### TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

June 30, 2014

Prepared for	Cleveland State University Foundation 2121 Euclid Avenue No. Un 501 Cleveland, OH 44115-2214
Prepared by	Ciuni & Panichi, Inc. 25201 Chagrin Blvd. #200 Cleveland, OH 44122-5683
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2015
Special Instructions	The return should be signed and dated.

### Form **990**

### **Return of Organization Exempt From Income Tax**

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

2013

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public

2014 A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JŬN 30, Check if applicable: D Employer identification number C Name of organization CLEVELAND STATE UNIVERSITY Address change FOUNDATION Name change 34-1316665 Doing Business As ]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (216)687-5522 Termin-ated 2121 EUCLID AVENUE UN 501 ]Amended 38,292,822. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-CLEVELAND, OH 44115-2214 H(a) Is this a group return pending F Name and address of principal officer: STEPHEN KIRK for subordinates? ..... L Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 4947(a)(1) or \_ 501(c) ( ) ◀ (insert no.) 527 If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ L Year of formation: 1969 M State of legal domicile: OH K Form of organization: X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE CLEVELAND STATE UNIVERSITY Governance FOUNDATION IS ORGANIZED PRIMARILY TO ENGAGE IN ACTIVITIES AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 42 3 Number of voting members of the governing body (Part VI, line 1a) 3 42 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... 5 42 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 7,127,932. 18,503,065. Contributions and grants (Part VIII, line 1h) Revenue 27,146. Ō. 9 Program service revenue (Part VIII, line 2g) 2,994,966. 2,531,505. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 27,504. 84,000. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,234,044 21,062,074. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,368,556. 5,777,756 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,390,042 1,586,339. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,954,895. 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 7,167,798. 19 Revenue less expenses. Subtract line 18 from line 12 3,066,246. 6,107,179. 20 Beginning of Current Year **End of Year** 78,162,879. 97,633,528. 20 Total assets (Part X, line 16) 12,255,023. 6,305,577. 21 Total liabilities (Part X, line 26) Vet 71.857.302. 85,378,505. Net assets or fund balances. Subtract line 21 from line 20 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. Sign BERINTHIA R. LEVINE, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check P00068117 Paid DAVID M. REAPE, CPA Firm's name CIUNI & PANICHI, Firm's EIN 34-1322309 Preparer INC. Firm's address 25201 CHAGRIN BLVD. #200 Use Only CLEVELAND, OH 44122-5683 Phone no. (216)831-7171 X Yes \_ No May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CLEVELAND STATE UNIVERSITY FOUNDATION IS ORGANIZED PRIMARILY TO
	ENGAGE IN ACTIVITIES AND PROGRAMS TO PROVIDE SUPPORT AND SERVICES TO
	CLEVELAND STATE UNIVERSITY.
	Did the averagination and adults are significant average and income the average which are
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.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	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.  (Code: ) (Expenses \$ 13,985,502 · including grants of \$ 13,164,438 · ) (Revenue \$ )
<del>1</del> a	THE FOUNDATION SUPPORTS CLEVELAND STATE UNIVERSITY AND HELPS TO
	FURTHER THE UNIVERSITY'S EDUCATIONAL MISSIONS AND PROGRAMS. ITS
	EFFORTS INCLUDE PROVIDING FUNDS FOR STUDENT INSTRUCTIONAL SUPPORT,
	TUITION SUPPORT, AND PUBLIC SERVICE. DURING THIS FISCAL YEAR, THE
	FOUNDATION PROVIDED FROM ITS ENDOWMENT OVER \$2.5 MILLION TO CSU,
	INCLUDING \$1.6 MILLION IN FINANCIAL AID FOR STUDENTS.
4b	(Code: ) (Expenses \$ 204,118 • including grants of \$ 204,118 • ) (Revenue \$
	THE CLEVELAND SCHOOLS BOOK FUND HELPS STUDENTS DEVELOP READING SKILLS
	FOR ACADEMIC AND LIFE SUCCESS AND OVER THE PAST 10 YEARS HAS GROWN TO
	MORE THAN \$4 MILLION. THE FUND HAS HELPED CHILDREN IN THE CLEVELAND
	METROPOLITAN SCHOOLS BECOME BETTER READERS AND CITIZENS BY PROVIDING
	EACH PRE-K TO FOURTH GRADE CLASSROOM WITH A LIBRARY OF HIGH-QUALITY
	STORYBOOKS THAT ARE SPECIFICALLY CHOSEN TO PRESENT MODELS OF GOOD
	BEHAVIOR AND CITIZENSHIP. THE BOOK FUND HAS DELIVERED ALMOST 200,000
	BOOKS TO CLASSROOMS THROUGHOUT THE CITY, INCLUDING CAMPUS INTERNATIONAL
	SCHOOL WHICH RESIDES ON CSU'S CAMPUS, AND NEARLY 20,000 STUDENTS READ
	THOSE BOOKS EVERY YEAR. IN ADDITION, MORE THAN 1,000 CLASSROOMS HAVE
	RECEIVED SPECIALLY DESIGNED BOOK CASES.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
тu	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 14,189,620.
70	total program octation experience P

### CLEVELAND STATE UNIVERSITY FOUNDATION

Form 990 (2013) Part IV Checklist of Required Schedules Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, fine 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11d X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

## CLEVELAND STATE UNIVERSITY Form 990 (2013) FOUNDATION Part IV Checklist of Required Schedules (continued)

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			77
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4	x	
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
ooa b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: All Form 990 file is are required to complete Schedule O	J0	000	

Page 5

### CLEVELAND STATE UNIVERSITY FOUNDATION

Form 990 (2013)

Part V	Statements Regarding Other IRS Filings and Tax Compl	iance
	Check if Schedule O contains a response or note to any line in this Part V	

			***************************************			
		1.	J 21	SACOSO	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21	-  		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?			4-	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ϊ	1	1c	122	
Za	filed for the calendar year ending with or within the year covered by this return	2a				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.		.l	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			2.0		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	ļ	
	At any time during the calendar year, did the organization have an interest in, or a signature or other			0.0	<u> </u>	
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
b	If "Yes," enter the name of the foreign country:	40000	***************************************	70		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ınts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		2	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		7	5c	<b> </b>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d d t	he ord	anization solicit	1		
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		or gifts			
	were not tax deductible?		· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?		·····	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. $\square$					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					200
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	NESTE OFFICE	8053005300
10	Section 501(c)(7) organizations. Enter	1	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	مدا	I			
	Gross income from members or shareholders	11a				
a	Gross income from other sources (Do not net amounts due or paid to other sources against					
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		40-	000000E	
		1	<i>:</i> 	12a		140 (400)
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			12-		<u>nietavičiči</u>
а	Note. See the instructions for additional information the organization must report on Schedule O.			13a		
h	·					
IJ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indeer tenning convices during the tay years	<b>!</b>		14a	85/1975(2	_ <u>X</u> _
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
- D	1. 100, That it filed a form 120 to report these payments: if 190, provide an explanation in schedul	· · · · ·			990	(0040)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year 42 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 42 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10a and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? # No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►OH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN N PETRUS - (216)523-7240 CLEVELAND STATE UNIVERSITY, CLEVELAND, OH

