Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

2018 Open to Public

OMB No. 1545-0047

Inspection

| Inter | nal Reve | enue Serv | | v.irs.gov/Form990 for Instructions | | | | | ction |
|--------------------------------|-----------------|------------------|---|--|----------------------|-------------------------------------|--------------|------------------|---------------|
| Α | For the | e 2018 | calendar year, or tax year beginning | 07/01, 2018 | , and ending | - | | 30, 20 19 | |
| B | Check if ap | nnliachlai | C Name of organization | | | D Employer ide | | n number | |
| _ | _ | | UNIVERSITY OF KENTUCKY | Y RESEARCH FOUNDATION | | 61-603 | 3693 | | |
| | Addre chang | | Doing business as | | | | | | |
| | Name | change | Number and street (or P.O. box if mail is | not delivered to street address) | Room/suite | E Telephone nu | mber | | |
| | Initial | return | 301 PETERSON SERVICE H | BUILDING | | (859) 25 | 7-475 | 58 | |
| | Final termir | return/ nated | City or town, state or province, country, a | and ZIP or foreign postal code | | | | | |
| | Amen | ided | LEXINGTON, KY 40506 | | | G Gross receipts | \$ | 347,431 | L,990. |
| | Applic | cation | F Name and address of principal officer: | SUSAN KRAUSS | | H(a) Is this a grou subordinates | | or Yes | XNO |
| | | | 301 PETERSON SERVICE H | BUILDING,, LEXINGTON, | KY 40506 | H(b) Are all subord | | ed? Yes | . 🗌 No |
| I | Tax-ex | empt st | atus: X 501(c)(3) 501(c) (|) | or 527 | If "No," at | tach a list. | (see instruction | s) |
| J | Websi | te: 🕨 | WWW.RESEARCH.UKY.EDU | | | H(c) Group exem | otion numb | per 🕨 | |
| ĸ | | | | Association Other | L Year of form | nation: 1945 M | | | KY |
| | art I | _ | immary | | | | | logal dormono | |
| | | | y describe the organization's mission of | r most significant activities: SEE S | CHEDIILE O | | | | |
| đ | | Drieny | describe the organization's mission of | | 0112022 0 | | | | |
| uc U | | | | | | | | | |
| rna | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Governance | 2 | | | iscontinued its operations or dispos | | | 1 1 | | 11 |
| | | | er of voting members of the governing | | | | 3 | | |
| sa | 4 | | er of independent voting members of t | | | | 4 | | 3. |
| Activities & | 5 | | number of individuals employed in cale | | | | 5 | | 0. |
| ţ | 6 | | number of volunteers (estimate if necess | ** • • • • • • • • • • • • • • • | | | 6 | | 0. |
| < | 10 | | unrelated business revenue from Part V | | | | 7a | | 0. |
| | b | Net u | nrelated business taxable income from I | Form 990-T, line 38 | | | 7b | | |
| | | | | | | Prior Year | | Current | |
| e | 8 | Contri | ibutions and grants (Part VIII, line 1h) | | | 180,42 | | 222 | 2,933. |
| Revenue | 9 | Progra | am service revenue (Part VIII, line 2g) | | | 311,449,32 | 2. | 338,138 | ,950. |
| e ve | 10 | | tment income (Part VIII, column (A), line | | | 1,809,54 | 9. | 1,461 | .,331. |
| £ | 11 | | revenue (Part VIII, column (A), lines 5, | | | 2,350,71 | 7. | 2,328 | 3,075. |
| | | | revenue - add lines 8 through 11 (must | | | 315,790,01 | 0. | 342,151 | ,289. |
| | 13 | Grant | s and similar amounts paid (Part IX, colu | umn (A), lines 1-3) | | 31,580,95 | 0. | 30,542 | ,221. |
| | | | its paid to or for members (Part IX, colu | | | | 0. | | 0. |
| 6 | 4.5 | | es, other compensation, employee bene | | | | 0. | | 0. |
| Expenses | 16a | | ssional fundraising fees (Part IX, column | | | | 0. | | 0. |
| per | h | | fundraising expenses (Part IX, column (I | |). | | | | |
| ш | 17 | | expenses (Part IX, column (A), lines 11 | | | 270,732,85 | 0. | 290,650 | .874. |
| | | | expenses. Add lines 13-17 (must equal | | | 302,313,80 | | 321,193 | |
| | | | nue less expenses. Subtract line 18 from | | | 13,476,21 | | 20,958 | |
| r se | 13 | Rever | ide less expenses. Subtract line to from | | | inning of Current | | End of Ye | |
| Net Assets or Fund Balances | 20 | Tatal | accets (Dart V line 10) | | | 144,756,74 | | 164,539 | |
| \ss6 Bala | 20 | | assets (Part X, line 16) | | ••••• | 49,482,65 | | 47,777 | |
| nd / | 21 | | liabilities (Part X, line 26) | | ••••• | 95,274,09 | | 116,761 | |
| | | | ssets or fund balances. Subtract line 21 | from line 20 | | 95,274,09 | 0. | 110,701 | ,920. |
| | art II | | gnature Block | | ulas and statements | and to the best of | | | haliaf it is |
| tru | e, corre | ect, and | of perjury, I declare that I have examined thi complete. Declaration of preparer (other than | officer) is based on all information of wh | ich preparer has any | knowledge. | шу кно | wieuge and i | Jellel, It is |
| | | | | | | | | | |
| Sig | n | | Signature of officer | | | Date | | | |
| He | | | | | | Dale | | | |
| | | | PENNY COX | ACTING | TREASURER | | | | |
| | | | Type or print name and title | | | | | | |
| Pai | Ч | Print/ | Type preparer's name | Preparer's signature | Date | Check | if PTI | | |
| | parer | AAR | ON HERSHBERGER | aaron S. Hushburger | 04/13/20 | | | P009618 | 84 |
| | e Only | Firm's | sname BKD, LLP | C | | Firm's EIN 🕨 4 | | | |
| - 36 | , only | Firm's | address >312 WALNUT STREET, SUITE | 3000 CINCINNATI, OH 45202 | | Phone no. 5 | 13-62 | 21-8300 | |
| Ма | y the | IRS d | iscuss this return with the preparer | shown above? (see instructions) |) | | | X Yes | No |
| For | Paper | rwork | Reduction Act Notice, see the separat | e instructions. | | | | Form 99 | 0 (2018) |
| | - | | • | | | | | | , |
| JSA | | | | | | | | | |

