

# Return of Organization Exempt From Income Tax

# 2018

**Open to Public Inspection**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2018** calendar year, or tax year beginning **07/01, 2018**, and ending **06/30, 2019**

|  |  |  |            |  |   |                                      |
|--|--|--|------------|--|---|--------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. |  |            |  | <b>D</b> Employer identification number<br>23-7116528 |                                      |
|  | Doing business as  |  |            |  | <b>E</b> Telephone number<br>(859) 572-5129           |                                      |
|  | Number and street (or P.O. box if mail is not delivered to street address)     |  | Room/suite |  |   |                                      |
|  | LUCAS ADMINISTRATIVE CENTER  |  | 822        |  |   |                                      |
| City or town, state or province, country, and ZIP or foreign postal code<br>HIGHLAND HEIGHTS, KY 41099   |  |  |            | <b>G</b> Gross receipts \$ 9,832,268.  |   |                                      |
| <b>F</b> Name and address of principal officer: JASON O. JACKMAN<br>LUCAS ADMIN CENTER, HIGHLAND HEIGHTS, KY 41099   |  |  |            | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                      |
|  |  |  |            | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |   |                                      |
|  |  |  |            | If "No," attach a list. (see instructions)   |   |                                      |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>J</b> Website: ▶ FOUNDATION.NKU.EDU |            |  |   | <b>H(c)</b> Group exemption number ▶ |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: 1970       |            | <b>M</b> State of legal domicile: KY   |   |                                      |

## Part I Summary

|   |   |  |              |              |              |
|---|---|--|--------------|--------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: SUPPORT NORTHERN KENTUCKY UNIVERSITY THROUGH PROVISION OF SCHOLARSHIPS, FINANCIAL AID, AND OTHER SUPPORT PROGRAMS. |  |              |              |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |              |              |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | 31.          |              |              |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | 31.          |              |              |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)   | <b>5</b>   | 0.           |              |              |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | 100.         |              |              |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | 189,726.     |              |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38                     | <b>7b</b>   |  |              |              |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year   | 5,100,508.   | Current Year | 5,682,804.   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   |  | 0.           |              | 0.           |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |  | 3,628,425.   |              | 3,257,819.   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |  | 553,958.     |              | 670,583.     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |  | 9,282,891.   |              | 9,611,206.   |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) |              | 2,438,187.   |              |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   |  | 0.           |              | 0.           |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   |  | 0.           |              | 0.           |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   |  | 0.           |              | 0.           |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,987.               |   |  |              |              |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   |  | 7,708,744.   |              | 11,606,571.  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |   | 10,146,931.  |              | 13,531,130.  |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              |   | -864,040.  |              | -3,919,924.  |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year  | 127,017,274. | End of Year  | 121,442,559. |
|   | <b>21</b> Total liabilities (Part X, line 26)   |  | 16,786,952.  |              | 14,013,198.  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  |  | 110,230,322. |              | 107,429,361. |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |  |                  |   |                   |
|-------------------------------|---|--|------------------|---|-------------------|
| <b>Sign Here</b>              | ▶ Signature of officer  | Date   |                  |   |                   |
|                               | ▶ Type or print name and title                                      |  |                  |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>AARON HERSHBERGER                     | Preparer's signature<br><i>Aaron Hershberger</i> | Date<br>6/3/2020 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00961884 |
|                               | Firm's name ▶ BKD, LLP  | Firm's EIN ▶ 44-0160260                          |                  | Phone no. 513-621-8300                          |                   |
|                               | Firm's address ▶ 312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202 |  |                  |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,295,763. including grants of \$ ) (Revenue \$ )

UNIVERSITY FACILITIES AND EQUIPMENT ACQUISITION

4b (Code: ) (Expenses \$ 1,925,473. including grants of \$ ) (Revenue \$ )

STUDENT FINANCIAL AID

4c (Code: ) (Expenses \$ 1,141,173. including grants of \$ ) (Revenue \$ )

INSTITUTIONAL SUPPORT

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 3,812,751. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 12,175,160.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .   | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .  |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .   |     | X  |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .   | X   |    |
| <b>11</b> 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.  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .   | X   |    |
| <b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .   | X   |    |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .   | X   |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .   | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . . | X   |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .   | X   |    |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .  |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | 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. <span style="float:right">2a</span> 0.                          |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .   | <b>2b</b>  |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  | <b>3b</b>  | X  |
| <b>4a</b>  | 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)? . . | <b>4a</b>  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>ATTACHMENT 3</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |    |
| <b>6a</b>  | 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? . . . . .                              | <b>6a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | 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? . . . . .  | <b>7a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>  | X  |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>  |            |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .   | <b>7f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  | X  |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .   | <b>7h</b>  | X  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                       | <b>8</b>   | X  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>  |            |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>   |            |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders . . . . . <span style="float:right">11a</span>   |            |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>  |            |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>   |            |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b> |    |
| <b>b</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 . . . . . <span style="float:right">13b</span>                                       |            |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>  |            |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  | <b>14b</b> |    |
| <b>15</b>  | 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? . . . . . <b>Note.</b> See instructions and file Form 4720, Schedule N.             | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  | <b>16</b>  | X  |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (31), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) RICHARD A. BOEHNE<br>BOARD MEMBER                  | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) AREF W. BSISU<br>BOARD MEMBER-TERM ENDED FY19      | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) MARTIN C. BUTLER<br>VICE PRESIDENT                 | 2.00<br>0.   | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (4) JOHN W. CARNES<br>BOARD MEMBER-TERM ENDED FY19     | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) GREGORY P. COLE<br>BOARD MEMBER                    | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) GARREN COLVIN<br>BOARD MEMBER                      | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) BRENT M. COOPER<br>BOARD MEMBER                    | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) KAREN A. FINAN<br>BOARD MEMBER                     | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) ERIC C. GENTRY<br>EXECUTIVE DIRECTOR               | 10.00<br>0.  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (10) MARTIN J. GERRETY<br>BOARD MEMBER                 | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) KEVIN E. GESSNER<br>TREASURER                     | 2.00<br>0.   | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (12) JAKKI L. HAUSSLER<br>BOARD MEMBER-TERM ENDED FY19 | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) JASON O. JACKMAN<br>PRESIDENT                     | 2.00<br>0.   | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (14) BARBARA L. MORAN-JOHNSON<br>BOARD MEMBER          | .50<br>0.  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| 15) JACK G. KENKEL, JR.<br>BOARD MEMBER                        | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 16) BARRY G. KIENZLE<br>BOARD MEMBER                           | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 17) BRYSON P. LAIR<br>BOARD MEMBER                             | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 18) JACQUELINE N. LEVOIR<br>BOARD MEMBER                       | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 19) JOHN M. LUCAS<br>BOARD MEMBER                              | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 20) FRED A. MACKE, JR.<br>BOARD MEMBER                         | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 21) KAREN D. MEYERS<br>BOARD MEMBER-TERM ENDED FY19            | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 22) KRISTI P. NELSON<br>BOARD MEMBER                           | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 23) H. MCGUIRE RILEY<br>BOARD MEMBER                           | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 24) THOMAS R. SAELINGER<br>BOARD MEMBER                        | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| 25) CHAD SCOTT<br>BOARD MEMBER                                 | .50<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**.

