No X No X No X No
16 17 18 c d 19 20a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	X No X No X No X No X No

Form 926 (Rev. 11-2018)