| UNIVERSITY OF KENTUCKY RESEARCH FOUNDATIO | UNIVERSITY | OF | KENTUCKY | RESEARCH | FOUNDATION |
|---|------------|----|----------|----------|------------|
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61-6033693

| For | m 990 (201 | 3) | | | Page 2 |
|------------|-------------------|---|---|---|-------------------|
| Pa | art III | Statement of Program Service Accon | | | |
| - | Data (La al | | nse or note to any line in this Pa | rt III | X |
| | | scribe the organization's mission: | | | |
| | | HEDOLE 0 | | | |
| | | | | | |
| | | | | | |
| 2 | Did the | organization undertake any significant | program services during the ve | ear which were not listed on the | |
| _ | | n 990 or 990-EZ? | | | X No |
| | If "Yes," | lescribe these new services on Schedu | le O. | | |
| 3 | Did the | organization cease conducting, or r | nake significant changes in | how it conducts, any program | |
| | | | | Yes | X No |
| | | lescribe these changes on Schedule O. | | | |
| 4 | | | | its three largest program services, as me | |
| | | expenses, and revenue, if any, for each | | port the amount of grants and allocations | to others, |
| | | expenses, and revenue, if any, for each | program service reported. | | |
| 4- | (O a da : |) / [| in alustian analysis of the | | |
| 4a | |)(Expenses \$)(Expenses \$ | 5. Including grants of \Rightarrow 30 | (,542,221.) (Revenue \$ 338,138,950. | _) |
| | | IVERSITY OF KENTUCKY. | AL AND DEVELOPMENT AC. | IIVIIIES AI | |
| | | IVERSITI OF REMIDERT. | | | |
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| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4. | (Cada) |) (Europace ¢ | including grants of t | | <u> </u> |
| 4C | (Code: _ |) (Expenses \$ | including grants of \$ |) (Revenue \$ | _) |
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| 4d | | ogram services (Describe in Schedule C | | | |
| | (Expense | | | e\$) | |
| | | gram service expenses ► 315, | 544,815. | | |
| JSA 8E1 | 020 1.000 | | 0.514 | Form | 990 (2018) |
| | 9269 | LB D410 4/14/2020 4:10:3 | Z PM | | |