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| 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? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 **1**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |  |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|--|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |  |
| ( 26) TIMOTHY SHIGEL<br>-----<br>BOARD MEMBER                        | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 27) ROSEMARY SCHLACHTER<br>-----<br>BOARD MEMBER                   | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 28) JULIE A. SCHNEIDER<br>-----<br>BOARD MEMBER                    | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 29) TRACY L. SCHWEGMANN<br>-----<br>BOARD MEMBER                   | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 30) NATHANIEL G. SMITH<br>-----<br>BOARD MEMBER                    | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 31) BARBARA A. TURNER<br>-----<br>BOARD MEMBER                     | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 32) ASHISA VAIDYA<br>-----<br>BOARD MEMBER                         | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 33) THOMAS WIEDEMANN<br>-----<br>BOARD MEMBER                      | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 34) KARA S. WILLIAMS<br>-----<br>SECRETARY                         | 2.00<br>-----<br>0.  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |  |
| ( 35) MARY E. ZALLA<br>-----<br>BOARD MEMBER                         | .50<br>-----<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |  |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              | ▶      |  |   |   |  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              | ▶      |  |   |   |  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              | ▶      |  |   |   |  |

**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.

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                       |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 ▶

**Part VIII Statement of Revenue**

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

|   |   |  |            | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |            |
|---|---|--|------------|----------------------|--|---|--|------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                         | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |            |                      |  |   |  |            |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |            |                      |  |   |  |            |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  | 82,479.    |                      |  |   |  |            |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |            |                      |  |   |  |            |
|   | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>  | 668,723.   |                      |  |   |  |            |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .  | <b>1f</b>  | 4,931,602. |                      |  |   |  |            |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .  |  | 788,252.   |                      |  |   |  |            |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |  |            |                      |  |   |  | 5,682,804. |
| <b>Program Service Revenue</b>  | <b>2a</b> _____   | <b>Business Code</b>   |            |                      |  |   |  |            |
|   | <b>b</b> _____  |  |            |                      |  |   |  |            |
|   | <b>c</b> _____  |  |            |                      |  |   |  |            |
|   | <b>d</b> _____  |  |            |                      |  |   |  |            |
|   | <b>e</b> _____  |  |            |                      |  |   |  |            |
|   | <b>f</b> All other program service revenue . . . . .  |  |            |                      |  |   |  |            |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . ▶   |  |            |                      | 0.   |   |  |            |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . . ▶   |  |            | 2,935,582.           |  | 189,726.                                | 2,745,856.   |            |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . ▶   |  |            | 0.                   |  |   |  |            |
|   | <b>5</b> Royalties . . . . . ▶  |  |            | 0.                   |  |   |  |            |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real   | 131,321.   |                      |  |   |  |            |
|   |   | (ii) Personal  |            |                      |  |   |  |            |
|   |   | <b>b</b> Less: rental expenses . . . . .                           |            |                      |  |   |  |            |
|   |   | <b>c</b> Rental income or (loss) . . . . .                         | 131,321.   |                      |  |   |  |            |
|   | <b>d</b> Net rental income or (loss) . . . . . ▶  |  |            | 131,321.             |  |   | 131,321.   |            |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | 322,237.   |                      |  |   |  |            |
|   |   | (ii) Other   |            |                      |  |   |  |            |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |            |                      |  |   |  |            |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  | 322,237.   |                      |  |   |  |            |
|   | <b>d</b> Net gain or (loss) . . . . . ▶   |  |            | 322,237.             |  |   | 322,237.   |            |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ <u>82,479.</u><br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |  |            | 194,846.             |  |   |  |            |
|   |   | <b>b</b> Less: direct expenses . . . . . <b>b</b>                  |            | 221,062.             |  |   |  |            |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶                         |   |  |            | -26,216.             |  |   |  |            |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b> |   |  | 0.         |                      |  |   |  |            |
|   | <b>b</b> Less: direct expenses . . . . . <b>b</b>   |  | 0.         |                      |  |   |  |            |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶  |  |            |                      |  |   |  | 0.         |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b>    |   |  | 0.         |                      |  |   |  |            |
|   | <b>b</b> Less: cost of goods sold . . . . . <b>b</b>  |  | 0.         |                      |  |   |  |            |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶   |  |            |                      |  |   |  | 0.         |
| Miscellaneous Revenue   |   | <b>Business Code</b>   |            |                      |  |   |  |            |
| <b>11a</b> MISCELLANEOUS REVENUE  |   | 900099   |            | 565,478.             |  |   | 565,478.   |            |
| <b>b</b> _____  |   |  |            |                      |  |   |  |            |
| <b>c</b> _____  |   |  |            |                      |  |   |  |            |
| <b>d</b> All other revenue . . . . .  |   |  |            |                      |  |   |  |            |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶   |   |  |            | 565,478.             |  |   |  |            |
| <b>12 Total revenue.</b> See instructions. . . . . ▶                                      |   |  |            | 9,611,206.           |  | 189,726.                                | 3,738,676.   |            |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 1,924,559.                   | 1,924,559.                             |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0.                           |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0.                           |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .   | 0.                           |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 0.                           |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                           |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .  | 0.                           |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 0.                           |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .   | 0.                           |  |   |                                    |
