Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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

► Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

AF	or th	e 202	1 calendar year, or tax year begin	nning 07/0	01/2021	and ending	<u>g</u>		06/	30/2022	
D			C Name of organization				D	Employer ide	entific	ation number	
D Cr	eck if ap		NORTHERN KENTUCKY UNIV	VERSITY FOUNDATI	ON, INC	Z.					
	Addre chang		Doing Business As					23-7116	528		
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite	E	Telephone nu	ımber		
	Initial	return	LUCAS ADMINISTRATIVE (CENTER STE 822				(859)57	72-5	5129	
	Termi	nated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amen		HIGHLAND HEIGHTS, KY 4	41099			G	Gross receipt	s \$	43,976,40	2.
	Applic	ation	F Name and address of principal officer:	THOMAS WIEDEM	IANN		H(a) Is this a grou subordinates		o for Yes X	No
		9	LUCAS ADMIN CENTER, HIG	GHLAND HEIGHTS,	KY 4109	9	H(I	b) Are all subordi		luded? Yes	No
Ι	Tax-exe	empt sta	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) o	or 527		If "No," attac	h a list.	(see instructions)	
J	Websit	te: 🕨	FOUNDATION.NKU.EDU	, , , , , , , , , , , , , , , , , , , ,			Н(c) Group exemp	tion nu	mber -	
K	Form o	of organ	ization: X Corporation Trust	Association Other		L Year of	formation	: 1970 M	State	of legal domicile: K	Ϋ́
	rt I		mmary			· ·					_
			describe the organization's mission o	r most significant activities:	SUPPO	RT NORTH	IERN K	ENTUCKY	UNI	VERSITY	_
ø	-		OUGH PROVISION OF SCHOLA								
Governance			GRAMS.		1111111						
ern	2		this box if the organization d	iscontinued its operations	 s or dispose	d of more than	 n 25% of	its net assets	:		
્રે			er of voting members of the governing	·					3		70
			er of independent voting members of t						4		70
Activities &			number of individuals employed in cale						5	NO) NE
Ĭ₹			number of volunteers (estimate if necess						6	110	68
Act			unrelated business revenue from Part V						7a	603,82	
			nrelated business taxable income from						7b	28,06	
		ivet ui	Trelated business taxable income from	1 01111 990-1, 11116 34				rior Year	7.5	Current Year	<u> </u>
	8	Contri	butions and grants (Part VIII line 1b)					4,892,85	1	7,174,29	<u> </u>
ne	9	Drogr	butions and grants (Part VIII, line 1h)		COPY						
Revenue	40	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	SPECTION			ONE		<u>NE</u>
Re			ment income (Part VIII, column (A), lines			 		3,310,04	-	35,297,46	
			revenue (Part VIII, column (A), lines 5,					493,95		1,335,04	
			revenue - add lines 8 through 11 (must					8,696,84 5,610,00		43,806,81	
			s and similar amounts paid (Part IX, colu				:	5,519,09		5,475,35	
			its paid to or for members (Part IX, colu						ONE		NE
Expenses			es, other compensation, employee bene						ONE		NE
Sen			ssional fundraising fees (Part IX, column					NC	ONE	NC	NE
EX			fundraising expenses (Part IX, column (I					0 106 20	_	2 060 04	
			expenses (Part IX, column (A), lines 11					2,106,30		3,260,04	
			expenses. Add lines 13-17 (must equal					7,625,39	_	8,735,39	
<u>-</u> σ	19	Reven	ue less expenses. Subtract line 18 from	n line 12				1,071,44		35,071,41	<u>3.</u>
ts o nce						-		g of Current Y	-	End of Year	_
20,00			assets (Part X, line 16)					2,385,23		145,851,93	
et A			liabilities (Part X, line 26)					6,806,58	$\overline{}$	15,693,86	
			ssets or fund balances. Subtract line 21	from line 20			13	5,578,65	6.	130,158,06	<u>/.</u>
_	rt II		gnature Block								
Und	ler per , corre	nalties c ct, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompa n officer) is based on all inforn	nying schedul nation of whic	les and statem ch preparer has	ents, and any know	to the best of ledge.	my k	nowledge and belief, i	t is
											_
Sig	n		Signature of officer					Date			
Her			Signature of officer					Date			
	•		- 10								
		· ·	Type or print name and title			Is.			1.5	TIN 1	
Paid		Print/	Type preparer's name	Preparer's signature		Date		Check	".	TIN	
Prep		AAR	ON HERSHBERGER	aarond. Hus	Lluger	5/4/2	023	self-employe	ed I	00961884	
•	Only	Firm's	name ► FORVIS, LLP)		Fii	rm's EIN 🕨	44	-0160260	_
		Firm's	address ▶ 312 WALNUT STREET, S	SUITE 3000 CINCINNATI,	ОН 45202		Ph	none no.	51	3-621-8300	
May	the IF	RS dis	cuss this return with the preparer show	n above? (see instructions))						No
For	Paper	work	Reduction Act Notice, see the separat	e instructions.						Form 990 (20)	21)

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1 6			rvice Accomplishments ins a response or note to any line in t	this Part III	х х
	Briefly describe the	=	ission:		
	SEE SCHEDULE O)			
2				the year which were not listed on the	Yes X No
3	If "Yes," describe the	se new services	on Schedule O.	es in how it conducts, any program	
					Yes X No
	expenses. Section 5	501(c)(3) and 50		ch of its three largest program service to report the amount of grants and a d.	
4a	(Code:) (Expenses \$	3,019,359. including grants of \$	3,019,359.) (Revenue \$)
	STUDENT FINAN	CIAL AID			
4b	(Code:) (Expenses \$	989,874. including grants of \$	576,215.) (Revenue \$)
	INSTITUTIONAL	SUPPORT			
<u></u>	(Code:) (Eynenses \$	ooz ooo including grants of \$	380,116.) (Revenue \$	1
70	STUDENT SERVI			/ (πονοπάο ψ	
4d			Schedule O.) SEE SCHEDULE C		
4e			ng grants of \$ 1,499,663.) (F	Revenue \$ NONE)	

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Part IV Checklist of Required Schedules Page 3

aı	One of the dured of the dured			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
-	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	110	21	
•	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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	116		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			- 21
•	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	aomostio governinont on rattix, column (A), illio 1: Il 165, compiete dolleudie i, Falts Faltu II	4	∠_	i

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J	23		Х
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24-		3.5
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		21
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		0.0		3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29	v	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	000		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27		30		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 NONE			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ►SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	/ 11		Λ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
9	sponsoring organization have excess business holdings at any time during the year?			21
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		X
16		16		Х
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.	.0		21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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 70			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
·u	one or more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
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			
	the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on 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	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on 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			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_KY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		
	ERIC C. GENTRY, AC822 NUNN DRIVE, HIGHLAND HEIGHTS, KY 41099			

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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. See the instructions for the order in which to list the persons above.