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

| Is the organization described in section 501(G)(3) or 4947(a)(1) (other than a private foundation? If "Yes" complete Schedule A. Test No. 2 Is the organization regulated to complete Schedule B, Schedule of Contributors (see instructions)? 1 X 3 Did the organization regulated to complete Schedule C, Part II. 3 X 4 Section 501(c)(3) organizations. Did the organization compate Schedule C, Part II. 3 X 5 Is the organization regulate Name? Yes, 'complete Schedule C, Part II. 3 X 6 Ud the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. 5 X 9 Did the organization report an amount for instructures? If 'Yes,' complete Schedule D, Part I. 7 X 9 Did the organization report an amount for instructures? If 'Yes,' complete Schedule D, Part I. 7 X 9 Did the organization report an amount for instance and related organization, notes and the organization report an amount for industing questions in 'Yes,' complete Schedule D, Part V. 1 X 9 Did the organization report an amount for industing questions in 'Yes,' complete Schedule D, Part V. 1 X 10 Did the organization report an amount for industing ensurements of the tas Schedule D, Pa | Part | V Checklist of Required Schedules | | | |
|--|------|--|------|-----|----|
| complete Schedule A. 1 1 1 1 2 X 3 13 bit due organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public direct or indirect political campaign activities on behalf of or in opposition to candidates for public direct or indirect political campaign activities on behalf of or in opposition to candidates for public direct organizations. Bit we were the respective Schedule C. Part I. 3 X 4 Section 501(Cl) organizations and dorn advised funds on any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I. 5 X 9 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V. 6 X 9 Did the organization report an amount in Part X. line 21, for escrew or custolial account liability, serves a custodian for amounts not tised in Part X, ine 21, for escrew or custolial assets in temporarily restricted andowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 9 X 10 | | r | | Yes | No |
| 2 is the organization required to complete Schedule of Contributors (see instructions)? 1 1 2 X 3 Did the organization engage in dect or indirect political campaign activities on behalf of or in opposition to candidates for public offeed? If Yes," complete Schedule C, Part II. 3 X 4 Section 501(C)(3) organizations. Did the organization engage in lobbing decives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 91-99 If Yes," complete Schedule C, Part II. 4 X 5 Is the organization maintain any donor advised tunds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II. 6 X 7 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II. 8 X 9 Did the organization receiver or 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 cradit counseling, debt management, credit repair, or debt negotination reported in Amount for linvestments-offer accomplete Schedule D, Part V, VI, VII, VII, X, or X as applicable. 10 X 10 If the organization reported in Part X, line 17 If Yes," complete Schedule D, Part V, VI, VII, VII, X, or | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organization again (bobying activities, or have a section 501(h) election in effect during the tax year! If 'Yes,' complete Schedule C, Part I. 4 X 5 Is the organization asterior 501(c)(4). 501(c)(5), or 501(c)(6) organization due to accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 5 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial no avenues through a related organization, hold assets in temporarily restricted endowmens, sequis-indowmens'I 'Yes,' complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 10 X 11 the organization report an amount for lavestiments-program related in Part X, line 12; that is 5% o | | | 1 | | |
| a Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year // **organization section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? // **organization receives or hold a conservation ensistent of amounts in such thats or accounts // f 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts // f 5 X. 7 Did the organization maintain any donor advised funds or any similar funds or accounts // f 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // *Pes." complete Schedule D, Part II. 7 X 8 Did the organization received not 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 negonization, endowments, or quest-indowments' If *%s." complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes." complete Schedule D, Part V. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If *Yes." complete Schedule D, Part V. 10 X </th <th>2</th> <th>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</th> <th>2</th> <th>Х</th> <th></th> | 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) is the organization ascion 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membersholdes, assessments, or similar amounts as defined in Revenue Proceedule 0. Part II. is X 5 Did the organization mainta any donor advised funds or any similar time or accounter 50 which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule 0. Part I. is X 7 Did the organization maintain collections of vorkes of ant, historical treasures, or other similar assess? If "Yes," complete Schedule 0. Part I. is X 8 Did the organization maintain collections of vorkes of ant, historical treasures, or other similar assess? If "Yes," complete Schedule D. Part II. is is 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted and endowments, parament endowments, or orvide credit counseling. debt management, credit repair, or debt neganization report an amount for land, buildings, and equipment in Part X, line 12. Part V. 10 X 10 the organization report an amount for line stressents: sortines in Part X, line 12. Part V, VI, VII, VII, VI, VI, VI, VI, VI, VI | 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 is the organization aschedin 501(c)(d), of 5 | | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 is the organization aschedin 501(c)(d), of 5 | 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Parl II. 5 X. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investiment of amounts in such funds or accounts? // Tyes," complete Schedule D, Parl I. 6 X. 7 Did the organization maintain collections of works of an, historical treasures, or other similar asset? // "Yes," complete Schedule D, Parl II. 7 X. 8 Did the organization maintain collections of works of an, historical treasures, or other similar asset? // "Yes," complete Schedule D, Parl II. 8 X. 9 Did the organization report an amount in Part X. line 21, lor escrew or custodial account liability, serve as a custodian for amounts not listed in Parl X. or provide crédit counseling, debt management, crédit repart. 9 X. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? If his 15% or more of its total assets reported in Part X, line 12 // "Yes," complete Schedule D, Part V. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part X. 11 X <th></th> <td></td> <td>4</td> <td>Х</td> <td></td> | | | 4 | Х | |