| <b>10</b> Payroll taxes . . . . .  | 0.                           |  |   |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  | 0.                           |  |   |                                    |
| <b>b</b> Legal . . . . .   | 225.                         | 208.                                   | 11.   | 6.                                 |
| <b>c</b> Accounting . . . . .  | 30,524.                      | 28,212.                                | 1,539.  | 773.                               |
| <b>d</b> Lobbying . . . . .  | 0.                           |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  | 0.                           |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  | 515,686.                     |  | 515,686.                                      |                                    |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 456,299.                     | 421,729.                               | 23,010.                                       | 11,560.                            |
| <b>12</b> Advertising and promotion . . . . .  | 55,493.                      | 51,289.                                | 2,798.  | 1,406.                             |
| <b>13</b> Office expenses . . . . .  | 605,290.                     | 559,431.                               | 30,524.                                       | 15,335.                            |
| <b>14</b> Information technology . . . . .   | 4,900.                       | 4,529.                                 | 247.  | 124.                               |
| <b>15</b> Royalties . . . . .  | 0.                           |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 10,610.                      | 9,806.                                 | 535.  | 269.                               |
| <b>17</b> Travel . . . . .   | 377,223.                     | 348,643.                               | 19,023.                                       | 9,557.                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                           |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 0.                           |  |   |                                    |
| <b>20</b> Interest . . . . .   | 0.                           |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   | 0.                           |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 0.                           |  |   |                                    |
| <b>23</b> Insurance . . . . .  | 14,600.                      | 13,494.                                | 736.  | 370.                               |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b> EXP REIMBURSEMENT TO NKU  | 8,056,205.                   | 7,445,838.                             | 406,262.                                      | 204,105.                           |
| <b>b</b> MISCELLANEOUS   | 1,479,516.                   | 1,367,422.                             | 74,612.                                       | 37,482.                            |
| <b>c</b> _____   |                              |  |   |                                    |
| <b>d</b> _____   |                              |  |   |                                    |
| <b>e</b> All other expenses _____  |                              |  |   |                                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 13,531,130.                  | 12,175,160.                            | 1,074,983.                                    | 280,987.                           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                           |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year  |              | (B)<br>End of year  |
|---|--|---------------------------|--------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 13,795,363.               | <b>1</b>     | 9,354,590.          |
|   | <b>2</b> Savings and temporary cash investments  | 0.                        | <b>2</b>     | 0.                  |
|   | <b>3</b> Pledges and grants receivable, net  | 4,448,925.                | <b>3</b>     | 3,011,621.          |
|   | <b>4</b> Accounts receivable, net  | 29,969.                   | <b>4</b>     | 134,250.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                        | <b>5</b>     | 0.                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0.                        | <b>6</b>     | 0.                  |
|   | <b>7</b> Notes and loans receivable, net   | 67,619.                   | <b>7</b>     | 56,946.             |
|   | <b>8</b> Inventories for sale or use   | 0.                        | <b>8</b>     | 0.                  |
|   | <b>9</b> Prepaid expenses and deferred charges   | 38,154.                   | <b>9</b>     | 41,946.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 548,151.       |              |                     |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 208,028.       | 340,123.     | <b>10c</b> 340,123. |
|   | <b>11</b> Investments - publicly traded securities   | <b>ATCH 5</b> 69,266,259. | <b>11</b>    | 75,878,556.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 39,030,862.               | <b>12</b>    | 32,624,527.         |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0.                        | <b>13</b>    | 0.                  |
|   | <b>14</b> Intangible assets  | 0.                        | <b>14</b>    | 0.                  |
|   | <b>15</b> Other assets. See Part IV, line 11   | 0.                        | <b>15</b>    | 0.                  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 127,017,274.   | <b>16</b>                 | 121,442,559. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 3,140,175.                | <b>17</b>    | 404,773.            |
|   | <b>18</b> Grants payable   | 0.                        | <b>18</b>    | 0.                  |
|   | <b>19</b> Deferred revenue   | 215,295.                  | <b>19</b>    | 162,864.            |
|   | <b>20</b> Tax-exempt bond liabilities  | 0.                        | <b>20</b>    | 0.                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                        | <b>21</b>    | 0.                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0.                        | <b>22</b>    | 0.                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0.                        | <b>23</b>    | 0.                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                        | <b>24</b>    | 0.                  |
|   | <b>25</b> 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  | 13,431,482.               | <b>25</b>    | 13,445,561.         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 16,786,952.               | <b>26</b>    | 14,013,198.         |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                           |              |                     |
|   | <b>27</b> Unrestricted net assets  | 4,298,473.                | <b>27</b>    | 4,622,782.          |
|   | <b>28</b> Temporarily restricted net assets  | 59,687,970.               | <b>28</b>    | 55,616,688.         |
|   | <b>29</b> Permanently restricted net assets  | 46,243,879.               | <b>29</b>    | 47,189,891.         |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                           |              |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                           | <b>30</b>    |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                           | <b>31</b>    |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                           | <b>32</b>    |                     |
| <b>33</b> Total net assets or fund balances                         | 110,230,322.   | <b>33</b>                 | 107,429,361. |                     |
| <b>34</b> Total liabilities and net assets/fund balances            | 127,017,274.   | <b>34</b>                 | 121,442,559. |                     |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 9,611,206.   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 13,531,130.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -3,919,924.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 110,230,322. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,118,963.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.           |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 107,429,361. |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number