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)	box, office or direct	unles	Pos heck ss pe	erson	e than of is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	0.10									
(1) B. CHARLES ALEXANDER	0.10							NIONIE	NONE	NONE
EMERITUS MEMBER	0.10	X						NONE	NONE	NONE
(2) J. DAVID BENDER EMERITUS MEMBER	NONE	X						NONE	NONE	NONE
(3) RICH BOEHNE	0.50	Λ						NONE	NONE	NONE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(4) DR. HERBERT R. BOOTHE	0.10	21						NONE	110111	NONE
EMERITUS MEMBER	NONE	X						NONE	NONE	NONE
(5) DR. LEON BOOTHE	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NONE
(6) EMERSON L. BRUMBACK	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NONE
(7) MARTY BUTLER	2.00									
TREASURER	NONE	X		Х				NONE	NONE	NONE
(8) PAUL W. CHELLGREN	0.10									
EMERITUS MEMBER	NONE	X						NONE	NONE	NONE
(9) GARREN COLVIN	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(10) BRENT COOPER	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(11) NORM DESMARAIS	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(12) RUTH M. SELIGMAN DOERING	0.10									
EMERITUS MEMBER	NONE	X						NONE	NONE	NONE
(13) THOMAS C. DONNELLY	0.10									
EMERITUS MEMBER	NONE	X						NONE	NONE	NONE
(14) ERIC A. ERNST	0.10									
EMERITUS MEMBER	NONE	X						NONE	NONE	NONE

Form **990** (2021)

art VII Section A. Officers, Directors	s, irustees, Ke	y Em	ipio	yee	es,	and r	ııgı	nest Compensat	ea Employees (co	ontinuea)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	s pe	ition more rson	e than one is both an tor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
L5) EVA G. FARRIS	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NON
L6) KAREN FINAN	2.00									
AT LARGE	NONE	Х		Х				NONE	NONE	NON:
17) ROBERT R. FITZPATRICK, JR.	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NON:
L8) JAMES L. FLOOD	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NON:
L9) ERIC GENTRY	10.00									
EXECUTIVE DIRECTOR	NONE	X		х				NONE	NONE	NON:
20) KEVIN GESSNER	2.00									
	NONE	X		х				NONE	NONE	NON:
21) JUDITH H. GIBBONS	0.10									
EMERITUS MEMBER	NONE	X						NONE	NONE	NON:
22) PAUL A. GIBSON	0.10							-	-	-
EMERITUS MEMBER	NONE	X						NONE	NONE	NON:
23) MERWIN GRAYSON	0.10							-	-	-
EMERITUS MEMBER	NONE	X						NONE	NONE	NON:
24) DANIEL R. GRONECK	0.10							-		-
EMERITUS MEMBER	NONE	Х						NONE	NONE	NON:
25) MICHAEL J. HAMMONS	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NON:
Ih Sub-total	-						_	NONE		NON:
c Total from continuation sheets to Part	VII. Section A		• •					NONE		NON:
d Total (add lines 1b and 1c)							•	NONE		NON:
2 Total number of individuals (including bu reportable compensation from the organ	t not limited to t			d at	oove	e) who				
reportable compensation from the organ	Zation F				NOI	NE				V
										Yes No

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

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

	N KENTUC	KY U	NIV	VER	SI'	TY F	OUI	NDATION, INC.	23-7116	528		•
Form 990 (2021) Part VII Section A. Officers, Directors, Tru	istops Ko	v Fm	nlo		26	and F	lial	nest Compensat	ad Employees (a	ontinu		age 8
(A)	(B)	y ⊑11	ipio	yee (C		anu r	iigi	(D)	(E)	Onlinue	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more	n both highest compensated is or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount of other apensatic om the anization drelated anization	on n
26) MICHELE HARGIS	0.50											
BOARD MEMBER	NONE	Х						NONE	NONE		1	NONE
27) KENNETH F. HARPER	0.10											
EMERITUS MEMBER	NONE	Х						NONE	NONE		1	NONE
28) GARY L. HERFEL	0.10											
EMERITUS MEMBER	NONE	Х						NONE	NONE		1	NONE
29) MARCIA L. HOSEA	0.10											
EMERITUS MEMBER	NONE	X						NONE	NONE		1	NONE
30) JAMES H. HUFF	0.10										_	
EMERITUS MEMBER	NONE	X						NONE	NONE		1	NONE
31) JASON JACKMAN	0.10							370370	NONE		,	
EMERITUS MEMBER	NONE	X						NONE	NONE			NONE
32) BARB JOHNSON	0.50 NONE	v						NIONIE	MONIE		,	NT () NT III
BOARD MEMBER 33) ERIC KEARNEY	0.50	X						NONE	NONE			NONE
BOARD MEMBER	NONE	X						NONE	NONE		7	NONE
34) JACK KENKEL	0.50	Λ						NONE	NONE			NOINE
BOARD MEMBER	NONE	X						NONE	NONE		ז	NONE
35) BARRY KIENZLE	0.10							110112	NONE			
EMERITUS MEMBER	NONE	X						NONE	NONE		1	NONE
36) KRIS KNOCHELMANN	0.10								2,02,0			
EX-OFFICIO	NONE	Х						NONE	NONE		1	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *					<u> </u>
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d at	oove	e) who	re	ceived more than	\$100,000 of			
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the expeniention and related organizations are 	<i>ule J for suc</i> sum of rep	ch ind ortab	ividu Ie c	<i>ual</i> com	pen	satior	 n ar	nd other compens	sation from the	3	Yes	No
organization and related organizations greindividual										4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on f	from	any	uni	related organization	on or individual	5		
Section B. Independent Contractors	, , ,											

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

NORTHER Form 990 (2021) Part VII Section A. Officers, Directors, Ti									23-7116	Page 8
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	erson	e that both tor/trust Highest compensated 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
37) JACKIE LEVOIR	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
38) JOHN LUCAS	0.50	- 3,						NONE	NONE	MONTE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
39) KENNETH R. LUCAS EMERITUS MEMBER	0.10 NONE	X						NONE	NONE	NONE
40) FRED MACKE	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
41) DARLENE MARTIN	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NONE
42) DR. ROGER C. MEADE	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NONE