Page 7

## 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.

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

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

Name and Title	(A)	(B)	(C)					nout	(D)	(E) (F)			
Double Service   Doub		1	Position						1 ' '	1			
Office and selected received	realite and The	1	(do	not c	heck ss pe	more rson	than	one th an		1			
Delow   Fine			offi	cer an	d a d	irecto	or/trus	stee)	,	,			
Delow   Fine		(list any	ctor			İ			the <b></b>		compensation		
Delow   Fine			or dire				ted			(W-2/1099-MISC)			
Delow   Fine		1	stee	ruste			bens		(W-2/1099-MISC)				
11   STEVEN A MINTER   1.00		-	al tru	onali		ploye	moo:		( )				
11   STEVEN A MINTER   1.00			divid	stituti	fficer	ey em	ighest	ormer			organizations		
C  STEVEN W PERCY	(1) STEVEN A MINTER	,	<u> </u>	=	0	<u>×</u>	.π.ω	Œ					
DIRECTOR	DIRECTOR		Х					1	0.	0.	0.		
3   RICHARD FLEISCHMAN   X   X   X   X   X   X   X   X   X	(2) STEVEN W PERCY	1.00					1	1					
SECRETARY	DIRECTOR		Х					V	0.	94,485.	31,652.		
ANTHONY S BARALE	(3) RICHARD FLEISCHMAN	1.00											
Director   X	SECRETARY		Х		X				0.	0.	0.		
(5) RICHARD A BARONE	(4) ANTHONY S BAKALE	1.00	Π	4									
DIRECTOR   X	DIRECTOR		X		Y				0.	0.	0.		
CATAGRA BLACK	(5) RICHARD A BARONE	1.00	/										
DIRECTOR	DIRECTOR		X						0.	0.	0.		
TIMOTHY J COSGROVE	(6) CRAIG A BLACK	1.00											
DIRECTOR   X	DIRECTOR	• (	Х						0.	0.	0.		
(8) NATALIE J EPSTEIN	(7) TIMOTHY J COSGROVE	1.00											
DIRECTOR			Х						0.	0.	0.		
Column	(8) NATALIE J EPSTEIN	1.00											
DIRECTOR   X	DIRECTOR		X						0.	0.	0.		
The content of the	(9) G WILLIAM EVARTS	1.00											
DIRECTOR   X			Х						0.	0.	0.		
Column	(10) OLIVER HENKEL	1.00											
DIRECTOR	DIRECTOR		Х						0.	0.	0.		
Columbia	1.00												
BOARD CHAIR			X						0.	0.	0.		
Column		10.00								_			
DIRECTOR   X			X		X				0.	0.	0.		
Column		1.00							_				
DIRECTOR   X   0. 0. 0.			X						0.	0.	0.		
Column		1.00							_				
DIRECTOR   X   0. 0. 0.   0.			Х						0.	0.	0.		
(16) PETER RUBIN         1.00           DIRECTOR         X         0.         0.         0.           (17) JOSEPH M SHAFRAN         1.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.	·	1.00							_	_	_		
DIRECTOR         X         0.         0.         0.           (17) JOSEPH M SHAFRAN         1.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.			Х						0.	0.	0.		
(17) JOSEPH M SHAFRAN		1.00							_		•		
DIRECTOR X 0. 0.			X						0.	0.	0.		
	· · · · · · · · · · · · · · · · · · ·	1.00	_						_		^		
	DIRECTOR		X						0.				

332007 10-29-13

Form 990 (2013) FOUNDATI	ON								34-13:	16665 Page
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per week	Average (do not che box, unless				h than	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations
(18) RONALD M BERKMAN DIRECTOR	1.00	х						0.	696,088	3. 233,189
(19) C ELLEN CONNALLY DIRECTOR	1.00	х						0.	(	0.
(20) MATTHEW DOLAN DIRECTOR	1.00	Х						0.		0.
(21) DIANE M DOWNING DIRECTOR	1.00	х						0.	(	0. 0
(22) SALLY FLORKIEWICZ DIRECTOR	1.00	Х						6.	7	0. 0
(23) MYLES GALLAGHER DIRECTOR	1.00	Х								0. 0
(24) DEREK GREEN DIRECTOR	1.00	X						0.		0. 0
(25) MATTHEW K HLAVIN DIRECTOR	1.00	Х			**********			0.	*********	). 0
(26) THOMAS E HOPKINS DIRECTOR	1.00	X				×		0.		0. 0
1b Sub-total						J	<b>&gt;</b>	0.	790,573	3. 264,841
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)						 	<u>&gt;</u>	0.	208,197 998,770	
<ul> <li>Total number of individuals (including but necompensation from the organization</li> </ul>	ot limited to th	iose	liste	d ab	oove	e) wł	no re	eceived more than \$100	,000 of reportable	İ
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s		ustee						nighest compensated e		Yes No
4 For any individual listed on line 1a, is the standard related organizations greater than \$150	0,000? If "Yes,	" cor	nple	te S	che	edule	J fo	or such individual		. 4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," communication B. Independent Contractors										. 5 X
Complete this table for your five highest co										ensation from
the organization. Report compensation for (A)  Name and business		ear e			um c	or w	lunin	the organization's tax y (B) Description of s		(C) Compensation
Traine and pusiness		110	)IV E	1				Description of s	CIVICES	Compensation
						·····		44-74-4-1		
						<del></del>				
2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organiza	_	ot lin	nitec	to t	thos		sted	above) who received m	ore than	
SEE PART VII, SECTION	I A CONT	IN	ΙUΑ	ΤI	_	-	HE	CETS	Sim	Form <b>990</b> (2013

Form 990 FOUNDATI	LOIN								34-131	0005
Part VII Section A. Officers, Directors, To	rustees, Key E	mple	oyee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ė		((				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per		<u> </u>					from	from related	other
	week					oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	ord	ae			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	institutional trustee		yee	Highest compensated employee				organizations
	below	dual	ution	<u></u>	Key employee	sst co	ia.			
	line)	Indiv	Instit	Officer	Key e	High	Former			
(27) LINDA KANE	1.00									
TREASURER		X		Х				0.	0.	0.
(28) BRACY LEWIS	1.00									_
DIRECTOR		X						0.	0.	0.
(29) DAVID PETRO	1.00									
DIRECTOR		Х						0.	0.	0.
(30) THOMAS PIRAINO JR	1.00									
DIRECTOR		Х						0.	0.	0.
(31) ROBERT H RAWSON JR	1.00	ļ							) )	•
DIRECTOR	1 00	Х							0.	0.
(32) ENID B ROSENBERG	1.00	٠,		7.				0.	0.	0.
VICE CHAIR	1 00	Х	_	Х				0.	U •	<u> </u>
(33) TEJBIR SIDHU	1.00	Х						0.	0.	0.
DIRECTOR	1.00	<u> </u>	-					0.	0.	
(34) P KELLY TOMPKINS	1.00	X						<b>D</b> 0.	0.	0.
DIRECTOR (35) JEFFERY J WEAVER	1.00	1-				X		0.	<b>U</b> •	<u> </u>
DIRECTOR	1.00	X				1		0.	0.	0.
(36) JOHN BOYLE	1.00	12			X					
DIRECTOR	1.00	X	5					0.	0.	0.
(37) KENNETH P. JAYJACK	1.00			7						
DIRECTOR		X	0					0.	0.	0.
(38) LEN KOMOROSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(39) JOHN J. MATEJKA	1.00								:	
DIRECTOR		X						0.	0.	0.
(40) TERRY L. SILVER	1.00									
DIRECTOR		Х						0.	0.	0.
(41) RADHIKA REDDY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(42) ELLEN STIRN MAVEC	1.00							_		_
DIRECTOR	1.000	X						0.	0.	0.
(43) BERINTHIA R. LEVINE	10.00	1							000 105	60 746
EXECUTIVE DIRECTOR		<u> </u>		Х				0.	208,197.	69,746.
		-								
		1								
			$\vdash$							
		1								
	ı	1	, ,					1	•	
	1	<u> </u>	L							