23-7116528

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015    | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|--|------------|-------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 3,372,032. | 12,049,614. | 5,006,804. | 5,100,508. | 5,682,804. | 31,211,762. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |            |             |            |            |            | 0.          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |            |             |            |            |            | 0.          |
| 4 <b>Total.</b> Add lines 1 through 3. . . . .   | 3,372,032. | 12,049,614. | 5,006,804. | 5,100,508. | 5,682,804. | 31,211,762. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |            |             |            |            |            | 255,764.    |
| 6 <b>Public support.</b> Subtract line 5 from line 4   |            |             |            |            |            | 30,955,998. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015    | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total                |
|--|------------|-------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4. . . . .   | 3,372,032. | 12,049,614. | 5,006,804. | 5,100,508. | 5,682,804. | 31,211,762.              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 1,074,292. | 1,897,148.  | 1,858,301. | 2,711,394. | 3,066,903. | 10,608,038.              |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |            |             |            |            |            | 0.                       |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 366,432.   | 139,738.    | 399,903.   | 422,638.   | 565,478.   | 1,894,189.               |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .  |            |             |            |            |            | 43,713,989.              |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .   |            |             |            |            | 12         |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |            |             |            |            |            | <input type="checkbox"/> |

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

|   |    |                                     |
|---|----|-------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .  | 14 | 70.81%                              |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .   | 15 | 68.60%                              |
| 16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .  |    | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  |    | <input type="checkbox"/>            |
| 17a <b>10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .     |    | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |    | <input type="checkbox"/>            |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |    | <input type="checkbox"/>            |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                          | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| 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)? <i>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.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes         | No |
|--|-------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |             |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

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

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

| <b>Section C - Distributable Amount</b>   |          |  | Current Year |
|---|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |  |              |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013 . . . . .   |                             |  |   |
| b From 2014 . . . . .   |                             |  |   |
| c From 2015 . . . . .   |                             |  |   |
| d From 2016 . . . . .   |                             |  |   |
| e From 2017 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7:                     \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2014 . . . .  |                             |  |   |
| b Excess from 2015 . . . .  |                             |  |   |
| c Excess from 2016 . . . .  |                             |  |   |
| d Excess from 2017 . . . .  |                             |  |   |
| e Excess from 2018 . . . .  |                             |  |   |

---

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

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# Schedule of Contributors

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.**

**Employer identification number**  
23-7116528

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 125,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 252,333.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 260,977.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 250,025.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 164,075.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 130,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.**

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23-7116528

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 210,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 179,640.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 668,723.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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 |
|---------------------|---|---|-------------------|
| 2                   | STOCK                                     | \$ 252,333.                               | 12/18/2018        |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 3                   | STOCK                                     | \$ 260,977.                               | 12/20/2018        |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 8                   | STOCK                                     | \$ 101,466.                               | 05/16/2019        |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____               | _____                                     | \$ _____                                  | _____             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____               | _____                                     | \$ _____                                  | _____             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____               | _____                                     | \$ _____                                  | _____             |

Name of organization **NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.**

Employer identification number  
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 Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

23-7116528

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.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 91,841,000.      | 87,251,000.    | 77,814,000.        | 82,398,000.          | 82,222,000.         |
| <b>b</b> Contributions                                  | 1,215,000.       | 1,278,000.     | 1,218,000.         | 652,000.             | 1,281,000.          |
| <b>c</b> Net investment earnings, gains, and losses     | 3,384,000.       | 6,594,000.     | 11,077,000.        | -2,510,000.          | 1,492,000.          |
| <b>d</b> Grants or scholarships                         | 2,850,000.       | 2,640,000.     | 2,133,000.         | 2,050,000.           | 2,249,000.          |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      | -28,000.            |
| <b>f</b> Administrative expenses                        | 791,000.         | 642,000.       | 725,000.           | 676,000.             | 376,000.            |
| <b>g</b> End of year balance                            | 92,799,000.      | 91,841,000.    | 87,251,000.        | 77,814,000.          | 82,398,000.         |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  2.5400 %
- b** Permanent endowment  51.2500 %
- c** Temporarily restricted endowment  46.2100 %

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>(i)</b> unrelated organizations  | <input type="checkbox"/> | X                        |
| <b>(ii)</b> related organizations   | <input type="checkbox"/> | X                        |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 340,123.                        |                              | 340,123.       |
| <b>b</b> Buildings   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      | 208,028.                        | 208,028.                     |                |
| <b>d</b> Equipment   |                                      |                                 |                              |                |
| <b>e</b> Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 340,123.       |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

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

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

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

| <b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</b> |   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. |   |
|--|---|---|---|
| 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:                       |   |   |
| a  | Net unrealized gains (losses) on investments . . . . .                                    | 2a  |   |
| b  | Donated services and use of facilities . . . . .  | 2b  |   |
| c  | Recoveries of prior year grants . . . . .   | 2c  |   |
| d  | Other (Describe in Part XIII.) . . . . .  | 2d  |   |
| e  | 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:                      |   |   |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a  |   |
| b  | Other (Describe in Part XIII.) . . . . .  | 4b  |   |
| c  | Add lines 4a and 4b . . . . .   | 4c  |   |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . | 5   |   |

| <b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b> |  | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. |   |
|---|--|---|---|
| 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:                          |   |   |
| a   | Donated services and use of facilities . . . . .   | 2a  |   |
| b   | Prior year adjustments . . . . .   | 2b  |   |
| c   | Other losses . . . . .   | 2c  |   |
| d   | Other (Describe in Part XIII.) . . . . .   | 2d  |   |
| e   | 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 . . . . .                 | 4a  |   |
| b   | Other (Describe in Part XIII.) . . . . .   | 4b  |   |
| c   | Add lines 4a and 4b . . . . .  | 4c  |   |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . | 5   |   |

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

SCHEDULE D, PART V, LINE 4

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INTENDED USE OF ENDOWMENT

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ENDOWMENT IS TO BE USED PRIMARILY FOR STUDENT FINANCIAL AID AND

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SCHOLARSHIPS AT NORTHERN KENTUCKY UNIVERSITY.