EMERITUS MEMBER NONE NONE NONE 46) STEVEN PENDERY 0.10 EX-OFFICIO NONE Χ NONE NONE (47) JAMES R. POSTON, JR. 0.10 EMERITUS MEMBER NONE NONE NONE 1b Sub-total c Total from continuation sheets to Part VII, Section A

Χ

Χ

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

Vaa Na

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 ▶

0.10

NONE

0.10

NONE

0.10

			res	INO
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 I for such person	5		

Section B. Independent Contractors

(43) GARY MOORE

EMERITUS MEMBER

(44) RICHARD L. MURGATROYD

45) C. ANDREW NEAGLE

EX-OFFICIO

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

(A) Name and business address	(B) Description of services	(C) Compensation

Form 990 (2021)

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						Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	rson	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) JAMIE M. RAMSEY	0.10									
EMERITUS MEMBER	NONE	X						NONE	NONE	NONE
49) DR. ROGERS REDDING	0.10									
EMERITUS MEMBER	NONE	X						NONE	NONE	NONE
50) MAC RILEY BOARD MEMBER	0.50 NONE	X						NONE	NONE	NONE
51) JT ROBERTS	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
52) THOMAS SAELINGER	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NONE
53) TIM SCHIGEL BOARD MEMBER	0.50 NONE	X						NONE	NONE	NONE
54) ROSEMARY SCHLACHTER	0.50							1,01,2	110112	
BOARD MEMBER	NONE	X						NONE	NONE	NONE
55) TRACEY SCHWEGMANN	0.50							_	-	
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
56) CHAD SCOTT	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
57) KEVIN M. SHEEHAN	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NONE
58) GREGORY S. SHUMATE	0.10									
EMERITUS MEMBER	NONE	Х						NONE	NONE	NONE
1b Sub-total							>			
c Total from continuation sheets to Part VII, S							\blacktriangleright			
d Total (add lines 1b and 1c)							>			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

			res	NO
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

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

(A) Name and business address	(B) Description of services	(C) Compensation

Form 990 (2021)

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		Page 8	
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										∍d)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do l	not cl unles	Pos heck ss pe	C) sition more		ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Es an com fr org and	(F) stimated nount of other pensation om the anization d related anization	f on n d
		ě	stee			nsated						
(59) NATHANIEL SMITH BOARD MEMBER	0.50 NONE	Х						NONE	NONE			NONE
(60) HENRY L. STEPHENS, JR. EMERITUS MEMBER	0.10 NONE	X						NONE	NONE			NONE
(61) DIANE H. STICKLEN-JORDAN EMERITUS MEMBER	0.10 NONE	Х						NONE	NONE			NONE
(62) DR. CAROL J. SWARTS EMERITUS MEMBER	0.10 NONE	X						NONE	NONE			NONE
(63) DR. ASHISH VAIDYA BOARD MEMBER	0.50 NONE	Х						NONE	NONE			NONE
(64) WILLIAM C. VERMILLION EMERITUS MEMBER	0.10 NONE	X						NONE	NONE			NONE
(65) DR. JAMES C. VOTRUBA EMERITUS MEMBER	0.10 NONE	Х						NONE	NONE			NONE
(66) ANDRA R. WARD EMERITUS MEMBER	0.10 NONE	Х						NONE	NONE]	NONE
(67) THOMAS WIEDEMANN PRESIDENT	2.00 NONE	Х		Х				NONE	NONE]	NONE
(68) KARA WILLIAMS BOARD MEMBER	0.50 NONE	Х						NONE	NONE]	NONE
(69) BRENDA L. WILSON EMERITUS MEMBER	0.10 NONE	Х						NONE	NONE]	NONE
total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organization)	t limited to t			d al	bov	e) who	► ► re	ceived more than	\$100,000 of			
Did the organization list any former off employee on line 1a? If "Yes," complete Sche	icer, directo									3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?) It	"Yes,	" (complete Schedu	le J for such	4		
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on 1	fron	n any	unı	related organization	on or individual	5		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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1						Page 6

	990 (2021)	. 17										Page 8
Pai	t VII Section A. Officers, Directors, Tru		y En	ıplo			and F	lıgl				
	(A)	(B)			(0				(D)	(E)	(F	
	Name and title	Average hours per	(do i	not ch		ition more	than o	ne	Reportable compensation	Reportable compensation from	Estima amou	
		week (list any	,				is both		from	related	oth	
		hours for	office	er and			or/truste		the	organizations	comper	sation
		related	Indi or d	Inst	Officer	ξ _e y	Higt emp	Former	organization	(W-2/1099-MISC)	from	
		organizations below dotted	vidu	ituti.	cer	em	nest	ner	(W-2/1099-MISC)		organiz and re	
		line)	tor al tr	onal		Key employee	con				organiz	
			Individual trustee or director	Institutional trust		ee	npei					
			ď	stee			Highest compensated employee					
							ed					
70		2.00										
VIC	CE PRESIDENT	NONE	X		X				NONE	NONE		NONE
			-									
			-									
			1									
			-									
			1									
			1									
			1									
			1									
1b	Sub-total	•										
С	Total from continuation sheets to Part VII, S	ection A						\blacktriangleright				
d	Total (add lines 1b and 1c)							▶				
	Total number of individuals (including but not		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of		
	reportable compensation from the organization	<u> </u>										
											Υ,	es No
	Did the organization list any former offic											
	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ina	lividu	ıal						3	X
4	For any individual listed on line 1a, is the s	sum of rep	ortab	ole c	om	pen	satior	n ar	nd other compens	sation from the		
	organization and related organizations gre	eater than	\$15	0,00	00?	If	"Yes	,"	complete Schedu	le J for such		
	individual										4	X
	Did any person listed on line 1a receive or											
	for services rendered to the organization? If "Ye	es," comple	te Scl	hedu	le J	for	such	per	son		5	X
	tion B. Independent Contractors											
1	Complete this table for your five highest com	pensated i	ndepe	ende	nt o	con	racto	rs t	hat received more	than \$100,000 o	f	