Page 9

### 34-1316665

CLEVELAND STATE UNIVERSITY

FOUNDATION Form 990 (2013) Part VIII Statement of Revenue

		Cneck if Schedule O cont	ams a response	e of note to any in	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b		]			
S, G	С	Fundraising events		953,750.				
ar,		Related organizations			]			
ï,	е	Government grants (contribut	ions) 1e					
tion r S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve <b>1f</b>	17,549,315.				
d Off	g	Noncash contributions included in lines	1a-1f: \$	5,458,994.				
<u>රි සි</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	18,503,065.			
				Business Code				
ဗ္ဗ	2 a	1						
ervi Ie	b						# 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	
Program Service Revenue	C	:				1		
ran 3ev	d							
og T	е						J	
Δ.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	•	•				
		other similar amounts)			1,310,824.			1,310,824.
	4	Income from investment of tax	x-exempt bond	proceeds				
	5	Royalties			<b>•</b> (•)		4424888810000000000000000000000000000000	
			(i) Real	(ii) Personal				
		Gross rents	84,000		C			
		Less: rental expenses	70,387		5 Y			
	i	Rental income or (loss)	13,613	·	<b>(</b>	12 612		
		· · ·			13,613.	13,613.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	18,310,271					
	b	Less: cost or other basis	17,089,590					
		and sales expenses	1,220,681					
		Gain or (loss)			1,220,681.			1,220,681.
		Net gain or (loss)			1,220,001.			1,220,001.
Other Revenue	8 a	Gross income from fundraising including \$ 953	g events (not , <b>7</b> 50 <b>.</b> of					
, Ke		contributions reported on line						
ag		Part IV, line 18		54,250.				
her	h	Less: direct expenses	a	70,771.				
δ		Net income or (loss) from fund		,	<16,521.			<16,521.
		Gross income from gaming ac	-		, , , , , , , , , , , , , , , , , , , ,			
	Ja	Part IV, line 19		.]				
	h	Less: direct expenses		1				
		Net income or (loss) from gam		` <b></b>				
		Gross sales of inventory, less	-					
		and allowances		.				
	b		b					
		Net income or (loss) from sales		<b></b>		ASSESSMENT OF THE PROPERTY OF THE PARTY OF THE PARTY.		
		Miscellaneous Revenue		Business Code				
1	11 a			900099	30,412.	30,412.		<ul> <li>""" with with a military factor to p is also page 1 mg 2 mg 3</li> </ul>
	b							
	c	Mark to the same						
		All other revenue						
			•					
	12	Total revenue. See instructions.			21,062,074.	44,025.	0.	2,514,984.
33200 10-29-	9 -13							Form <b>990</b> (2013)

10

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundráising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 13,368,556. 13,368,556. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 11 Fees for services (non-employees): Management 7,897. 6,099. 1,798. b Legal 23,503. 18,151. 5,352. С Accounting Professional fundraising services. See Part IV, line 17 78,754. 275. 17,870. 60,609. Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 208 91,159. 90,587. 26,708. column (A) amount, list line 11g expenses on Sch O.) 24,392. 286,551 179,430. 82,729. Advertising and promotion 12 .807. 3,637. 131. 39. Office expenses ..... 13 272. 532. 201. 59. 14 Information technology 15 Royalties 2,815 2,815. Occupancy 16 172,090. 170,544. 1,194. 352. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 109,097. 115,730. 5,123. 1,510. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization 22 23 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.) 13,750. 349,012. 40,892. PERSONNEL COSTS 403,654. SUPPLIES 160,275. 159,530. 575. 170. FUNDRAISING SUPPORT 31,283. 30,816. 361. 106. 29,753. 22,978. 6.775. BANK CHARGES 61,241. 59,739. 1,159. 343. e All other expenses 14,954,895. 14,189,620. 638,909. Total functional expenses. Add lines 1 through 24e 126,366. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

### CLEVELAND STATE UNIVERSITY FOUNDATION

Form 990 (2013)
Part X Balance Sheet

Part	. ^	balance Sneet		
		Check if Schedule O contains a response or note to any line in this Part X	1	<u> </u>
			(A)	(B)
			Beginning of year	End of year
	1	Cash · non-interest-bearing	110 000	857,905.
- 1	2	Savings and temporary cash investments		5,003,194.
	3	Pledges and grants receivable, net		15,590,433.
	4	Accounts receivable, net	729,457. 4	428,496.
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete		
	_	Part II of Schedule L	5	
	6	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	3	
.		employers and sponsoring organizations of section 501(c)(9) voluntary		
Assets	-,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		1,501,180.
Ass	7	Notes and loans receivable, net		1,301,100.
	8	Inventories for sale or use	A .	-
	9	Prepaid expenses and deferred charges	Same and the same and the same and the same and the same and the same and the same and the same and the same a	
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
	b	Less: accumulated depreciation 10b 106,065	954,519. 10c	932 825.
	11	Less: accumulated depreciation 106 106,065 Investments - publicly traded securities		932,825. 64,464,311.
1		Investments - other securities. See Part IV, line 11		01,101,311.
		Investments - order securities. See Part IV, line 11	13	
		Intangible assets	14	
1	15	Other assets. See Part IV, line 11	3,286,666. 15	8,855,184.
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	78,162,879. 16	97,633,528.
———		Accounts payable and accrued expenses	44,628. 17	52,208.
- 1	18	Grants payable	18	
.	19	Grants payable Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
1		Escrow or custodial account liability. Complete Part IV of Schedule D	21	
S 2		Loans and other payables to current and former officers, directors, trustees,		
ΞĚ		key employees, highest compensated employees, and disqualified persons.		
Liabilities		Complete Part II of Schedule L	22	
ے <sub>  2</sub>	23	Secured mortgages and notes payable to unrelated third parties	644,747. 23	604,751.
2	24	Unsecured notes and loans payable to unrelated third parties	24	
2	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X of		
		Schedule D	5,616,202. 25	11,598,064.
2		Total liabilities. Add lines 17 through 25	6,305,577. 26	12,255,023.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
ses		complete lines 27 through 29, and lines 33 and 34.	1 202 255	4 450 050
a 2		Unrestricted net assets	<1,303,865.>27	<1,178,972.>
Bal		Temporarily restricted net assets	30,045,079. 28	36,080,894.
pu 2		Permanently restricted net assets	43,116,088. 29	50,476,583.
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here		
SO		and complete lines 30 through 34.		
<b>%</b>		Capital stock or trust principal, or current funds	30	
As 3		Paid-in or capital surplus, or land, building, or equipment fund	31	
F   S		Retained earnings, endowment, accumulated income, or other funds	71,857,302. 33	Q5 270 ENE
3		Total net assets or fund balances		85,378,505. 97,633,528.
3	34	Total liabilities and net assets/fund balances	78,162,879. 34	Form <b>990</b> (2013)

Form	n 990 (2013) FOUNDATION	34-	-1316665	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,062		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,95		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,85		
5	Net unrealized gains (losses) on investments	5	7,84	/ <b>,</b> 8:	11.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<433	3,78	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	85,378	3,5	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	00000000000000000000000000000000000000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		ECOCOTOCH POLICE		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Au	dit		
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit		
	or audite, explain why in Schedule O and describe any stans taken to undergo such audits		3h	- 1	

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

CLEVELAND STATE UNIVERSITY

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

OMB No. 1545-0047

Inspection

Employer identification number

		Ū	FOUNDAT	TION						3	4-1316	66	5
Part		Reason	for Public Char	r <b>ity Status</b> (All organiz	zations mu	ıst comple	te this par	t.) See ins	tructions.				
The or	gani	zation is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	oox.)					
1 _		A church, co	nvention of churche	es, or association of chur	rches desc	cribed in <b>se</b>	ection 170	)(b)(1)(A)(i	).				
2 _		A school des	scribed in <b>section 1</b> 7	<b>70(b)(1)(A)(ii).</b> (Attach Sc	chedule E.)	)							
3 💆		A hospital or	a cooperative hosp	ital service organization	described	in <b>section</b>	170(b)(1)	(A)(iii).					
4		A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(ii	i <b>i).</b> Enter	the hospita	l's na	me,
		city, and stat											
5 💄	X	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental uni	it describ	oed in		
		section 170	<b>)(b)(1)(A)(iv).</b> (Compl	ete Part II.)									
6 📙	4	· ·		nent or governmental uni									
7 L		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
			(b)(1)(A)(vi). (Comple	,					_\				
8 <u> </u>		•		section 170(b)(1)(A)(vi).					1				
9 ∟				ceives: (1) more than 33									
				nctions - subject to certa					, ,				
				axable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired t	y the orga	ınızatıon	after June	30, 19	9/5.
	$\neg$		509(a)(2). (Complete					- F00/- V	41				
10	_	-	-	perated exclusively to te	•	-						af an.	
11 ∟				perated exclusively for the ations described in sections.									
				ations described in secti organization and compl				2). See <b>Se</b> (	Jeoc nonc	a)(3). On	eck the box	i li lat	
		a Type				nctionally			avT 🔲 <b>t</b>	e III - No	n-functional	lly into	earated
e 🗆		, ,		at the organization is not					, ,			•	•
•				than one or more public									
f				tten determination from						(4)(7) 4.		- (/(/	,-
		_	rganization, check tl			·- · · · · · · · · · · · · · · · ·	1 - 7 - 71 -	, , , , , , , , , , , , , , , , , , , ,					
g			•	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing pers	sons?			
-				directly controls, either a							',	Yes	No
				upported organization?									
		(ii) A family	member of a perso	n described in (i) above?	·	,,,					11g(ii)		
		(iii) A 35%	controlled entity of a	a person described in (i)	or (ii) abov	e?					11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
					_		·						
(i) Na	ame (	of supported	(ii) EM	(iii) Type of organization		organization		u notify the	(vi) Is organizațio	the on in col.	(vii) Amoun	t of m	onetary
	orga	nization		(described on lines 1-9 above or IRC section		sted in your document?		r support?	l (i) organiz	ed in the	sup	port	
				(see instructions))					U.S				
					Yes	No	Yes	No	Yes	No			
					<u> </u>								
					<u> </u>								
·····													
								35 - 30 - 31					
Total								200 (190 %)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,718,879.	11,695,550.	8,123,150.	7,127,932.	18,503,065.	52,168,576.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,718,879.	11,695,550.	8,123,150.	7,127,932.	18,503,065.	52,168,576.
5	The portion of total contributions						
	by each person (other than a			0.00			
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the				( )	)	
	amount shown on line 11,				$\Delta \Omega X$		
	column (f)			1	$\sim$ $\sim$		10,471,390.
6	Public support. Subtract line 5 from line 4.						41,697,186.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	6,718,879.	11,695,550.	8,123,150.	7,127,932.	18,503,065.	52,168,576.
8	Gross income from interest,			X			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	971,933.	584,067.	1,511,574.	1,809,838.	1,310,824.	6,188,236.
9	Net income from unrelated business						
	activities, whether or not the		Cax				
	business is regularly carried on		7),				
10	Other income. Do not include gain						
	or loss from the sale of capital		•				
	assets (Explain in Part IV.)	+. C1					
11	Total support. Add lines 7 through 10						58,356,812.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	285,041.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	71.45 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	82.33 %
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box or	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - <b>2013.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2012.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>▶</b> □
					Sche	dule A (Form 990	or 990-EZ) 2013