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**Part XIII Supplemental Information** (continued)

## ATTACHMENT 1

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

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

**Part XIII Supplemental Information** (continued)ATTACHMENT 1 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

| <u>DESCRIPTION</u>        | <u>BOOK VALUE</u>  | <u>COST<br/>OR FMV</u> |
|---------------------------|--------------------|------------------------|
| PALO ALTO HEALTHCARE II   | 552,473.           | FMV                    |
| SRE OPPORTUNITY FUND III  | 389,293.           | FMV                    |
| EPIRIS FUND II            | 346,915.           | FMV                    |
| EDISON PARTNERS IX, LP    | 503,152.           | FMV                    |
| ACCOLADE PARTNERS VII, LP | 43,097.            | FMV                    |
| CONNETIC VENTURES IN      | 50,000.            | FMV                    |
| CINTRIFUSE                | 1,070,990.         | FMV                    |
| OTHER                     | 685,000.           | FMV                    |
| TOTALS                    | <u>32,624,527.</u> |                        |



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number

23-7116528

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE  | 0.                                  | 0.   | INVESTMENTS  |  | 2,103,686.   |
| (2) EAST ASIA AND THE PACIFIC                               | 0.                                  | 0.   | INVESTMENTS  |  | 858,171.   |
| (3) CENTRAL AMERICA/CARIBBEAN                               | 0.                                  | 0.   | INVESTMENTS  |  | 51,723.  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                |                                     |  |  |  | 3,013,580.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |  |  |  | 3,013,580.   |

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

Schedule F (Form 990) 2018

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (2)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |            |                      |                          |                                 |                                  |                                       |   |

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number

23-7116528

**Part I 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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a 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  No
- 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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

3 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.

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**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<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|--------------|---------|------------------|--|
|                 | GNF  | GALA  | GOLF         | OUTING  | 8.               |  |
|                 | (event type)   |   | (event type) |         | (total number)   |  |
| Revenue         | 1  | Gross receipts . . . . .  | 142,822.     | 42,143. | 92,360.          | 277,325.   |
|                 | 2  | Less: Contributions . . . . .   | 65,904.      | 1,518.  | 15,057.          | 82,479.  |
|                 | 3  | Gross income (line 1 minus<br>line 2) . . . . .                       | 76,918.      | 40,625. | 77,303.          | 194,846.   |
| Direct Expenses | 4  | Cash prizes . . . . .   |              |         |                  |  |
|                 | 5  | Noncash prizes . . . . .  | 30,710.      | 874.    | 1,901.           | 33,485.  |
|                 | 6  | Rent/facility costs . . . . .   | 2,650.       | 4,372.  | 6,728.           | 13,750.  |
|                 | 7  | Food and beverages . . . . .  | 20,672.      | 1,800.  | 58,384.          | 80,856.  |
|                 | 8  | Entertainment . . . . .   |              |         | 1,750.           | 1,750.   |
|                 | 9  | Other direct expenses . . . . .                                       | 11,442.      | 823.    | 78,956.          | 91,221.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |              |         |                  | 221,062.   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |              |         | -26,216.         |  |

**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.

|                 | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|--|--|---|---|
|                 | Revenue  |  |   |   |
| 1               | Gross revenue . . . . .  |  |   |   |
| Direct Expenses | 2  | Cash prizes . . . . .                            |   |   |
|                 | 3  | Noncash prizes . . . . .                         |   |   |
|                 | 4  | Rent/facility costs . . . . .                    |   |   |
|                 | 5  | Other direct expenses . . . . .                  |   |   |
|                 | 6  | Volunteer labor . . . . .                        | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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) . . . . . |  |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 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 revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Provide the 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).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number

23-7116528

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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<br>NUNN DRIVE, HIGHLAND HEIGHTS, KY 41099 | 61-1010545 | GOV'T                           | 1,924,559.               |                                   |   |                                       | SUPPORT/<br>SCHOLARSHIPS           |
| (2)  |            |                                 |                          |                                   |   |                                       |                                    |
| (3)  |            |                                 |                          |                                   |   |                                       |                                    |
| (4)  |            |                                 |                          |                                   |   |                                       |                                    |
| (5)  |            |                                 |                          |                                   |   |                                       |                                    |
| (6)  |            |                                 |                          |                                   |   |                                       |                                    |
| (7)  |            |                                 |                          |                                   |   |                                       |                                    |
| (8)  |            |                                 |                          |                                   |   |                                       |                                    |
| (9)  |            |                                 |                          |                                   |   |                                       |                                    |
| (10)   |            |                                 |                          |                                   |   |                                       |                                    |
| (11)   |            |                                 |                          |                                   |   |                                       |                                    |
| (12)   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1.

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

Schedule I (Form 990) (2018)

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

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

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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number

23-7116528

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles. . . . .   |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 10.  | 744,754.   | AVERAGE SHARE PRICE  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( VARIOUS ) . . . . .   | X                             | 102.   | 43,498.  | FMV  |
| 26 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 27 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 28 Other ▶ ( ) . . . . .   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

**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.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

23-7116528

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

FORM 990 REVIEW PROCESS

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

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING COMPLIANCE

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

FORM 990, PART VI, SECTION B, LINE 15A AND 15B

COMPENSATION REVIEW

THE FOUNDATION EXECUTIVE COMMITTEE DETERMINES EXECUTIVE COMPENSATION UPON  
RECOMMENDATION OF THE NKU PERSONNEL COMMITTEE WHICH WORKS IN CONJUNCTION  
WITH HUMAN RESOURCES. THIS REVIEW WAS CONDUCTED IN MAY, 2016.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT AVAILABILITY

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

|   |  |
|---|--|
| Name of the organization<br>NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. | Employer identification number<br>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.