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

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part V	/III		
		2. 2. 2. 2. 2. 2. 3. Maile & 1. 3. 900		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
an a	b	Membership dues					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	119,940.				
	d	Related organizations 1d					
ਕੁੰ≅	е	Government grants (contributions) 1e	22,500.				
Sin	f	All other contributions, gifts, grants,					
e Ei		and similar amounts not included above . 1f	7,031,859.				
들본	g	Noncash contributions included in					
d i		lines 1a-1f 1g	\$ 277,199.				
တို့ ငြ	h	Total. Add lines 1a-1f		7,174,299.			
			Business Code				
Se	2a						
Program Service Revenue							
Sun	c						
eve	d						
g S	е						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	5,609,816.		603,827.	5,005,989.
	4	Income from investment of tax-exempt bond	proceeds . >	NONE			
	5	Royalties	▶	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 144,246.					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 144,246.	NONE				
	d	Net rental income or (loss)	▶	144,246.			144,246.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 29,687,651.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Re	С	Gain or (loss)					
e	d	Net gain or (loss)	▶	29,687,651.			29,687,651.
Other	8a	Gross income from fundraising					
Ŭ		events (not including \$119,940.					
		of contributions reported on line	150 100				
		1c). See Part IV, line 18	153,198.				
	b	Less: direct expenses 8b	169,592.	-16,394.			-16,394.
	С	Net income or (loss) from fundraising events		-10,394.			-10,394.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	١.		NONE				
	b	Less: direct expenses		NONE			
	100	` ' '		1.011			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	h	Less: cost of goods sold	NONE				
	b	Net income or (loss) from sales of inventory		NONE			
<u>"</u>		, , , , , , , , , , , , , , , , , , , ,	Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	1,207,192.			1,207,192.
ane	b						
el E	C						
isc R	d	All other revenue					
Σ		Total. Add lines 11a-11d		1,207,192.			
		Total revenue. See instructions		43,806,810.		603,827.	36,028,684.

23-7116528

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	5,475,353.	5,475,353.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	NONE			
6	Compensation not included above to disqualified	-			
ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include	NONE			
•	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	19,404.	16,388.	1,224.	1,792
	Accounting	40,375.	34,100.	2,546.	3,729
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	1,009,288.		1,009,288.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	325,085.	274,561.	20,498.	30,026
12	Advertising and promotion	87,749.	74,111.	5,533.	8,105
	Office expenses	692,507.	584,879.	43,666.	63,962
14	Information technology	23,335.	19,708.	1,471.	2,155
15	Royalties	NONE			
16	Occupancy	54,318.	45,876.	3,425.	5,017
17	Travel	260,577.	220,079.	16,431.	24,068
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	16,076.	13,578.	1,014.	1,485
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	731,330.	617,669.	46,114.	67,547
b	·				
C	:				
d					
	All other expenses	0 -0			225
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	8,735,397.	7,376,302.	1,151,210.	207,886
∠0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Page **11** Form 990 (2021)

Ρ	art X		ort Y		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,995,695.	1	12,861,083.
	2	Savings and temporary cash investments	53,220.	2	NONE
	3	Pledges and grants receivable, net	4,926,268.	3	6,969,698.
	4	Accounts receivable, net	100,914.	4	557,632.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	64,366.	7	72,119.
Assets	8	Inventories for sale or use	NONE	8	NONE
ĕ	9	Prepaid expenses and deferred charges	206,733.	9	210,019.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 531, 209.			
	b	Less: accumulated depreciation	323,181.	10c	323,181.
	11	Investments - publicly traded securities SEE SCHEDULE .O	98,638,299.	11	78,728,946.
	12	Investments - other securities. See Part IV, line 11	36,076,563.	12	46,129,258.
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	NONE	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	152,385,239.	16	145,851,936.
	17	Accounts payable and accrued expenses	242,406.	17	323,919.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	675,035.	19	938,600.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties [NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties [NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	15,889,142.	25	14,431,350.
	26	Total liabilities. Add lines 17 through 25	16,806,583.	26	15,693,869.
Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
直	27	Net assets without donor restrictions	6,649,303.	27	6,509,131.
ä	28	Net assets with donor restrictions	128,929,353.	28	123,648,936.
ī		Organizations that do not follow FASB ASC 958, check here ▶	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ĭ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
₹SS	31	Retained earnings, endowment, accumulated income, or other funds		31	

130,158,067.

135,578,656.

152,385,239.

32

33

32

33

Total liabilities and net assets/fund balances.....

OIIII Ju	(2021)					gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	3,8	306,	810
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,5	735,	<u> 397</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	3	5,0)71,	413
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>656</u> .
5	Net unrealized gains (losses) on investments	5	-4	0,4	192,	002
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	13	0,1	L58,	067
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					\perp
					Yes	No
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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

NO	RTH:	ERN KENTUCKY UNIVER	SITY FOUNDATI	ON, INC.			23-7	116528
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instructions	S.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	00).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5	X	An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	_			•	, , , , , , ,	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe						
9		An agricultural research or	-			-	=	-
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	331/3 % of its
11		An organization organized	•	•	,		` '` '	
12		An organization organized a	•		•			
		one or more publicly suppo						
		the box on lines 12a throug					·	-
а		Type I. A supporting orga	•	•			• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	•	•				(-) b b : i
b	L	Type II. A supporting org	•					
		control or management of			me sam	e person	is that control of man	age the supported
•		organization(s). You must	•	•	tod in o	annoctio	n with and functional	ly intograted with
С	_	_ Type III functionally integrated its supported organization						iy integrated with,
d		Type III non-functionally		· ·				tod organization(s)
u		that is not functionally into			-			
		requirement (see instruct	= =	-	-		•	an attentiveness
е		Check this box if the orga	•	-				I Type III
·		functionally integrated, or						i, iypo iii
f	En	ter the number of supported			porting t	n gariizat		
g		ovide the following information						
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	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)
				above (see instructions))	Yes	No	instructions)	instructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,100,508.	5,682,804.	9,504,172.	4,892,851.	7,174,299.	32,354,634.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE		
4	Total. Add lines 1 through 3	5,100,508.	5,682,804.	9,504,172.	4,892,851.	7,174,299.	32,354,634.		
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)						2,448,349.		
6	Public support. Subtract line 5 from line 4						29,906,285.		
	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,100,508. 2,711,394.	5,682,804. 3,066,903.	9,504,172. 3,099,663.	4,892,851. 3,773,971.	7,174,299. 5,754,062.	32,354,634. 18,405,993.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	422,638.	565,478.	500,625.	351,103.	1,190,798.	3,030,642.		
11	Total support. Add lines 7 through 10						53,791,269.		
12	Gross receipts from related activities, etc. (s	,				12			
13	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>							
	Public support percentage for 2021 (li			11 column (f))		14	55.60 %		
14 15	Public support percentage for 2021 (iii Public support percentage from 2020		•			15	63.12 %		
	331/3% support test - 2021. If the or								
Iva	box and stop here. The organization q	-							
b	331/3% support test - 2020. If the org								
-	this box and stop here. The organizati								
17a	10%-facts-and-circumstances test - 2	-		_					
	10% or more, and if the organization	•							
	Part VI how the organization meets					•	•		
	organization			_					
b	10%-facts-and-circumstances test - 2								
	15 is 10% or more, and if the organization	_							
	in Part VI how the organization meet					-			
	organization								
18	Private foundation. If the organization								
	instructions						▶ 🔲		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