| assessments, or similar amounts adefined in Revenue Procedure 91-97 // "Yes," complete Schedule O, Part III, Setting of a counts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // Yes," complete Schedule D, Part II, Setting advices on the distribution or investment of amounts in such funds or accounts? // Yes," complete Schedule D, Part II, Setting advices on the distribution or investment of amounts in such funds or accounts? // Yes," complete Schedule D, Part II, Yes," complete Schedule D, Part III, Yes," complete Schedule D, Part V, Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes | 5 | | | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yas," complete Schedule D, Part II. 6 | - | | 5 | | Х |
| have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part III. 7 X 8 Did the organization maintain collections of works of at historical treasures, or other similar assets? II 'Yes,' 8 X 9 Did the organization maintain collections of works of at historical treasures, or other similar assets? II 'Yes,' 8 X 9 Did the organization answers? II 'Yes,' complete Schedule D, Part V. 9 X 10 Did the organization answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V. 10 X 11 If the organization answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V. 10 X 12 If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16' II 'Yes,' complete Schedule D, Part V. 11a X 13 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 17 II 'I''se,'' complete Schedule D, Part X. 11b X | 6 | | - | | |
| "Yes," complete Schedule D, Part I. 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization 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 counselling, debt management, credit reparking, reducing analytics, and equipment in Part X, line 10, Part VI. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments. or quasi-endowments? If "Yes," complete Schedule D, Part VI. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 110 X 11 Did the organization report an amount for investments-program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 116 X 11 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," c | Ŭ | | | | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic atructures? If "Yes," complete Schedule D, Part II. 7 X. 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, ior provide credit counseling, debt management, credit repair, or debt negonization report an amount for Unsey the Part V. 9 X. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10Part V. 9 X. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10Part V. 10 X. 12 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VI. 11b X. 13 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VI. 11b X. 14 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VI. 11b X. 14 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets rep | | | 6 | | x |
| the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'' 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'' 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ior panization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 9 X 10 Did the organization report an amount for laws, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part V. 10 X 11 the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI. 114 X 11 M X 116 X 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X 116 X 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' co | 7 | | 0 | | |
| B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. B) Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt neganization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. c) Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c) Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c) Did the organization report an amount for other assets in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. d) Did the organization report an amount for other assets in Part X, line 16 that its 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. d) Did the organization report an amount for the Part X, line 17. If "Yes," complete Schedule D, Part X. d) Did the organization report an amount for the faz, then completing Schedule D, Part X. d) Did the organization report on Part X, column (A), line 3, more than \$10,000 of rom | 1 | | - | | v |
| complete Schedule D, Part II a x 9 Did the organization report an amount in Part X, ine 21, for escrow or custodia account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part V y x 10 Did the organization (flectly or through a related organization, hold assets in temporarily restricted endownents, permanent endowments, or quasi-endownents? If 'Yes,' complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 10 X 11 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI. 11a X 11 Did the organization report an amount for orber assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11a X 11 Did the organization report an amount for orber assets in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11a X 11 Did the organization is pareat or consolidated financial statements for the tax year? If '''' 11a X 12 Did the organization included in acclasted in fancdial statements for the tax year? If ''''' | | | 1 | | |
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| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VI, VII, VII, VIX, or X as applicable. 1 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11c X 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 X. 11c X e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets 11c X 12a Did the organization included in ancial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization maintain an office, employees, or agents outside of thancial statements for the tax year? If "Yes," and VII. 12a X 12a X 11d X 11d X 12a X 11d X 11d | 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
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| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, | D | | 4.04 | v | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part I</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a X 20a Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 Did the organization operate one or more hospital facilities | 40 | | | X | v |
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| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | | | |
| | | | | | |
| | | | 21 | х | |