ATTACHMENT 1

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.

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u>  | <u>GRANTS</u> | <u>EXPENSES</u>   | <u>REVENUE</u> |
|---|---------------|-------------------|----------------|
| INSTRUCTION, PUBLIC SERVICE, ACADEMIC SUPPORT,<br>LIBRARIES, STUDENT SERVICES, RESEARCH AND OTHER |               | 3,812,751.        |                |
| TOTALS  |               | <u>3,812,751.</u> |                |

ATTACHMENT 3

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

BERMUDA  
CANADA  
CAYMAN ISLANDS  
UNITED KINGDOM

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

ATTACHMENT 4

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

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| FUND EVALUATION GROUP LLC<br>201 EAST FIFTH ST, STE 1600<br>CINCINNATI, OH 45202 | CONSULTING                     | 112,640.            |

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u>       | <u>ENDING<br/>BOOK VALUE</u> | <u>COST<br/>OR FMV</u> |
|--------------------------|------------------------------|------------------------|
| PUBLICLY TRADED SECURITY | 75,878,556.                  | FMV                    |
| TOTALS                   | <u>75,878,556.</u>           |                        |



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number

23-7116528

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

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

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

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

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

Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.

Employer identification number

23-7116528

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

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

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

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

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

Schedule R (Form 990) 2018

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

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

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

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

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> 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? |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

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

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**Part VII** **Supplemental Information**

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

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# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

# 2018

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Check box if address changed  | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)       | <b>D Employer identification number</b><br>(Employees' trust, see instructions.) |
| <b>B Exempt under section</b><br><input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.  | 23-7116528   |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                                 |  |
|  | LUCAS ADMINISTRATIVE CENTER 822  | <b>E Unrelated business activity code</b><br>(See instructions.)                 |
| <b>C Book value of all assets at end of year</b><br>121,442,559.   | City or town, state or province, country, and ZIP or foreign postal code<br>HIGHLAND HEIGHTS, KY 41099 | 525990   |
| <b>F Group exemption number</b> (See instructions.) ▶  |  |  |
| <b>G Check organization type</b> ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust                                   |  |  |

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ ERIC C. GENTRY Telephone number ▶ 859-572-5126

| Part I Unrelated Trade or Business Income  |                    | (A) Income         | (B) Expenses | (C) Net  |
|--|--------------------|--------------------|--------------|----------|
| <b>1a</b> Gross receipts or sales  |                    |                    |              |          |
| <b>b</b> Less returns and allowances   | <b>c Balance</b> ▶ | <b>1c</b>          |              |          |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                    | <b>2</b>           |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  |                    | <b>3</b>           |              |          |
| <b>4a</b> Capital gain net income (attach Schedule D)  |                    | <b>4a</b> 30,941.  |              | 30,941.  |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                    | <b>4b</b>          |              |          |
| <b>c</b> Capital loss deduction for trusts   |                    | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                    | <b>5</b> 158,785.  | ATCH 2       | 158,785. |
| <b>6</b> Rent income (Schedule C)  |                    | <b>6</b>           |              |          |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                    | <b>7</b>           |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                    | <b>8</b>           |              |          |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                    | <b>9</b>           |              |          |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                    | <b>10</b>          |              |          |
| <b>11</b> Advertising income (Schedule J)  |                    | <b>11</b>          |              |          |
| <b>12</b> Other income (See instructions; attach schedule)                                     |                    | <b>12</b>          |              |          |
| <b>13 Total.</b> Combine lines 3 through 12  |                    | <b>13</b> 189,726. |              | 189,726. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |  |            |         |            |
|--|--|------------|---------|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |  | <b>14</b>  |         |            |
| <b>15</b> Salaries and wages   |  | <b>15</b>  |         |            |
| <b>16</b> Repairs and maintenance  |  | <b>16</b>  |         |            |
| <b>17</b> Bad debts  |  | <b>17</b>  |         |            |
| <b>18</b> Interest (attach schedule) (see instructions)  |  | <b>18</b>  |         |            |
| <b>19</b> Taxes and licenses   |  | <b>19</b>  |         |            |
| <b>20</b> Charitable contributions (See instructions for limitation rules)   |  | <b>20</b>  |         |            |
| <b>21</b> Depreciation (attach Form 4562)  |  | <b>21</b>  |         |            |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  |  | <b>22a</b> |         | <b>22b</b> |
| <b>23</b> Depletion  |  | <b>23</b>  |         |            |
| <b>24</b> Contributions to deferred compensation plans   |  | <b>24</b>  |         |            |
| <b>25</b> Employee benefit programs  |  | <b>25</b>  |         |            |
| <b>26</b> Excess exempt expenses (Schedule I)  |  | <b>26</b>  |         |            |
| <b>27</b> Excess readership costs (Schedule J)   |  | <b>27</b>  |         |            |
| <b>28</b> Other deductions (attach schedule)   |  | <b>28</b>  | ATCH 3. | 64,598.    |
| <b>29 Total deductions.</b> Add lines 14 through 28  |  | <b>29</b>  |         | 64,598.    |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           |  | <b>30</b>  |         | 125,128.   |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |  | <b>31</b>  |         |            |
| <b>32</b> Unrelated business taxable income. Subtract line 31 from line 30   |  | <b>32</b>  |         | 125,128.   |

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 56-58 for Statements Regarding Certain Activities.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer, Date, Title. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (AARON HERSHBERGER), Preparer's signature, Date (6/3/2020), Firm's name (BKD, LLP), Firm's EIN (44-0160260), Firm's address (312 WALNUT STREET, SUITE 3000, CINCINNATI, OH 45202).