## Schedule A (Form 990 or 990 EZ) 2013 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	<u> </u>					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3							
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
=	The value of services or facilities						
5						*	
	furnished by a governmental unit to the organization without charge						
_	•				$\sim$ $()$		
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	) 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			7/			
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			<u> </u>			
	ction B. Total Support		V	)	T	·	······
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6		Cax				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		Y				
b	Unrelated business taxable income	.*.()					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organ	nization,
	check this box and stop here	ŭ		•	•	( / ( / )	· . —
Sec	ction C. Computation of Publ						
	Public support percentage for 2013 (I			column (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inves					I	
	Investment income percentage for 20		<del>-</del>	ne 13. column (fl)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2013. If the					L	
	more than 33 1/3%, check this box as						
h	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						. 🗀
	22 00 25 12	ala not oncon a	~~ ~ · · · · · · · · · · · · · · · · ·	., o. 100, 01100K ti			900 or 990-EZ) 2011

332023 09-25-13

### CLEVELAND STATE UNIVERSITY

art IV	(Form 990 or 990-EZ) 2013 FOONDATION	1310005 Pag
100000000000000000000000000000000000000	(Form 990 or 990-EZ) 2013 FOUNDATION 54 - Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an	d Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		——————————————————————————————————————
	•	
	7.9	
	~ ·	

### **SCHEDULE D**

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

CLEVELAND STATE UNIVERSITY Name of the organization

FOUNDATION

Employer identification number 34-1316665

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's ex	=	
6	Did the organization inform all grantees, donors, and donor adv		
-	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or edi		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		)
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	. ()	2a
b			0.
С	Number of conservation easements on a certified historic struc		
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of A		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
			• \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

1	ŦC	IJ	N	D	Α	T	Т	O	N

Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	er Similar Ass	ets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant use of it	s collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	L Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purpose in P	art XIII.
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		Yes No
Par	TIV Escrow and Custodial Arran	•	ete if the organizatio	n answered "Yes" to	Form 990, Part IV	, line 9, or
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·				
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included	
	on Form 990, Part X?				L	Yes       No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		<del></del>	
						Amount
С	Beginning balance				1c	
d	Additions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1d	
е	Distributions during the year					
f	Ending balance				1f	
	Did the organization include an amount on Fe				<b>)</b> L	Yes        No
	If "Yes," explain the arrangement in Part XIII.					
Pai	t V Endowment Funds. Complete i					
		(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back
1a	Beginning of year balance	55,899,618.	50,464,498.	50,764,152.	38,128,795	
b	Contributions	3,013,921.	1,438,818.	1,275,880.	4,113,234	
С	Net investment earnings, gains, and losses	10,319,972.	7,316,448.	<740,114.		
d	Grants or scholarships	2,507,437.	1,532,137.	425,982.	1,454,489	1,394,965.
е	Other expenditures for facilities					
	and programs		1,319,393.	400 400	250 004	262 260
f	Administrative expenses	520,963.	468,616.	409,438.	359,994	
g	End of year balance	66,205,111	55,899,618.	50,464,498.	49,246,515	. 38,128,765.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	i)) held as:		
а	Board designated or quasi-endowment	. 24	_%			
	Permanent endowment ► 59.72	<del>%</del>				
С	Temporarily restricted endowment ▶ 4					
	The percentages in lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organization	IV. In
	by:	•				Yes No
	(i) unrelated organizations					3a(i) X 3a(ii) X
	(ii) related organizations					
	If "Yes" to 3a(ii), are the related organizations					3b
4	Describe in Part XIII the intended uses of the		wment tunas.			
га			Doubly line 11a C	as Form OOO Port V	line 10	
	Complete if the organization answered				1	(al) De els velve
	Description of property	(a) Cost or of basis (investre	1	, , ,	ccumulated preciation	(d) Book value
	1	`	Dasis (	outer) de	production	
	Land	4 000	Ran I		106,065.	932,825.
	Buildings	• • • • • • • • • • • • • • • • • • • •	0.50.		100,000.	332,023
	Leasehold improvements					
	Equipment					Links and the second se
	Other		Y column (P) line 1	0(a) )		932,825.
rotal	. Aud lines Ta through Te. (Column (a) must e	quai roiiii 990, Part	A, COIGITIT (D), IIITE T	U(U)./	Schodu	le D (Form 990) 2013

F	'O	U	N		Α	$\mathbf{T}$	Ι	0	N	Į
---	----	---	---	--	---	--------------	---	---	---	---

Part VII Investments - Other Securities.	to Form 000 Port IV lin	a 11h Can Form 000 Bort V line 12	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-vear market value
	(b) Book value	(c) Method of Valdation. Cost of	r end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			The state of the s
(2)		()	
(3)			
(4)			
(5)			
(6)	······································		
(7)			
(1)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990 Part IV lin	e 11d See Form 990 Part X line 15	
	Description	e Tra. Gee Form 550, Fart X, line 15.	(b) Book value
	THERS		8,855,184
\``7	THEIVE	900 Marian	0,000,104
(2)	<del></del>		
(3)			
(4)			
(5)	)	www.maio	
(6)			
(7)			
(8)			
(9)			0.055.104
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		8,855,184
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	e 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO AFFILIATES		2,580,949.	
(3) ANNUITIES PAYABLE		161,931.	
	THERS	8,855,184.	
(5)			
(6)			
(7)			
(8)			
(9)			
(a)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	11,598,064.	
		to the organization's financial stateme	