Page **4**

| Part | V Checklist of Required Schedules (continued) | | | |
|------|---|-----------|-----|--------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | X | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 0.5 - | | х |
| h | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| D | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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 | 250 | | |
| 20 | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | 37 |
| | complete Schedule N, Part II. | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 22 | | х |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | or IV, and Part V, line 1 | 34 | х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 000 | | |
| ~ | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V. | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 000 | (2018) |
| JSA | | ⊢orm | 390 | (2018) |

Page 5

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
|-----|--|-----|-----|----------|--|--|--|--|--|
| | | | Yes | No | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | | |
| b | If "Yes," enter the name of the foreign country: | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | | | | | | |
| | solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | | | |
| | and services provided to the payor? | 7a | | Х | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | |
| | required to file Form 8282? | 7c | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | <u> </u> | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| | Gross income from members or shareholders | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | | | |
| | against amounts due or received from them.) | 10 | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 42- | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | | |
| | the organization is licensed to issue qualified health plans | | | | | | | | |
| | c Enter the amount of reserves on hand | | | | | | | | |
| | | | | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | x | | | | | |
| | excess parachute payment(s) during the year? | 13 | | | | | | | |
| 10 | If "Yes," see instructions and file Form 4720, Schedule N. | 16 | | х | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O. | | | - | | | | | |

| Form | ۵۵۸ | (201 | ع۱ |
|------|-----|------|----|
| Form | 990 | (201 | 0) |

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

| Part VI | Governance, I | Management, | and I | Disclosure | For each | "Yes" | response t | o lines 2 | through? | 17b be | elow, | and fo | ora" | 'No' |
|---------|------------------|------------------|--------|---------------|--------------|----------|------------|-----------|----------|--------|-------|--------|------|------|
| | response to line | | | | | | | | | | | | | |
| | Check if Schedu | ule O contains a | respor | nse or note t | o any line i | n this F | Part VI | | | | | | [| Х |

| Sect | ion A. Governing Body and Management | | | |
|----------|--|-----------|--------|--------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | - | | |
| | 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 3 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | 37 | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | x |
| Saati | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 Code | | Δ |
| Secu | on B. Policies (This Section B requests information about policies not required by the internal Revenue | Coue | Yes | No |
| 40. | Did the same simplify the set of the stars have the set of the set | 10a | | X |
| | Did the organization have local chapters, branches, or affiliates? | 100 | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10b | | |
| 110 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | | X |
| - | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| b 12a | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| Ň | rise to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| Ū | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| 0 | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{KY}^{KY}$, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | (Sec | tion 5 | -01(c) |

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► PENNY COX, 301 PETERSON SERVICE BUILDING, LEXINGTON, KY 40506-0005 859-257-4758

Page 7

| Part VII | Compensation | ot | Officers, | Directors, | l rustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|----------|-------------------|-------|--------------|--------------|-----------------|-----------|------------|---------|-------------|------------|-----|
| | Independent Co | ontra | actors | | | | | | | | |
| | Check if Schedule | e O c | ontains a re | esponse or n | ote to any line | e in this | Part VII | | | | |
| | | | | | | | | | | | |