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► N/A

|   |           |  |   |          |                      |
|---|-----------|--|---|----------|----------------------|
| <b>1</b> Inventory at beginning of year                   | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |                      |
| <b>2</b> Purchases  | <b>2</b>  |  | <b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.                          | <b>7</b> |                      |
| <b>3</b> Cost of labor                                    | <b>3</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |          | <b>Yes</b> <b>No</b> |
| <b>4a</b> Additional section 263A costs (attach schedule) | <b>4a</b> |  |   |          |                      |
| <b>b</b> Other costs (attach schedule)                    | <b>4b</b> |  |   |          |                      |
| <b>5</b> <b>Total.</b> Add lines 1 through 4b             | <b>5</b>  |  |   |          |                      |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

**2. Rent received or accrued**

|  |  |  |
|--|--|--|
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | <b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)  |  |  |
| (2)  |  |  |
| (3)  |  |  |
| (4)  |  |  |
| Total  | Total  |  |

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| <b>Totals</b> . . . . . ►   |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | Enter here and on page 1, Part I, line 7, column (B).               |
| <b>Total dividends-received deductions</b> included in column 8 . . . . . ►                       |   |   |  |   |

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |
|-------------------|---|-------------------------------------|--|---|
| (1)               |   |                                     |  |   |
| (2)               |   |                                     |  |   |
| (3)               |   |                                     |  |   |
| (4)               |   |                                     |  |   |
|                   |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

Totals . . . . . ▶

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |

Totals . . . . . ▶

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 26.                                      |

Totals . . . . . ▶

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)                   |                             |                             |  |                       |                     |   |
| (2)                   |                             |                             |  |                       |                     |   |
| (3)                   |                             |                             |  |                       |                     |   |
| (4)                   |                             |                             |  |                       |                     |   |

Totals (carry to Part II, line (5)) . . . ▶

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                          | 2. Gross advertising income                         | 3. Direct advertising costs                         | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|---|---|--|-----------------------|---------------------|---|
| (1)  |   |   |  |                       |                     |   |
| (2)  |   |   |  |                       |                     |   |
| (3)  |   |   |  |                       |                     |   |
| (4)  |   |   |  |                       |                     |   |
| <b>Totals from Part I</b> . . . . . ▶          |   |   |  |                       |                     |   |
|  | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |   |   |  |                       |                     |   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶ |          |  |  |

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INCOME FROM INVESTMENT PARTNERSHIPS

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

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

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

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

|                                      |                |
|--------------------------------------|----------------|
| PART II - LINE 28 - OTHER DEDUCTIONS | <u>64,598.</u> |
|--------------------------------------|----------------|

ATTACHMENT 4

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

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

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2018**

Name: **NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.** Employer identification number: **23-7116528**

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 3,729.                           | 12.                             |   | 3,717.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .  |                                  |                                 |   | <b>4</b>   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .   |                                  |                                 |   | <b>5</b>   |
| <b>6</b> Unused capital loss carryover (attach computation) . . . . .  |                                  |                                 |   | <b>6</b> ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .   |                                  |                                 |   | <b>7</b> 3,717.  |

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 10,281.                          | 79.                             |  | 10,202.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |  |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .  |                                  |                                 |  | <b>11</b> 17,022.  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .   |                                  |                                 |  | <b>12</b>  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .  |                                  |                                 |  | <b>13</b>  |
| <b>14</b> Capital gain distributions (see instructions) . . . . .   |                                  |                                 |  | <b>14</b>  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .   |                                  |                                 |  | <b>15</b> 27,224.  |

**Part III Summary of Parts I and II**

|  |  |  |  |                   |
|--|--|--|--|-------------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .                   |  |  |  | <b>16</b> 3,717.  |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . . |  |  |  | <b>17</b> 27,224. |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. . . . .             |  |  |  | <b>18</b> 30,941. |

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

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

Schedule D (Form 1120) 2018





|  |   |
|--|---|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side<br><b>NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.</b> | Social security number or taxpayer identification number<br><b>23-7116528</b> |
|--|---|

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

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

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

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

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

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

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

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

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. 27

Name(s) shown on return: NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. Identifying number: 23-7116528

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 1: ATTACHMENT 1, 17,022.

3 Gain, if any, from Form 4684, line 39. 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824. 5
6 Gain, if any, from line 32, from other than casualty or theft. 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows. 7 17,022.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions. 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7. 11 ( )
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31. 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a. 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36. 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. 16
17 Combine lines 10 through 16. 17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions. 18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14. 18b

For Paperwork Reduction Act Notice, see separate instructions.