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 X

Schedule D (Form 990) 2013

FOUNDATION

Schedule D (Form 990) 2013 FOUNDATION			1316665 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue per F	Returi	٦.
Complete if the organization answered "Yes" to Form 990, Part IV, I	ine 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	28,620,799.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a 7,847,811.		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	1 - 1 70 771	7	
e Add lines 2a through 2d		2e	7,918,582.
3 Subtract line 2e from line 1		3	20,702,217.
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.)	250 057		
c Add lines <b>4a</b> and <b>4b</b>		4c	359,857.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	21,062,074.
Part XII Reconciliation of Expenses per Audited Financial S		Retu	rn.
Complete if the organization answered "Yes" to Form 990, Part IV, I			
Total expenses and losses per audited financial statements		1	15,099,596.
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		1	
c Other losses			
d Other (Describe in Part XIII.)		1	
e Add lines 2a through 2d		2e	144,702.
3 Subtract line 2e from line 1		3	14,954,894.
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.)		1 1	
	30	4c	0.
<ul> <li>Add lines 4a and 4b</li> <li>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I) line</li> </ul>	18)	5	14,954,894.
Part XIII Supplemental Information.		1 0	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 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		i, i air	71, 1110 Z, 1 G1 C 711,
nines 20 and 4b, and 1 art XII, lines 20 and 4b. Also complete this bart to provide	arry additional information.		
PART V, LINE 4:			
			· · · · · · · · · · · · · · · · · · ·
EXPLANATION: THE ENDOWMENT ASSETS ARE US	ED TO FUND SCHOLARSH	IIPS	FOR
EMI BRITISH THE ENDOWNER OF THE OF			
STUDENTS AT CLEVELAND STATE UNIVERSITY A	ND FOR OTHER GENERAL	, PU	RPOSES OF
THE UNIVERSITY.			
PART X, LINE 2:			
	144		
EXPLANATION: THE FOUNDATION IS A NOT-FOR	-PROFIT ORGANIZATION	I AS	DESCRIBED
EMINIMITION: THE TOUGHTTON IS IT NOT TON	THOTEL ORGINIZATION		
IN SECTION 501(C)(3) OF THE INTERNAL REV	ENUE CODE AND IS EXE	тчм	FROM
THE BESTION SOLVE, (3) OF THE INTERIORE REP	<u> </u>		111011
FEDERAL INCOME TAXES ON RELATED INCOME P	URSUANT TO SECTION 5	01 (	A) OF THE
TEDERAL INCOME TAXED ON RELIGIOUS INCOME I			.1, 01 11111
CODE.			
<b>○○→</b>			
			LUNGWOWN,
UNCERTAIN INCOME TAX POSITIONS ARE EVALU	ATED AT LEAST ANNUAL	LY I	ВҮ
Carolina and Comment of the Comment			

Part XIII Supplemental Information (continued)
MANAGEMENT. THE FOUNDATION CLASSIFIES INTEREST AND PENALTIES RELATED TO
INCOME TAX MATTERS AS INCOME TAX EXPENSE IN THE ACCOMPANYING FINANCIAL
STATEMENTS. AS OF JUNE 30, 2014, THE FOUNDATION HAS IDENTIFIED NO
UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX
PENALTIES AND INTEREST FOR THE YEAR THEN ENDED.
THE FOUNDATION FILES ITS FEDERAL FORM 990 IN THE U.S. FEDERAL JURISDICTION
AND AN ONLINE CHARITABLE REGISTRATION IN THE OFFICE OF THE STATE'S
ATTORNEY GENERAL FOR THE STATE OF OHIO. THE ORGANIZATION IS GENERALLY NO
LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL
YEARS BEFORE 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 70,771.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS 359,857.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 70,771.
CHANGE IN CHARITABLE GIFT ANNUITIES 73,931.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 144,702.

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

2013

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

CLEVELAND STATE UNIVERSITY

Employer identification number

FOUNDATION 34-1316665 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations  $oxedsymbol{oxed}$  Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events 2 a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipte to (or retained by) fundraiser (ii) Activity to (or retained by) organization have custody or control of or entity (fundraiser) from activity contributions' listed in col. (i) Yes No 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13 Schedule G (Form 990 or 990-EZ) 2013 FOUNDATION 34-1316665 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DADTANGE		NONE	(add col. (a) through
			RADIANCE (event type)	(event type)	(total number)	col. <b>(c)</b> )
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,008,000.			1,008,000.
	2	Less: Contributions	953,750.			953,750.
	3	Gross income (line 1 minus line 2)	54,250.			54,250.
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	***************************************			
irect E	7	Food and beverages	44,142.		0,	44,142.
	8	Entertainment				
	9	Other direct expenses	26,629.		)	26,629.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b>&gt;</b>	70,771.
N 70 22		Net income summary. Subtract line 10 from li		200 7	<b>&gt;</b>	<16,521.>
Pe	ırt	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, lime 19, or r	eported more than	
		\$13,000 Off Form 990-E2, line oa.		(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
anua			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue	200	)		
s	2	Cash prizes	254			
esued		Noncash prizes				
Direct Expenses	4	Rent/facility costs	J			
Ö	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)	,,,,,	<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
_		tooling the Art (Alberta III) in the second state of the second st				
а	ls t	ter the state(s) in which the organization operat he organization licensed to operate gaming ac	· · ·	tates?		Yes No
b	If "	No," explain:				
10a	— We	ore any of the organization's gaming licenses re	voked, suspended or ter	minated during the tax y	rear?	Yes No
b	If "	Yes," explain:				
33208	2 00	3-12-13			Schedule G (For	rm 990 or 990-EZ) 2013

### CLEVELAND STATE UNIVERSITY

Sch	nedule G (Form 990 or 990-EZ) 2013 FOUNDATION 34-	1316	5665	Page 3
11	Does the organization operate gaming activities with nonmembers?	. L	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
	Indicate the percentage of gaming activity operated in:			
ŧ	The organization's facility	. 13a		%
14	o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
144	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	old "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:			
а	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 > \$			
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lines 9,	9b, 10	o, 15b,
	700, 10, and 170, as applicable. 7100 complete this part to provide any additional information (see instructions).			
			<del></del>	
		······································		
				····
33208	3 09-12-13 Schedule G (For	n 990 c	r 990-l	-Z) 2013

# SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

OMB No. 1545-0047	2013	Open to Public Inspection

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

2 Employer identification number Š 34-1316665 TO ENCOURAGE AND DEVELOP READING SKILLS IN THE OCAL PUBLIC SCHOOLS. (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ENERAL 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 (g) Description of non-cash assistance PURCHASES, **SQUIPMENT** SOOK AND (f) Method of valuation (book, FMV, appraisal, other) 204,118.COST 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. duplicated if additional space is needed. 3,164,438 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 170(B)(1)(A)(VI) 170(B)(1)(A)(V) c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. applicable CLEVELAND STATE UNIVERSITY Enter total number of other organizations listed in the line 1 table recipient that received more than \$5,000. Part II can be 34-0966056 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization CLEVELAND METROPOLITAN SCHOOL DISTRICT - 1111 SUPERIOR AVE CLEVELAND STATE UNIVERSITY or government Name of the organization CLEVELAND, OH 44115 CLEVELAND, OH 44114 2121 EUCLID AVENUE Department of the Treasury Internal Revenue Service Parti Part

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

34-1316665 CLEVELAND STATE UNIVERSITY

(Form 990) (2013) FOUNDATION

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

(f) Description of non-cash assistance												The state of the s		Schedule I (Form 990) (2013)
(e) Method of valuation (book, FMV, appraisal, other)					I and any other additional information.		FOUNDATION AND	GRANT	.TTY.	<b>\</b>				
(d) Amount of non- cash assistance				X			THE	ASSURED THAT ITS	THE UNIVERSITY					
(c) Amount of cash grant		,	105	Sec	I ne 2, Part III, column		ON BETWEEN	IS	OF		T T T T T T T T T T T T T T T T T T T			31
(b) Number of recipients		Olic			uired in Part I, li		CONNECTION	FOUNDATION	ONAL MIS				1444	
(a) Type of grant or assistance	8				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (5)	PART I, LINE 2:	EXPLANATION: BECAUSE OF THE CLOSE	CLEVELAND STATE UNIVERSITY, THE FO	FUNDS ARE SPENT TO FURTHER EDUCATIONAL MISSIONS					332102 10-29-13

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

2013

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

CLEVELAND STATE UNIVERSITY

Empl
FOUNDATION

Employer identification number 34-1316665

**Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment?  $\overline{\mathbf{x}}$ b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? **b** Any related organization? ...... If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2013

# CLEVELAND STATE UNIVERSITY

FOUNDATION

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

34-1316665

Page 2

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

		(B) Breakdown of W.	2 and/or 1099-MI8	-2 and/or 1099-MISC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(j)(B)	
(1) RONALD M BERKMAN	(E)	0	0	0	0	0	0	0
DIRECTOR	Ξ	588,588.	107,500.	0	0	233,189.	929,27	
(2) BERINTHIA R. LEVINE	(i)	0	0	0	The state of the s	0	·l	
EXECUTIVE DIRECTOR	(ii)	208,197.	0	0	0	69,746.	277,94	
	(i)							
THE PROPERTY OF THE PROPERTY O	(ii)							
	Ξ							
	(ii)							
	(i)							
The state of the s	(ii)		9					
	(i)							
	(E)			2				
	Ξ			5				
	(ii)							
	(i)							
	(ii)				7/			
	Ξ							
PARTICLE AND ADDRESS OF THE PA	(ii)							
	(i)				( )			
THE TAXABLE AND THE TAXABLE AN	(ii)				5			
	Ξ							
	<u>(ii)</u>					1		
	Ξ							
THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR	(ii)				•			T THINK I BOOK AND A
	Ξ							
The state of the s	( <u>ii</u> )							
	Ξ						The second district of the second district of	**************************************
	(ii)						The second secon	
	Ξ							
	( <u>ii</u> )							All Address of the Control of the Co
	Ξ							
	≘							
332112 09-13-13				33			Schedu	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013	FOUNDATION 34-1316665 P
Part III Supplemental Informat	tion
Provide the information, explanation, or descriptions required for	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