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| | | | | | C) | | | | | |
|------------------------------------|-------------------------------|-----------------------------------|---------------|---------|--------------|---------------------------------|--------|----------------------|------------------------------|-----------------------------|
| (A) | (B) | (10.00 | 4 4 | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | e than c is both | | Reportable | Reportable | Estimated |
| | hours per week (list any | | | • | | or/trust | | compensation from | compensation from related | amount of other |
| | hours for | | | | | 1 | | the | organizations | compensation |
| | related | r dir | nstitu | Officer | ey e | mplc | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | Individual trustee or director | Institutional | Ÿ | Key employee | Highest compensated employee | er | (W-2/1099-MISC) | | organization and related |
| | line) | r trus | al tr | | yee | duc | | | | organizations |
| | | tee | trustee | | | ensa | | | | |
| | | | e | | | ated | | | | |
| | 1.00 | | | | | | | | | |
| (1)BLACKWELL, DAVID W. DIRECTOR | 39.00 | x | | | | | | 0. | 533,239. | 61,249. |
| (2)CAPILOUTO, ELI | 1.00 | | | | | | | 0. | 555,259. | 01,249. |
| PRESIDENT | 39.00 | x | | Х | | | | 0. | 1,488,867. | 359,995. |
| (3)CASSIS, LISA | 1.00 | | | 21 | | | | 0. | 1,100,007. | |
| VP AND EXECUTIVE DIRECTOR | 39.00 | x | | х | | | | 0. | 417,291. | 51,037. |
| (4)CHRISTIAN, MICHAEL | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0. | 0. |
| (5)GROSSMAN, ROBERT | 1.00 | | | | | | | | | |
| DIRECTOR | 39.00 | x | | | | | | 0. | 95,379. | 27,368. |
| (6)IWAMOTO, MARY VORE | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0. | 0. |
| (7)MONDAY, ERIC N. | 1.00 | | | | | | | | | |
| DIRECTOR | 39.00 | Х | | | | | | 0. | 459,512. | 211,679. |
| (8)NEWMAN, MARK | 1.00 | | | | | | | | | |
| DIRECTOR | 39.00 | Х | | | | | | 0. | 1,432,067. | 124,176. |
| (9)SMITH, BRET | 1.00 | | | | | | | | | |
| DIRECTOR | 39.00 | Х | | | | | | 0. | 255,512. | 35,707. |
| (10) ^{KIMEL} , KRIS | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (11) ^{SMITH} , SUZANNE | 1.00 | | | | | | | | | |
| DIRECTOR | 39.00 | X | | | | | | 0. | 145,352. | 24,865. |
| (12) KRAUSS, SUSAN | 1.00 | - | | | | | | | | |
| TREASURER | 39.00 | | | Х | | | | 0. | 241,858. | 41,865. |
| (13)SUPPLEE, JACK | 1.00 | - | | | | | | | | |
| SECRETARY | 39.00 | | | Х | | | | 0. | 78,217. | 15,476. |
| (14)KARPF, MICHAEL | 0. | - | | | | | | _ | 1 001 000 | 1 5 2 4 2 2 |
| FORMER DIRECTOR | 40.00 | | | | | | Х | 0. | 1,091,276. | 153,439. |

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| (A) Name and tille (B) Name and tille (C) Name | Form 990 (2018) Part VII Section A. Off | icers Directors Tru | istees Ke | v Fm | nlo | ve | 25 | and F | lia | hest Compensat | ed Employ | | ontinue | | Page |
|---|--|--|--|-----------------------------------|-----------------------|-------------------------------|----------------------------|---------------------------------|-----------------|---|--|---------------------|----------------|-----------------------------------|------|
| Services 00/0 | (A) | | (B) Average hours per week (list any | (do r box, office | not ch unles | Pos neck ss pe d a d | c) ition more | e than o is both or/trust | ne an ee) | (D) Reportable compensation from | (E) Reportati compensatio related | ole in from I | Est am c | (F) imated ount of other | |
| FORMER DIRECTOR 40.00 x 0. 185,648. 25,35 O SCHORDBERG, NARYY 40.00 x 0. 261,691. 31,61 FORMER DIRECTOR FORMER DIRECTOR 1.00 1.00 1.00 1.00 FORMER DIRECTOR FORMER DIRECTOR 1.00 1.00 1.00 1.00 1.00 FORMER DIRECTOR FORMER DIRECTOR 0.0 6,238,570.1 1.106,85 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | | | organizations below dotted | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | - | | | orga and | inizatio relateo | ł |
| 6) SCHOENBERG, NANCY 0. 261,691. 31,61 FORMER DIRECTOR 40.00 x 0. 261,691. 31,61 Image: Second S | 15) MEIER, MARK FORMER DIRECTOR | | + | - | | | | | x | 0. | 185, | 648. | | 25,3 | 54 |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | 16) SCHOENBERG, NANG | CY | | | | | | | x | 0. | | | | | |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | | | | - | | | | | | | | | | | |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | | | | - | | | | | | | | | | | |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | | | | - | | | | | | | | | | | |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | | | | - | | | | | | | | | | | |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | | | | | | | | | | | | | | | |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | | | | - | | | | | | | | | | | |
| C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Ves 1 D D D D D D C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of Compensation C Name and business address | | | | - | | | | | | | | | | | |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0. Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | ection A | | ••• | •• | ••• | | • | | 447, | 339. | - | 56,9 | 6 |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 2 Total number of individu | als (including but not | limited to t | hose | liste | | | | ► re | | | | 1,10 | 53,8 | 2 |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | | | | ٢ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Section B. Independent Contractors 5 5 5 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation | 4 For any individual liste organization and relation | d on line 1a, is the steed organizations gro | sum of rep eater than | ortab \$15 | ole c 50,0 | om 00? | per If | satior <i>"Ye</i> s | ם a ," | nd other compen complete Schedu | sation from <i>Ile J for s</i> | the cuch | | | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Image: Color of the calendar year ending with or within the organization's tax year. Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services Image: Color of the calendar year ending with or services | 5 Did any person listed of | on line 1a receive or | accrue co | mpen | satio | on f | fron | n any | un | related organizati | on or individ | dual | | X | |
| compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax Image: Compensation of the calendar year ending with or within the organization's tax Image: Compensation of the calendar year ending with or within the organization's tax Image: Compensation of the calendar year Image: Compensation of the calendar year ending with or within the organization's tax Image: Compensation of the calendar year Image: Compensation of the calendar year ending with or within the organization of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compensation of the calendar year Image: Compen | Section B. Independent Co | ontractors | | | | | | | | | | | | | |
| Name and business address Description of services Compensation | compensation from the | | | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received | | | Iress | | | | | | | (B) Description of se | ervices | С | | ation | |
| Total number of independent contractors (including but not limited to those listed above) who received | | | | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received | | | | | | | | | | | | | | | |
| | 2 Total number of indep | endent contractors (ir | | it not | lim | niter | 4 +0 | thee | | isted above) who | received | | | | |