	1 1 2 1 1 2 1			, ,	•	,	
	tion A. Public Support	(-) 2017	(h) 2040	(2) 2040	(4) 2020	(2) 2024	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						+
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						-
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		#N 0040	1,,,,,,,,	("	1 1 2 2 2 4	T (0.7.1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						+
11	Net income from unrelated business						+
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40	, , , , , , , , , , , , , , , , , , ,						+
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					1	1
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax v	ear as a section	 n_501(c)(3)
•	organization, check this box and stop here .	ŭ	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche	, ,	•				%
	tion D. Computation of Investment					1.0	70
17	Investment income percentage for 2021 (lir			13. column (f))		17	%
18	Investment income percentage for 2021 (iii						
	331/3% support tests - 2021. If the or						
ı J a	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga						
IJ	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•	. ,		
	iodiidadoii ii tiio organization t	~.~ IIO. OIIOON	~ DON OIL IIIIG	,	, Jiioon uno be	ana 500 mon	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 on line 2, above, did the organization's supported organizations have			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	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 governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	S				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.			
Se	Section A - Adjusted Net Income (A) Prior Year						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ection 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					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
	Multiply line 5 by 0.035.	6					
	Recoveries of prior-year distributions	7					
8		8					
	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 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-functional	lly integra	ted Type III supporting	g organization			
	(see instructions).			- -			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
_ C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7: Excess from 2017				
a	Excess from 2017				
b	Excess from 2019				
- C	Excess from 2020				
d	Excess from 2021				
e	LAUGOO 11UIII ZUZI				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number 23-7116528

NORTHERN .	ENTUCKY UNIVERSITY FOUR	NDATION, INC.	23-7116528
Organization	ype (check one):		
Filers of:	Section:		
Form 990 or 9	90-EZ X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	ı private foundation
	527 polit	tical organization	
Form 990-PF	501(c)(3)	exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation
	501(c)(3)) taxable private foundation	
-	organization is covered by the Gen	·	
Note: Only a sinstructions.	ection 501(c)(/), (8), or (10) orga	anization can check boxes for both the General F	Rule and a Special Rule. See
General Rule			
or m	_	90-EZ, or 990-PF that received, during the yearny one contributor. Complete Parts I and II. Se	-
Special Rules			
regu 16b	lations under sections 509(a)(1) a and that received from any one c	ion 501(c)(3) filing Form 990 or 990-EZ that mand 170(b)(1)(A)(vi), that checked Schedule A contributor, during the year, total contributions, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. C	(Form 990), Part II, line 13, 16a, or of the greater of (1) \$5,000; or
con litera	ributor, during the year, total cont rry, or educational purposes, or fo	on 501(c)(7), (8), or (10) filing Form 990 or 99 tributions of more than \$1,000 exclusively for ror the prevention of cruelty to children or animatributor name and address), II, and III.	religious, charitable, scientific,
con cont duri Gen	ributor, during the year, contribution in the pributions totaled more than \$1,000 and the year for an exclusively religion in the properties to this organization.	ion 501(c)(7), (8), or (10) filing Form 990 or 99 on 501(c)(7), (8), or (10) filing Form 990 or 99 ons exclusively for religious, charitable, etc., p 0. If this box is checked, enter here the total c ious, charitable, etc., purpose. Don't complete ion because it received nonexclusively religious ar	ourposes, but no such contributions that were received any of the parts unless the s, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

	NORTHERN KENTUCKY UNIVERSITY FOU	INDATION, INC.	23-7116528
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number
23-7116528

Part I	Contributors (see instructions). Use duplicate copie	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
7	N/A	\$\$	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number
23-7116528

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
3_			
		\$161,749.	01/31/2022
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
		—	
		\ \$	
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
		_	
		\$	

Page 4 Schedule B (Form 990) (2021)

Name of organization NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 25,000. 2 Aggregate value of ontributions to (during year) 25,000. 3 Aggregate value of grants from (during year) 12,500. 4 Aggregate value of organization from during war) 12,500. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organizationis property, subject to the organization's exclusive legal control?		•							
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 1 2 Aggregate value of contributions to (during year) 25,000. 3 Aggregate value of parts from (during year) 12,500. 4 Aggregate value at end of year 1 2 Aggregate value at end of year 1 2 Aggregate value at end of year 1 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **No** Did the organization from all donors and donor advisors in writing that the assets held in donor advised only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermissible private benefit? **No** **Permill** **Consplete if the organization answered "Yes" on Form 990, Part IV, line 7. **Purpose(s) of conservation easements held by the organization (check all that apply). **Preservation of land for public use (for example, increation or education)** **Preservation of a bistorically important land area Preservation of open space **Complete ines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easements in conservation easements. **Description** **Description** Total number of conservation easements. **Description** **Number of conservation easements on a certified historic structure included in (a)				23-7116528					
Total number at end of year	Pa								
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring impermissible private benefit? Part III Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreasion or education) Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. a Total number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure lines and the structure induced in (a)		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
Aggregate value of contributions to (during year) 3. Aggregate value of grants from (during year) 4. Aggregate value at end of year. 5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors funds are the organization's property, subject to the organization's exclusive legal control? 6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Pertuil Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1. Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of and for public use (to example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of an extraction of a certified historic structure □ Preservation of a certified historic structure □ Preservation of or conservation easements in a certified historic structure included in (a) . 2c. 1. Number of conservation easements in certified historic structure included in (a) . 2c. 1. Number of conservation easements in certified historic structure included in (a) . 2c. 1. Number of conservation easements in certified historic structure included in (a) . 2c. 1. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . 2d. 2. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . 2d. 3. Number of states where property subject to conservation easements in holds? 4. Number of states where property subject to conservation easements in holds? 5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation e			(a) Donor advised funds	(b) Funds and other accounts					
2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor and visors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of load for public use for exemple, recreator or education) Preservation of on a for public use for exemple, recreator or education preservation of an advisor of natural habitat Proservation of open space Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements. Total aumabre of conservation easements. Number of conservation easements on a certified historic structure included in (a), 2c. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easements is holds? Number of states where property subject to conservation easements in the day of violations, and enforcing conservation easements during the year Number of states where property subject to conservation easements in holds? Preservation of openservation easements during the year Number of states where property subject to conservation easements in holds? Number of states where property subject to conservation easements in the property subject	1	Total number at end of year	1						
Aggregate value of grants from (during year) 12,500. 12,500. Did the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (hock all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. 3 Total number of conservation easements on a certified historic structure included in (a). 2 b Total acreage restricted by conservation easements. 2 a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year be organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year be organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements to make the organization have a written policy regarding the periodic monitoring conservation easements dur	2		25,000.						
Aggregate value at end of year. 12,500. 1 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	3	, ,	12,500.						
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements.			12,500.						
funds are the organization's property, subject to the organization's exclusive legal control? ,				l in donor advised					
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Yes No No			-						
nonly for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements.	6		9						
Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of pen space 2 Complete lines 2 at hrough 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a). 2 b Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure itset in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in thota? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 5 Does the organization the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the fotontote to the organization's financial statements that describes the organization easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for	·	•							
Consplete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a). d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 7 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements. Part III Organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held f									
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b	·		2b					
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S		violations, and enforcement of the conservation ea	sements it holds?	Yes No					
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b	If the organization elected, as permitted under FA	ASB ASC 958, to report in its revenue :	statement and balance sheet works of					
(i) Revenue included on Form 990, Part VIII, line 1				search in furtherance of public service,					
(ii) Assets included in Form 990, Part X									
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the		(ii) Assets included in Form 900 Part Y		> \$					
	2								
tallowing amounte required to be reported under EASR ASC ORG relating to those items:	2	•		assets for illiancial gain, provide the					
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	•			> ¢					
b Assets included in Form 990, Part X	а	Nevenue included on Form 980, Fait VIII, IIIle I		Ψ					