	Q	3								Schedule J (Form 990) 2013

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

FOUNDATION

Employer identification number CLEVELAND STATE UNIVERSITY

34-1316665 Types of Property Part I (a) (b) (d) (c) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g X 1,790. FAIR MARKET VALUE Art - Works of art 3 Art - Historical treasures Art - Fractional interests X 100. Books and publications FAIR MARKET VALUE 4 1,000. FAIR MARKET VALUE Clothing and household goods 5 Cars and other vehicles \_\_\_\_\_ 6 7 Boats and planes Intellectual property 8 X 5,441,539 SELLING PRICE 9 Securities - Publicly traded ..... Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts ( LEARNING TOOL 14,565. FAIR MARKET VALUE 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Χ 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2013)

describe in Part II.

Schedule M (Form 990) (2013)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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.

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number** 

34-1316665

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 CLEVELAND STATE UNIVERSITY Name of the organization

FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMS TO PROVIDE SUPPORT AND SERVICES TO CLEVELAND STATE UNIVERSITY.

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

EXPLANATION: FORM 990 IS REVIEWED BY THE ASSISTANT TREASURER OF THE CLEVELAND STATE UNIVERSITY FOUNDATION AND THE AUDIT AND FINANCE COMMITTEES OF THE BOARD OF DIRECTORS WITH THE ASSISTANCE OF THE OUTSIDE PUBLIC ACCOUNTING FIRM. THE 990 IS EMAILED TO THE ENTIRE BOARD PRIOR TO FILING.

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

EXPLANATION: THE FOUNDATION'S BOARD MEMBERS AND OFFICERS ARE REQUIRED TO COMPLETE CONFLICT STATEMENTS ANNUALLY AND UPDATE THEM DURING THE YEAR AS THE BOARD'S AUDIT COMMITTEE REVIEWS THESE STATEMENTS FOR THE NEED ARISES. WHEN A CONFLICT ARISES, POTENTIAL CONFLICTS. THE PERSON IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OF THE TRANSACTION OR TO VOTE ON THE PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT MATTER. MAKE THE DECISION ABOUT THE TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REOUEST. THE FINANCIAL STATEMENTS ARE ALSO FILED WITH THE AUDITOR OF THE STATE OF OHIO, WHO MAKES THEM AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 13:

EXPLANATION: THE ORGANIZATION FORMALLY ADOPTED A WHISTLEBLOWER POLICY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

# SCHEDULE R (Form 990)

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. ► Attach to Form 990.

2013

►Information about Schedule R (Form 990) and its instructions is at www irs gou/form990. CLEVELAND STATE UNIVERSITY

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

FOUNDATION

Name of the organization

Parti

Department of the Treasury Internal Revenue Service

Employer identification number 34-1316665Open to Public Inspection

Schedule R (Form 990) 2013 (g) Section 512(b)(13) ŝ controlled entity? Direct controlling Yes × entity 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. Direct controlling End-of-year assets **e** status (if section Public charity 501(c)(3)) e Total income Exempt Code section ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) OHIO Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. EDUCATION - 34-0966056 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity CLEVELAND STATE UNIVERSITY OH 44115 2121 EUCLID AVENUE CLEVELAND, PartII

CLEVELAND STATE UNIVERSITY

FOUNDATION

Schedule R (Form 990) 2013

Page 2

34-1316665

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? e organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related 3 Percentage ownership 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. Yes No 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **(e)** Share of total income t controlling entity (related, unrelated, excluded from tax under sections 512-514) ₫ Predominant income Direct <u>e</u> Legal domicile (state or foreign country) Identification of Related Organizations Taxable as a Corporation or Trust Complete Htt organizations treated as a corporation or trust during the tax year. <u>o</u> (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part III Part IV

Schedule R (Form 990) 2013

40

332162 09-12-13

# CLEVELAND STATE UNIVERSITY FOUNDATION

Schedule R (Form 990) 2013

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

Page 3

34-1316665

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more r	elated organizations listec	in Parts II-IV?		3333	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19		×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				2	×	
c Gift, grant, or capital contribution from related organization(s)				ဍ		×
d Loans or loan guarantees to or for related organization(s)				₽		×
e Loans or loan guarantees by related organization(s)				9		×
f Dividends from related organization(s)				<b>‡</b>		×
g Sale of assets to related organization(s)				= =		×
				2 +		×
i Exchange of assets with related organization(s)				≣ ;		1 >
i lease of facilities equinment or other assets to related organization				=];		4  >
Lease of racinities, equipment, of onier assets to related organizations.				-		∢
k Lease of facilities, equipment, or other assets from related organization(s)	•			*		×
ated	organization(s)			=	×	
_	anization(s)			ع =	+	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	×	
o Sharing of paid employees with related organization(s)	S			2		×
n Reimbursement naid to related organization(s) for exnenses	S				Þ	
	3			2 2	4	×
r Other transfer of cash or property to related organization(s)		Š		+		×
s Other transfer of cash or property from related organization(s)				\$		×
2 If the answer to any of the above is "Yes," see the instructions for information on	information on who must complete this line, including	nis line, including covered	covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1) CLEVELAND STATE UNIVERSITY	В	12,543,413.	ACTUAL			
(2) CLEVELAND STATE UNIVERSITY	Д	403,654.	ACTUAL			
(3)						
(4)	72 72 A TOTAL TOTA	- 1				
(5)						
(9)						
332163 09-12-13	41		Schedule R (Form 990) 2013	B (Form	990) 2	2013

34-1316665

Page 4

# CLEVELAND STATE UNIVERSITY

FOUNDATION

Schedule R (Form 990) 2013

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.

Jiic Rection	Disproportionate amount in box 20 managing allocations? of Schedule K-1 partner? O Yes No (Form 1065) Yes No	Managing ownership ownership Ves No

332164 09-12-13

Schedule R (Form 990) 2013

Scheduler II from 990 2013 FOUNDATION 34-1316655 Page 5 Part VII. Supplemental Information Provide additional information for responses to questions on Schedule R (see Instructions).	Schedule R (F	Form 990) 2013	FOUNDATION		34-1316665 Page 5
Provide additional information for responses to questions on Schedule R (see instructions).  COPY  COP	Part VII	Supplemental Infor	mation		
COPY Public Inspection	<u>,                                     </u>	Provide additional inform	ation for responses to que	estions on Schedule R (see instructions).	
COPY  Public Inspection		••			
COPY  Public Pecition  Public Periods  Public					
COPY Public Inspection					
Pudic					
COPY  RUDIC PUBLIC PROPERTY OF THE PROPERTY OF					
Public Pu					
Public Median					
COPY  Public Inspection  Public Inspection		***************************************			
Public Policy Copy					
COPY Public Public Publ					
Public Recition Public Recition Public Recition Public Recition Public Recition Public Recition Public Recition Public Recition Recition Public Recition Public Recition Public Recition Recitio					
COPY Public Inspection			9.00000.0		
Public Pu					
Copy Qubic Qubic					
Public Market Color					
Public Mage Cition Public Mage C					
Public Pu				$\sim$	
Public Pu					
Public Pu				<u> </u>	
Public Inspection					
Public Pu					
Public Pu					
Public Pu	,			•	
Public Pu				*/O	
Public Pu					
Public	-				
Public				~~	
Public Pu					A 2000 MARKANA
Public					
PUDIC -					
			110		- Constanting
			<b>\</b>		
	***************************************			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	manum .				
	<u></u>				
			www.parto		