| Par | 't VII | Statement of Revent Check if Schedule O cor | | ise or note to an | v line in this Part VII | | | |
|---|---------|--|-------------------|-------------------|-------------------------|---|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns | 1a | | | | | |
| Gra | b | Membership dues | 1b | | | | | |
| fts, An | с | Fundraising events | 1c | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | Related organizations | 1d | | | | | |
| | е | Government grants (contributi | ions) 1e | | | | | |
| | f | All other contributions, gifts, g | grants, | | | | | |
| oti | | and similar amounts not included | above 1f | 222,933. | | | | |
| Con | g | Noncash contributions included in | | | | | | |
| | h | Total. Add lines 1a-1f | | | 222,933. | | | |
| nuə | | | | Business Code | | | | |
| Sev | 2a | FEES & CONTRACTS GOV AGENC | 24 | | 300,123,819. | 300,123,819. | | |
| ce | b | NONGOVERNMENTAL GRANTS | | | 35,736,984. | 35,736,984. | | |
| ervi | c | OTHER OPERATING REVENUES | | | 2,278,147. | 2,278,147. | | |
| n Sí | d | | | | | | | |
| Jran | е | | | | | | | |
| Program Service Revenue | f | All other program service reve | | | 338,138,950. | | | |
| <u> </u> | g 2 | Total. Add lines 2a-2f Investment income (incl | | | 550,150,550. | | | |
| | 3 | and other similar amounts). | luding dividen | | 1,423,348. | | | 1,423,348. |
| | 4 | Income from investment of ta | | | 0. | | | 1,120,0101 |
| | 5 | Royalties | • | | 1,022. | | | 1,022. |
| | | | (i) Real | (ii) Personal | 1,0221 | | | 1,022. |
| | 6. | | | | | | | |
| | 6a | | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c d | · · · · · · | | | 0. | | | |
| | 7a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 5,318,684. | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | 5,280,701. | | | | | |
| | с | Gain or (loss) | 37,983. | | | | | |
| | | Net gain or (loss) | | | 37,983. | | | 37,983. |
| đ | 8a | Gross income from fundrais | sina | | | | | |
| nue | | events (not including \$ | - | | | | | |
| Other Revenue | | of contributions reported on li | | | | | | |
| erF | | See Part IV, line 18 | | 0. | | | | |
| Oth | b | Less: direct expenses | | 0. | | | | |
| • | с | Net income or (loss) from fun | | | 0. | | | |
| | 9a | Gross income from gaming a | activities. | | | | | |
| | | See Part IV, line 19 | a | 0. | | | | |
| | b | Less: direct expenses | b | 0. | | | | |
| | c | Net income or (loss) from ga | aming activities. | <u></u> ▶ | 0. | | | |
| | 10a | Gross sales of inventor | | | | | | |
| | | returns and allowances | | 0. | | | | |
| | b | Less: cost of goods sold | b | 0. | | | | |
| | c | Net income or (loss) from sale | | | 0. | | | |
| | | Miscellaneous Revenue | | Business Code | 0.005.050 | | | 0.005.055 |
| | 11a | PATENT INCOME | | 812900 | 2,327,053. | | | 2,327,053. |
| | b | | | | | | | |
| | C | | | | | | | |
| | d | All other revenue | | | 2,327,053. | | | |
| | е 12 | Total. Add lines 11a-11d Total revenue. See instruction | | | 342,151,289. | 338,138,950. | | 3,789,406. |
| | 14 | . Jui revenue. Oce manuellon | | | | ,,, | | |