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

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:   |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold (mo.,<br>day, yr.) |            |            |
|---|--|--------------------------------------|----------------------------------|------------|------------|
| A   |  |                                      |                                  |            |            |
| B   |  |                                      |                                  |            |            |
| C   |  |                                      |                                  |            |            |
| D   |  |                                      |                                  |            |            |
| These columns relate to the properties on lines 19A through 19D. ▶  |  | Property A                           | Property B                       | Property C | Property D |
| 20  | Gross sales price (Note: See line 1 before completing.)  | 20                                   |                                  |            |            |
| 21  | Cost or other basis plus expense of sale . . . . .   | 21                                   |                                  |            |            |
| 22  | Depreciation (or depletion) allowed or allowable . . . . .   | 22                                   |                                  |            |            |
| 23  | Adjusted basis. Subtract line 22 from line 21 . . . . .  | 23                                   |                                  |            |            |
| 24  | Total gain. Subtract line 23 from line 20. . . . .   | 24                                   |                                  |            |            |
| <b>25 If section 1245 property:</b>   |  |                                      |                                  |            |            |
| a   | Depreciation allowed or allowable from line 22 . . . . .   | 25a                                  |                                  |            |            |
| b   | Enter the smaller of line 24 or 25a. . . . .   | 25b                                  |                                  |            |            |
| <b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. |  |                                      |                                  |            |            |
| a   | Additional depreciation after 1975. See instructions . . . . .   | 26a                                  |                                  |            |            |
| b   | Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .   | 26b                                  |                                  |            |            |
| c   | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .   | 26c                                  |                                  |            |            |
| d   | Additional depreciation after 1969 and before 1976 . . . . .   | 26d                                  |                                  |            |            |
| e   | Enter the smaller of line 26c or 26d . . . . .   | 26e                                  |                                  |            |            |
| f   | Section 291 amount (corporations only) . . . . .   | 26f                                  |                                  |            |            |
| g   | Add lines 26b, 26e, and 26f . . . . .  | 26g                                  |                                  |            |            |
| <b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.       |  |                                      |                                  |            |            |
| a   | Soil, water, and land clearing expenses . . . . .  | 27a                                  |                                  |            |            |
| b   | Line 27a multiplied by applicable percentage. See instructions . . . . .   | 27b                                  |                                  |            |            |
| c   | Enter the smaller of line 24 or 27b . . . . .  | 27c                                  |                                  |            |            |
| <b>28 If section 1254 property:</b>   |  |                                      |                                  |            |            |
| a   | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . . | 28a                                  |                                  |            |            |
| b   | Enter the smaller of line 24 or 28a . . . . .  | 28b                                  |                                  |            |            |
| <b>29 If section 1255 property:</b>   |  |                                      |                                  |            |            |
| a   | Applicable percentage of payments excluded from income under section 126. See instructions . . . . .   | 29a                                  |                                  |            |            |
| b   | Enter the smaller of line 24 or 29a. See instructions . . . . .  | 29b                                  |                                  |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |   |    |  |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 . . . . .   | 30 |  |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .  | 31 |  |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . . | 32 |  |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

|    |   | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years . . . . .                    | 33              |                        |
| 34 | Recomputed depreciation. See instructions . . . . .   | 34              |                        |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . . | 35              |                        |



**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2018**

|  |   |
|--|---|
| Name<br><b>NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.</b> | Employer identification number<br><b>23-7116528</b> |
|--|---|

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 3,729.                           | 12.                             |   | 3,717.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .  |                                  |                                 |   | <b>4</b>   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .   |                                  |                                 |   | <b>5</b>   |
| <b>6</b> Unused capital loss carryover (attach computation) . . . . .  |                                  |                                 |   | <b>6</b> ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .   |                                  |                                 |   | <b>7</b> 3,717.  |

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 10,281.                          | 79.                             |  | 10,202.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |  |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .  |                                  |                                 |  | <b>11</b> 17,022.  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .   |                                  |                                 |  | <b>12</b>  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .  |                                  |                                 |  | <b>13</b>  |
| <b>14</b> Capital gain distributions (see instructions) . . . . .   |                                  |                                 |  | <b>14</b>  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .   |                                  |                                 |  | <b>15</b> 27,224.  |

**Part III Summary of Parts I and II**

|  |           |         |
|--|-----------|---------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .                   | <b>16</b> | 3,717.  |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . . | <b>17</b> | 27,224. |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. . . . .             | <b>18</b> | 30,941. |

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

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

Schedule D (Form 1120) 2018



|  |  |
|--|--|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side<br><b>NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.</b> | <b>Social security number or taxpayer identification number</b><br><b>23-7116528</b> |
|--|--|

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

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

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

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

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

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

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



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

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return: NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC.
Identifying number: 23-7116528

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 1: ATTACHMENT 1, 17,022.

3 Gain, if any, from Form 4684, line 39 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
6 Gain, if any, from line 32, from other than casualty or theft 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 17,022.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 11 ( )
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16
17 Combine lines 10 through 16. 17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 18b

For Paperwork Reduction Act Notice, see separate instructions.

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

Table with 3 columns: (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold.

Main table with 5 columns: Property A, Property B, Property C, Property D. Rows include lines 20-29b for various property sections.

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with 3 columns: Description, Line number, and Value. Rows 30-32.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with 3 columns: Description, (a) Section 179, (b) Section 280F(b)(2). Rows 33-35.



FEDERAL FOOTNOTES

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

FEDERAL FOOTNOTES

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

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

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

|   |   |
|---|---|
| Name of transferor<br>NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. | Identifying number (see instructions)<br>23-7116528 |
|---|---|

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? . . .  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? . . . . .  Yes  No
- b Did the transferor remain in existence after the transfer? . . . . .  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . .  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

- d Have basis adjustments under section 367(a)(4) been made? . . . . .  Yes  No
- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . .  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership? . . . . .  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . .  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

|   |  |
|---|--|
| 4 Name of transferee (foreign corporation)<br>SICCAR POINT (GUERNSEY) INVESTMENT LIMITED  | 5a Identifying number, if any<br>98-1194788  |
| 6 Address (including country) AZTEC FINANCIAL SERVICES (GUERNSEY) LIMITED EAST WING<br>TRAFALGAR COURT, LES BANQUES ST PETER PORT GK GY1 3PP            | 5b Reference ID number<br>(see instructions) |
| 7 Country code of country of incorporation or organization (see instructions)<br>GK   |  |
| 8 Foreign law characterization (see instructions)<br>CORPORATION  |  |
| 9 Is the transferee foreign corporation a controlled foreign corporation? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

| Type of property | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|------------------|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash             |                         |                                |  |                            |                                    |

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

| Type of property                                   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Stock and securities                               | 12/31/2018              | STOCKS AND SECURITIES          | 267,993                                      | 144,947                    | 123,046                            |
| Inventory  |                         |                                |  |                            |                                    |
| Other property (not listed under another category) |                         |                                |  |                            |                                    |
| Property with built-in loss                        |                         |                                |  |                            |                                    |
| <b>Totals</b>                                      |                         |                                | 267,993                                      | 144,947                    | 123,046                            |

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

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

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.0000 % (b) After 0.0459 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No