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

e if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (or page 2 of this form).  Do not complete Part II unites you have already been garted an automatic 9-month ucknession on a previously filed Form 8889.  Electronic filing (Felle, You can electronically file Form 8886) if you need 3 9-month automatic extension of timo to file of 6-months for a corporation required to file Form 900-T), or an additional prior automatic) 3-month automatic extension of timo to file or file from 900-T) or an additional prior automatic) 3-month extension of market you can electronically file Form 8866 to request an extension of timo to file or file from 600-Th or an additional prior to file in form 870, information filetum for Transfers associated with Certain Paresonal Benefit Contracts, which must be sent to the IPS in page format (see instructions). For more details on the electronic filing of this form, with the way for gardetie and clot kind. Plan for Charless & Amproprior.    Part II   Automatic 3-Month Extension of Timo. Only submit original (no copies needed).						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Do not complete Part I unities you have already been grated an automatic 3-month extension on a previously flied Form 8888.  Ilectronic filling 6-filo, You can exident controllarly file 6-filon 8888. I granups and a month and the properties of the Granups and the properties of the Form 890 T) or an additional find automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms 814 of the Transfer Associated With Certain Particular II and the part to Part I with the exception of come 876. Information Return for Transfer Associated With Certain Particular II and the part to Part I with the exception of come 876. Information Return for Transfer Associated With Certain Particular II and the Part					<b>&gt;</b>	X
Electronic filing (e-file). You can electronically file Form 8888 if you need a Smonth surronate extension of time to file (e-file) to consider an extension of time to file any of the forms letted in Part I or Part II with the exception of 15m to 10m settle in Part I or Part II with the exception of 15m to 10m settle in Part I or Part II with the exception of Form 1870, information Return for Transfors Associated With Certain Personal Benefit Contracts, which must be sent to the III Sis paper format (see instructions). For more details on the electronic filing of this form, which wave is gardefile and cloic on - file for Charities 8 Atonprofites.    Part I only						
required to file Form 9801), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8808 to request an extension of time to file any of the form is listed in Part or Part in with the exception of Form 8806. (In Centralists, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, viet working agolieties and click on or file for Chartese & Nonprofits.    Part I						4
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRB in paper fromt (see instructions). For more details on the electronic filing of this form, visit wave is govietifie and click on e-file for Cherities & Neproprists.    Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
Personal Barrett Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, will the wive, regorderile and clicks on a Hope Teach for Characties & Newportins.    Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
Visit wow in spowtellite and click on o-file for Chardies & Notionoffiles.  Part I In Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  A corporation significant in the Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  A corporation significant in the Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  A corporation significant in the Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  A corporation significant in the Form 990-T and requesting an automatic 6-month extension - check this box and complete To the file of the Form 990-T and requesting an automatic 6-month extension or films to file and a separate and automatic 6-month extension or films of the file of the Form 990-T and requesting an automatic 6-month extension or films of the file of the Form 990-T and requesting an automatic 6-month extension or films of the file of the Form 990-T and requesting an automatic 6-month extension or films of the file						
Part II			the ele	ctron	ic filing of this f	orm,
A comporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of films  Type or I only  Ty	\$2000000000000000000000000000000000000		-11\			
## Application  ## Applicatio	100000000000000000000000000000000000000					
As other comporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an axtension of time to file incorner tax returns.  Type or no file or no			mpiete		_	
Type or print reference to returns.    Name of exempt organization or other filer, see instructions.   Shalloyer identification number (EIN) or CLEVELAND STATE UNIVERSITY   Shalloyer identification number (SIN)					of time	
Name of exempt organization or other filer, see instructions.   CLEVELAND STATE UNIVERSITY   34-1316665						hor
CLEVELAND STATE UNIVERSITY FOUNDATION  34-131665    Social security number (SSN)			A			
POUNDATION Number, street, and room or suite no. If a P.O. box, see instructions.  2121 EUCLID AVENUE, NO. UN 501 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CLEVELAND, OH 44115-2214  Enter the Return code for the return that this application is for (file a separate application to each return)  Application Is For Form 990 or Form 990-E Form 990-BL Form 990-BL Form 990-F Form 990-T (see. 401(a) or 408(a) trust)  The books are in the care of ▶ CLEVELAND STATE UNIVERSITY − CLEVELAND, OH 44115-2440  If the organization does not have are office or place of business in the United States, check this box  If the organization does not have are office or place of business in the United States, check this box  If the organization is for Forms 900-F, 990-F, 990-T, 4720, or 6069, enter the return of the conditions of the component of the compon		,	inploye	i idei	itilication nume	ici (Liiv) oi
Number, street, and room or suite no. If a P.O. box, see instructions.  2121 EUCLID AVENUE, NO. UN 501  Application  Appli	print	1	)	3.	1_131666	5
City, town or post office, state, and ZIP code. For a foreign address, see instructions.   CILEVELAND, OH 44115-2214	File by the		Cocial co			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CIEVELAND, OH 44115-2214  Enter the Return code for the return that this application is for (file a separate application to each return)  Application  Applicatio	due date for filing your		ociai si	cum	y Hamber (OON	,
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For  Application Is Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990 PF  Odd  Form	return. See					
Application Is Forr Application Services Applicati	instructions.					
Application Sie Form 990 or Form 990-EZ Form 990-BL Form 990-PF Form 990-PF Form 990-PF Form 990-PF Form 990-T (frust other than above)  OB Form 990-T (frust other th		Chivilitato, on 11113 2211				
Application Is For Is For Is For Is Form 990 or Form 990-EZ O1 Form 990-EZ O1 Form 990-EZ O2 Form 990-EZ O3 Form 990-EZ O4 Form 990-EZ O5 Form 990-EZ O6 Form 990-EZ O6 Form 990-EZ O7 Form 990-EZ O8 Form 990-EZ O8 Form 990-FZ O8 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Form 990-FZ O9 Their than individual) O9 Their than individual) O9 Their than individual individual individ	Enter the	Return code for the return that this application is for (file a separate application for each return)				0 1
Se For Septem 990 or Form 990 FeZ	Littor tho	101/11				
Series	Applicati	ion Al Madication on a				Return
Form 990 or Form 990-EZ Form 990-BL O2 Form 990-BL O3 Form 990-BL O9 Form 8870 O1 It Form 990-T (trust other than above) O6 Form 8870 O1 It Form 990-T (trust other than above) O6 Form 8870 O1 It be organization does not have an office on place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box In If it is for part of the group, check this box In If it is for part of the group, check this box In If it is for part of the group, check this box In It request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015, to file the exempt organization return for the organization named above Is for the organization's return for: In It is the tax year entered in line 1 is for less than 12 months, check reason: In Initial return OGDEN, UT  OGDEN, UT  OGDEN, UT  OGDEN, UT  OGDEN, UT  OGDEN, UT  OGDEN, UT  Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Oa  Caution, If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment structions.  Form 8868 (Rev. 1-2014)		"" 'UNIVERSE I IZAMENIA	-			Code
Form 990-BL Form 990-PF Form 990-PF Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)  JOHN N PETRUS JOHN N PETRUS  Tolephone No. ► (216) 523 - 7240 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension and above is for the organization's return for:  Lacelendar year FEBRUARY 15, 2015 I the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions.  Form 8868 (Rev. 1-2014) For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)		or Form 990-F7 01 Form 990-1 (consection				07
Form 990-PF  Odd Form 8207  10  Form 990-PF  Odd Form 8207  10  Form 990-T (sec. 401(a) or 408(a) trust)  The books are in the care of ► CLEVELAND STATE UNIVERSITY - CLEVELAND, OH 44115-2440  Telephone No. ► (216) 523-7240  Fax No. ►  If the organization does not have an office of place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization for month (6 months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2015, to file the exempt organization return for the organization's return for:  □ calendar year or  □ X tax year beginning JUL 1, 2013, and ending JUN 30, 2014  2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ OGDEN, UT  □ Change in accounting period  3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  • Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  For Privacy Act and Paperwork Reduction Act Notice, see instructions.						08
Form 990-PF Form 990-F   0.4   Form 5227   10 Form 990-T (trust other than above)   0.6   Form 6069   11 Form 990-T (trust other than above)   0.6   Form 8870   12  JOHN N PRTRUS  The books are in the care of ► CLEVELAND STATE UNIVERSITY − CLEVELAND, OH 44115−2440  Telephone No. ► (216)523−7240   Fax No. ►    If the organization does not have an office of place of business in the United States, check this box   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is for the whole group, check this box   If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is for the whole group, check this box   If the organization of the group, check this box   If the organization of the group, check this box   If the organization's return for the organization of time until FEBRUARY 15, 2015   to file the exempt organization return for the organization named above is for the organization's return for:    I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015   to file the exempt organization return for the organization named above is for the organization's return for:    Calendar year						09
Form 990-T (sec. 401(a) or 408(a) trust)  JOHN N PETRUS  The books are in the care of CLEVELAND STATE UNIVERSITY - CLEVELAND, OH 44115-2440  If the organization does not have an office of place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If the organization's return for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2015, to file the exempt organization return for the organization named above is for the organization's return for:    A calendar year						10
JOHN N PETRUS  The books are in the care of ▶ CLEVEIAND STATE UNIVERSITY - CLEVELAND, OH 44115-2440  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8870  12  Form 8870  12  Form 8870  Form 8870  Form 8870  Form 8870  Form 8870  12  Form 8870  Form 8870  12  Form 8870  Form 8870  12  CLEVELAND, OH 44115-2440  Form 8870  Form 8870  12  CLEVELAND, OH 44115-2440  Form 8870  Form 8870  CLEVELAND, OH 44115-2440  Form 8870  Form 8870  Form 8877  CLEVELAND, OH 44115-2440  Form 8870  Form 8877  CLEVELAND, OH 44115-2440  Form 8870  Form 8870  Form 8877  CLEVELAND, OH 44115-2440  Form 8870  Form 8878  CLEVELAND, OH 44115-2440  Form 8879  CLEVELAND, OH 44115-2440  Form 8879  CLEVELAND, OH 44115-2440  Form 8879  The extension is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this a farm whole group, check this box  If this a farm whole group, check this box  If this a farm whole group, check this box  If this a farm whole group, check this box  If this a group and attach a list with the names and ElNs of the whole group exception Number (GEN)  If this a farm whole group exception Number (GEN)  If this a group and attach a list with the names and ElNs of the whole group exception Number (GEN)  If this a group and attach a list with the names and ElNs of the whole group exception Number (GEN)  If this a group and attach a list with the names and ElNs of the w						11
JOHN N PETRUS  The books are in the care of CLEVELAND STATE UNIVERSITY - CLEVELAND, OH 44115-2440  Telephone No. (216) 523-7240  Fax No. (1f the organization does not have an office of business in the United States, check this box (1f this is for the whole group, check this box (1f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) (1f this is for the whole group, check this box (1f this is for part of the group, check this box (1f this is for part of the group, check this box (1f this is for part of the group, check this box (1f this is for part of the group, check this box (1f this is for part of the group, check this box (1f this is for the whole group, check this box (1f this is for the whole group, check this box (1f this is for the whole group, check this box (1f this is for part of the group, check this box (1f this is for the whole group, check this box (1f this is for the whole group, check this box (1f this is for the whole group, check this box (1f this is for the whole group, check this box (1f this application is for the organization required to file Form 990-T) extension of time until FEBRUARY 15, (2015), to file the exempt organization return for the organization named above is for the organization's return for:    Calendar year						12
The books are in the care of ► CLEVELAND STATE UNIVERSITY - CLEVELAND, OH 44115-2440  Telephone No.► (216)523-7240 Fax No.►  If the organization does not have an office of place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015, to file the exempt organization return for the organization named above is for the organization's return for:  □ calendar year or □ calendar year or □ change in accounting period  2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ GDEN, UT □ Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  Form 8868 (Rev. 1-2014)						
Ferm 8868 (Rev. 1-2014)  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box	• The bo		, OF	[ 44	1115-244	0
If the organization does not have an office of place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the organization of time until  FEBRUARY 15, 2015, to file the exempt organization return for the organization named above is for the organization's return for:    Calendar year						
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015 , to file the exempt organization return for the organization named above is for the organization's return for:    Calendar year						
If it is for part of the group, check this box   and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2015  , to file the exempt organization return for the organization named above is for the organization's return for:    calendar year						heck this
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2015  It file the exempt organization return for the organization named above is for the organization's return for:  Calendar year or  X tax year beginning JUL 1, 2013  If the tax year entered in line 1 is for less than 12 months, check reason:  Change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Form 8868 (Rev. 1-2014) 123841  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014) 123841	box ▶ [					
calendar year or X tax year beginning _JUL_1, _2013, and ending _JUN_30, _2014						
calendar year or X tax year beginning _JUL_1, _2013, and ending _JUN_30, _2014		FEBRUARY 15, 2015 , to file the exempt organization return for the organization named	above	The e	extension = V	EU
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return OGDEN, UT  Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  Form 8868 (Rev. 1-2014)	is fo	or the organization's return for:		ဖြ		
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return OGDEN, UT  Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  Form 8868 (Rev. 1-2014)	▶[	calendar year or	.	8	NOVOE	ONA C
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return OGDEN, UT  Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  Form 8868 (Rev. 1-2014)	▶[	X tax year beginning JUL 1, 2013 , and ending JUN 30, 2014		<u> </u>	140 4 2 3) 2	2014
Change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)			İ	ــــــ	OCDEN	
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)	2 If th	ne tax year entered in line 1 is for less than 12 months, check reason: Linitial return Fir	nal retu	n	OGDEIA,	<u> </u>
nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)			<del></del>	т		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)	3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				•
estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)	non	refundable credits. See instructions.	3a	\$		0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)	<b>b</b> If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				•
by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)			3b	\$_		0.
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.  HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)						^
nstructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)						
323841			53-EO a	nd Fo	rm 8879-EO for	payment
12-5 (-10	LHA F 323841 12-31-13	or Privacy Act and Paperwork Reduction Act Notice, see instructions.			Form <b>8868</b> (Re	v. 1-2014)