	All Oneselestises Maletalei	O II !!	A-1 11!-1-	! I T		Ott	O!! A 1-	/ C	/\	
	rt III Organizations Maintaini									
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition		d		or exchan	ge prograi	m			
b	Scholarly research		e	Other						
С	Preservation for future gene									_
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furth	er the or	ganization's exem	pt purpo	se in	Part
	XIII.									
5	During the year, did the organization									7
	assets to be sold to raise funds rath		ained as pa	rt of the	organizati	on's collec	ction?	Yes	S	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on For	m 990, F	Part IV, lir	ne 9, or r	eported an amo	unt on F	orm	
1a	Is the organization an agent, trus	tee, custodian or c	ther interm	nediary fo	or contrib	utions or	other assets not			
	included on Form 990, Part X?			-				Yes	3	No
b	If "Yes," explain the arrangement in									
	, 1	'	•	J			Amou	nt		
С	Beginning balance				1	С				
d	Additions during the year					d				
е	Distributions during the year					e				
f	Ending balance									
	Did the organization include an am						account liability?	Yes	5	No
	If "Yes," explain the arrangement in						-			1
	rt V Endowment Funds.					p. 0 1. 0 0	a.c.,			
. ~	Complete if the organiza	tion answered "Ye	es" on For	m 990. F	Part IV. lir	ne 10.				
	,	(a) Current year	(b) Prio			ears back	(d) Three years back	(e) For	ır years	back
1.	Paginning of year balance	114,081,000.		10,000.	92.799	9,000.	91,841,000.		,251,0	
1a	5 5 7	1,454,000.		57,000.		3,000.	1,215,000.		,278,0	
	Contributions	1,131,000.	2,10	37,000.	2,21	,,,,,,,,,	1,213,000.		, 2 , 0 , 0	
С	Net investment earnings, gains,	-6,364,000.	27 9	21,000.	_3 18	2,000.	3,384,000.		,594,0	0.0
	and losses	2,955,000.		58,000.		2,000.	2,850,000.			
	Grants or scholarships	2,933,000.	3,10	38,000.	3,022	2,000.	2,830,000.		,320,0	00.
е	Other expenditures for facilities									
	and programs	070 000	0.	10 000	0.20	2 000	791,000.		756.0	0.0
f	Administrative expenses	879,000.		19,000.		3,000.		0.1	756,0	
g	End of year balance	105,337,000.	1	81,000.		0,000.	92,799,000.	91	,841,0	00.
2	Provide the estimated percentage			e (line 1g,	column (a	a)) held as	•			
	Board designated or quasi-endowm Permanent endowment ► 51.1		70							
C	Term endowment ► 45.8500		1000/							
2-	The percentages on lines 2a, 2b, a	•		tion that	ماما متم	منامما مطمما	sintarad for the			
3a	Are there endowment funds not in	the possession of t	ne organiza	illon inai	are neid a	and admir	ilstered for the		Yes	No
	organization by:							20(1)		
	(i) Unrelated organizations							3a(i)	-	X
	(ii) Related organizations							3a(ii)		X
_	If "Yes" on line 3a(ii), are the relate	· ·	•					3b		
4	Describe in Part XIII the intended u		ation's endo	wment fur	nds.					
Pa	Land, Buildings, and Equ Complete if the organize	npment. ation answered "Y	es" on For	m 990. l	Part IV. li	ne 11a. S	See Form 990. F	Part X. li	ne 10	
	Description of property	(a) Cost o	r other basis	(b) Cost	or other basis	(c) Acc	cumulated	(d) Book		<u>- </u>
		,	stment)	,	ther)	<u> </u>	eciation			
	Land			3	323,181	•		3	23,1	81.
b	Buildings						00.05			
С	Leasehold improvements			2	208,028	. 2	08,028.		N	ONE
d	Equipment									
	Other			<u> </u>						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, columi	n (B), line	10c.)	▶	3	23,1	81.