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ktension,	complete only Part II and check thi	s box		
Note. Only complete Part II if you have already been granted an					
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	ial (no d	copies need	ed).
		Enter filer's	identifyi	ng number, se	ee instructions
Type or Name of exempt organization or other filer, see instru	uctions.		Employe	er identification	number (EIN) or
print CLEVELAND STATE UNIVERSITY					4
File by the FOUNDATION				34-131	6665
due date for Number, street, and room or suite no. If a P.O. box, s	see instruc	etions.	Social se	ecurity number	(SSN)
return. See 2121 EUCLID AVENUE, NO. UN	501			-	
instructions. City, town or post office, state, and ZIP code. For a fe	oreign add	dress, see instructions.			
CLEVELAND, OH 44115-2214					
					·
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For	4		Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A	<u> </u>	·	.08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	. 05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	l an auton	natic 3-month extension on a prev	ously file	ed Form 8868.	
JOHN N PETRUS		. 0'			
<ul> <li>The books are in the care of  CLEVELAND STATE</li> </ul>	E UNI		O, OH	. 44115-	2440
Telephone No. ► <u>(216)523-7240</u>		Fax No. >			: —
<ul> <li>If the organization does not have an office or place of business</li> </ul>					
If this is for a Group Return, enter the organization's four digit of the control of the co	•				
_ox ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs of	all memb	ers the extensi	on is for.
		15, 2015		. 20 00.	
5 For calendar year, or other tax year beginning					<u> 14</u> .
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension		300163 ET 011 TD 016 1717D1	77 X 1777	D MILTOD	D A D MIX
TAXPAYER IS AWAITING ADDITIONA			CLATE	D THIRD	PARTY
IN ORDER TO FILE AN ACCURATE F	RETURI	N •			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any			0
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069					
tax payments made. Include any prior year overpayment alle	owed as a	credit and any amount paid			
previously with Form 8868.			8b	\$	0.
C Balance due. Subtract line 8b from line 8a. Include your page	-	n this form, if required, by using			0
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
		t be completed for Part II o		· · · · · · · · · · · · · · · · · · ·	I I C - 4
Under penalties of <del>per</del> jury, Lecciare that I have examined this form, includi t is true, correct, and complete <del>, and that Lam autho</del> rized to prepare this fol	ng accomp	anying schedules and statements, and to	the best of	my knowledge a	ına beliet,
1 1/ /Da			<b>.</b>	· 2/7/1	
Signature Title C	PA.		Date		
-				Form <b>886</b> f	8 (Rev. 1-2014)