Schedule D (Form 990) 2021

	CKY UNIVERSITY	FOUNDATION, INC. 23	3-7116528 Page
Part VII Investments - Other Securities.	W		5
Complete if the organization answered (a) Description of security or category	"Yes" on Form 990 (b) Book value	(c) Method of valuat	ion:
(including name of security)		Cost or end-of-year mark	et value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) REMAIND INT REAL PROP & OTHER	1,190,000.	FMV	
(B) PUBLIC NATURAL RESOURCES MLP	2,468,509.	FMV	
(C) PRIVATE EQUITY (D) PRIVATE DEBT	23,306,619. 5,785,122.	FMV	
(E) NATURAL RESOURCES	8,771,782.	F'MV F'MV	
(F) PRIVATE REAL ESTATE	4,607,226.	FMV	
(G)	4,007,220.	FMV	
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	46,129,258.		
Part VIII Investments - Program Related.	10,120,230.		
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 valuat	
(4) 2000 pilon ol illicolino	(a) Dook value	Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Ves" on Form 990) Part IV line 11d See Form 990	Part Y line 15
	scription	o, raitiv, iiile i ra. dee roiiii 330	(b) Book value
(1)	SCTIPHOLI		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities.			
Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes			
(2)FUNDS HELD IN TRUST FOR NKU			14,419,751.
(3)AGENCY FUNDS			11,599.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			14,431,350.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part	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	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	-
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Boothboart are Ann.)	40
С 5	Add lines 4a and 4b	4c 5
-	XIII Supplemental Information.	J J
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
SEE	SUPPLEMENTAL PAGE	

Page 5

SCHEDULE D, PART V, LINE 4

Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT

ENDOWMENT IS TO BE USED PRIMARILY FOR STUDENT FINANCIAL AID AND

SCHOLARSHIPS AT NORTHERN KENTUCKY UNIVERSITY.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528 Part II 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA GOLF OUTING (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 179,933. 41,020. 52,185. 273,138. 2 Less: Contributions3 Gross income (line 1 minus 95,730. 21,545. 2,665. 119,940. line 2).......... 84,203. 19,475. 49,520. 153,198. 4 Cash prizes 5 Noncash prizes 26,787. 1,730. NONE 28,517. Direct Expenses 6 Rent/facility costs 12,552. 4,200. 2,622. 19,374. 7 Food and beverages 49,953. 1,998. 30,554. 82,505. 8 Entertainment 4,000. NONE NONE 4,000. 9 Other direct expenses 18,179. 573. 16,444. 35,196. 10 Direct expense summary. Add lines 4 through 9 in column (d) 169,592. \triangleright -16,394.Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue _____ Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...... Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а Nο

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

10a

b

If "No," explain:

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2021 NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. 23-7116528 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 records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
h	revenue?
b	are specific and the amount of gaming revenue received by the organization \$\int_{} \int_{} \text{ and the second by the third party } \int_{} \$\text{
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
C	in res, enter name and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I (Form 990)

Internal Revenue Service

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

2021

OMB No. 1545-0047

Department of the Treasury

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number	
NORTHERN KENTUCKY UNIVERSITY FOU	NDATION, I	NC.				23-7116528		
Part I General Information on Grants a	nd Assistanc	е						
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	edures for mor	ee?	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) NORTHERN KENTUCKY UNIVERSITY								
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	535,022.				INSTRUCTION	
(2) NORTHERN KENTUCKY UNIVERSITY								
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	70,338.				RESEARCH	
(3) NORTHERN KENTUCKY UNIVERSITY								
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	12,751.				PUBLIC SERVICE	
(4) NORTHERN KENTUCKY UNIVERSITY								
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	453,332.				ACADEMIC SUPPORT	
(5) NORTHERN KENTUCKY UNIVERSITY								
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	380,116.				STUDENT SERVICES	
(6) NORTHERN KENTUCKY UNIVERSITY							INSTITUTIONAL	
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	576,215.				SUPPORT	
(7) NORTHERN KENTUCKY UNIVERSITY							FACILITIES & EQUIP	
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	125,331.				ACQUISITION	
(8) NORTHERN KENTUCKY UNIVERSITY								
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	302,889.				GENERAL	
(9) NORTHERN KENTUCKY UNIVERSITY							STUDENT FINANCIAL	
NUNN DRIVE HIGHLAND HEIGHTS, KY 41099	61-1010545	GOV'T	3,019,359.				AID	
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations l	•	•					1	

(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
_1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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.

chedule I (F	form 990) (2021)	NORTHERN	KENTUCKY	UNIVERSITY	FOUNDATION,	INC.	23-7116528
Part III	Grants and Other Assistance to I	Domestic Ind	lividuals. Co	mplete if the o	organization ans	wered "Yes" o	on Form 990, Part IV, line 22.
<u> </u>	Part III can be duplicated if addition	nal space is r	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
1					
_2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number 23-7116528

Par	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	Method of noncash cont			
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	X	10	232,448.	AVERAGE S	HARE	PRI	[CE
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		F 0	44 851				
25	Other ►(<u>VARIOUS</u>)		58	44,751.	FMV			
26	Other ►()							
27	Other ►()							
28	Other ►(1 11						
29	Number of Forms 8283 received				29			
	which the organization completed F	-orm 8283,	Part v, Donee Acknowledge	ement	25		Yes	No
302	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I line	e 1 through		163	140
Jua	28, that it must hold for at least the		•		-			i
	to be used for exempt purposes for	•			•	30a		Х
h	If "Yes," describe the arrangement i		olding period:			Ju		
31	Does the organization have a		tance nolicy that require	es the review of any	nonstandard			
31	contributions?					31	Х	
322	Does the organization hire or use	third nort	ies or related organization	s to solicit process or s	sell noncash	, , , , , , , , , , , , , , , , , , ,		
JEa	contributions?	-	_			32a	Х	
h	If "Yes," describe in Part II.					J_4	21	
	If the organization didn't report an	amount in o	column (c) for a type of pro-	perty for which column (a)) is checked			
33	describe in Part II.	amount in C	olalili (o) for a type of pro	porty for willou column (a)	, io orioonou,			

Part II Suppler

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 M, PART I, COLUMN B

NUMBER

THE AMOUNT REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, PART I, LINE 32B

THIRD PARTY ARRANGEMENT

A THIRD PARTY PROCESSOR IS USED FOR THE NORSE GALA SILENT AUCTION ITEMS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

23-7116528

FORM 990, PART VI, LINE 1A

MATERIAL DIFFERENCES IN VOTING RIGHTS

EXECUTIVE COMMITTEE IS ABLE TO VOTE ON BEHALF OF THE BOARD OF DIRECTORS
ON SOME MATTERS.

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 CHAIR. THE RETURN IS EMAILED TO ALL VOTING BOARD MEMBERS FOR APPROVAL BEFORE A FINAL VERSION IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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 JULY, 2021.

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)

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

Name of the organization Employer identification number 23-7116528 NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES ______ EXPENSES DESCRIPTION GRANTS REVENUE _____ --------------INSTRUCTION, PUBLIC SERVICE, UNIVERSITY 1,499,663. 2,379,181. NONE FACILITIES AND EQUIPMENT ACQUISITION, LIBRARIES, ACADEMIC SUPPORT, RESEARCH TOTALS 1,499,663. 2,379,181. NONE

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

CANADA CAYMAN ISLANDS UNITED KINGDOM

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

PRIME BUCCHOLZ LLC
273 CORPORATE DR

PORTSMOUTH, NH 03801 INVEST CONSULTING 137,221.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

PUBLICLY TRADED SECURITY 78,728,946. FMV

TOTALS 78,728,946.

=========

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Primary activity

(c) Legal domicile (state

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

(f) Direct controlling

(e) End-of-year assets

Total income

Name of the organization	Employer identification number
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.	23-7116528

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

					or foreign country)			ent	ity
(1)									
SEE SU	PPLEMENTAL PAGE								
(2)									
-									
(3)									
(4)									
(5)									
(C)									
(6)									
	Identification of Polated Tay-Evennt Organizations	Complete if th	0 0ra	anization answ	orod "Vos" on Fo	orm 000 Part IV	line 34 hocause	it had	
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the state of the s	he tax vear.	e org	anization answ	eled les oille	onn 990, Fait IV,	illie 54, because	illiau	
	(a)	(b)		(c)	(d)	(e)	(f)		(a)
								Section	(g) 512(b)(13)
	Name, address, and EIN of related organization	Primary activi	ty	Legal domicile (stat	Exempt Code section	Public charity status	Direct controlling	Section	312(0)(13)
	Name, address, and EIN of related organization	Primary activi	ty	Legal domicile (stat or foreign country)		Public charity status (if section 501(c)(3))	Direct controlling entity	cont	trolled tity?
	Name, address, and EIN of related organization	Primary activi	ty					cont	trolled
(1)	Name, address, and EIN of related organization	Primary activi	ty					cont	trolled tity?
<u>(1)</u>	Name, address, and EIN of related organization	Primary activi	ty					cont	trolled tity?
		Primary activi	ty					cont	trolled tity?
(2)	Name, address, and EIN of related organization	Primary activi	ty					cont	trolled tity?
(2)		Primary activi	ty					cont	trolled tity?
(2)		Primary activi	ty					cont	trolled tity?
(2)		Primary activi	ty					cont	trolled tity?
(3)		Primary activi	ty					cont	trolled tity?
(2)		Primary activi	ty					cont	trolled tity?
(2) (3) (4) (5)		Primary activi	ty					cont	trolled tity?
(3)		Primary activi	ty					cont	trolled tity?
(2) (3) (4) (5) (6)		Primary activi	ty					cont	trolled tity?
(2) (3) (4) (5)		Primary activi	ty					cont	trolled tity?

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

Name, address, and EIN (if applicable) of disregarded entity

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.

(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		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oodiiiiy)		,			Yes	No		Yes	No	
<u>(1)</u>												
(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	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Yes No

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

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II	-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	
	b Gift, grant, or capital contribution to related organization(s)			1b	
	c Gift, grant, or capital contribution from related organization(s)			1c	
	d Loans or loan guarantees to or for related organization(s)			1d	
	e Loans or loan guarantees by related organization(s)			1e	
·	b Loans of loan guarantood by foldiou organization(b)				
f	f Dividends from related organization(s)			1f	
,	g Sale of assets to related organization(s)			1g	
	h Purchase of assets from related organization(s)			1h	
;	i Exchange of assets with related organization(s).			1i	
	j Lease of facilities, equipment, or other assets to related organization(s).			1j	
J	1 Lease of facilities, equipment, of other assets to related organization(s).			-,	
ı,	k Lease of facilities, equipment, or other assets from related organization(s)			1k	
	I Performance of services or membership or fundraising solicitations for related organization(s)			11	
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m	
				1n	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			10	
0	o Sharing of paid employees with related organization(s)			10	
	p Reimbursement paid to related organization(s) for expenses			1p	
	p Reimbursement paid to related organization(s) for expenses			1g	
q	q Reimbursement paid by related organization(s) for expenses			14	
_	Other transfer of each as a secret, to related association(a)			1r	
r	r Other transfer of cash or property to related organization(s)			1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	hins and transa	ction three		
		(c)	CHOIT HITC.	(d)	
	Name of related organization Transaction Amount	t involved		of determini	ng
	type (a-s)		amou	nt involved	
(1)					
(')	<u>'</u>				
(2)					
(-/	<u>'</u>				
(3)					
(0)	<u>'</u>				
(4)					
(7)					
(5)					
(3)					
(6)					
(0)		Sch	edule R (orm 990)	202
SA		3011	caule it (i	J. III 330)	202

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACT	IVITY (C) L	EGAL DOMICILE	(D) '	TOTAL INCOME (E)EOY ASSETS	(F) DIREC	T CONTROL
NKUF PROPERTIES 1, LLC		23-7116528	ADMIN CENTER	SUITE 822	HIGHLAND	HEIGHTS, KY	41099	
	RE HOLDINGS		KY		126,304.	188,133.	NKUF	
NKUF PROPERTIES 2, LLC		23-7116528	ADMIN CENTER	SUITE 822	HIGHLAND	HEIGHTS, KY	41099	
	RE HOLDINGS		KY		NONE	40,738.	NKUF	
NKUF PROPERTIES 3, LLC		23-7116528	ADMIN CENTER	SUITE 822	HIGHLAND	HEIGHTS, KY	41099	
	RE HOLDINGS		KY		17,942.	221.	NKUF	
NKUF PROPERTIES 4, LLC		23-7116528	ADMIN CENTER	SUITE 822	HIGHLAND	HEIGHTS, KY	41099	
	RE HOLDINGS					104,614.		
NKUF PROPERTIES 6, LLC				SUITE 822	HIGHLAND			
	RE HOLDINGS					762,569.		
				SUITE 822	HIGHLAND			
	RE HOLDINGS					NONE		
NKUF PROPERTIES 8, LLC				SUITE 822				
	RE HOLDINGS					420,221.		
NKUF PROPERTIES 10, LLC						·		
					22,240.			
NKUF PROPERTIES 5, LLC	RE HOLDINGS			SUITE 822	HIGHLAND	NONE		
NKUF VENTURES, LLC				מוודשה סממ	HIGHLAND			
NROF VENTURES, LLC	RE HOLDINGS			3011E 022		NONE		
TWELVE MILE NATURE PRESERVE				SIITTE 822				
THEOLOGICAL TRANSPORT	RE HOLDINGS			00111 011		NONE		
NKUF PROPERTIES-TENNIS, LLC				SUITE 822				
-, -	RE HOLDINGS					NONE		