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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 (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 30,542,221 30,542,221. and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0 Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 823,574. 2,967. 820,607 **b** Legal 191,929. 191,929. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 7,182,067. 7,153,172. 28,895 (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 7,526,126. 6,901,972. 624,154 13 Office expenses 1,843,789. 1,792,368. 51,421. 14 Information technology 0 Royalties 15 2,185,717. 2,179,449. 6,268 Occupancy 16 7,283,737. 7,006,074. 277,663. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 153,160 109,416. 43,744 19 Conferences, conventions, and meetings 1,952 1,952. Interest 20 0 21 Payments to affiliates 83,359. 83,359. 22 Depreciation, depletion, and amortization 48,118. 48,118. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aSALARY, BENEFITS & TAX REIMB 191,880,770. 191,477,274. 403,496 **b**SUBCONTRACTORS 36,630,471 36,547,414. 83,057. 13,576,587. cLAB SUPPLIES 13,576,587. dEQUIPMENT 38,462. 5,049,953. 5,011,491. 16,189,565. 13,159,099. 3,030,466. e All other expenses 321,193,095. 315,544,815. 5,648,280 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

following SOP 98-2 (ASC 958-720)

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| Form 9 | 990 (2 | 2018) |
|--------|--------|-------|
|--------|--------|-------|

| Form | n 990 (i | UNIVERSITY OF KENTUCKY RESEARCH FOU 2018) | NDATION | ÛŢ | 6033693 Page 11 |
|------------------|----------|---|-------------------|-----|---------------------------|
| | rt X | Balance Sheet | | | raye II |
| - a | | Check if Schedule O contains a response or note to any line in this P | art X | | |
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 83,989,137. | 1 | 98,194,637. |
| | 2 | Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 | Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 | Accounts receivable, net | 31,926,366. | 4 | 37,051,777. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | | 0. | 5 | 0. |
| | 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| ets | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 7 8 | Inventories for sale or use | 0. | 8 | 0. |
| ۲ | 9 | Prepaid expenses and deferred charges | 3,659,726. | | 3,627,034. |
| | - | Land, buildings, and equipment: cost or | .,, | 5 | - , , |
| | lou | other basis. Complete Part VI of Schedule D 10a 4,019,221. | | | |
| | b | Less: accumulated depreciation | 3,037,480. | 10c | 2,954,121. |
| | 11 | Investments - publicly traded securities | 14,477,944. | 11 | 15,069,050. |
| | 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 | Investments - program-related. See Part IV, line 11 | 7,666,095. | 13 | 7,642,615. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 144,756,748. | 16 | 164,539,234. |
| | 17 | Accounts payable and accrued expenses | 8,257,341. | 17 | 8,903,951. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 41,225,317. | 19 | 38,873,357. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| Se | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| iabi | | disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 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 | 0. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25. | 49,482,658. | 26 | 47,777,308. |
| ces | | Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. | | | |
| lan | 27 | Unrestricted net assets | | 27 | |
| Ba | 28 | Temporarily restricted net assets | | 28 | |
| pur | 29 | Permanently restricted net assets | | 29 | |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here Image: State of the s | | | |
| ets | 30 | Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| SSI | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 3,037,480. | 31 | 2,954,121. |
| Net Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | 92,236,610. | 32 | 113,807,805. |
| ž | 33 | Total net assets or fund balances | 95,274,090. | 33 | 116,761,926. |
| | 34 | Total liabilities and net assets/fund balances | 144,756,748. | 34 | 164,539,234. |
| | | | | | Form 990 (2018) |

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 61-6033693

| Form 9 | 90 (2018) | | | | Pa | ge 12 |
|--------|--|---------|------|------|------|--------------|
| Part | | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 42,1 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 21,1 | | |
| | | | | | | .94. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 95,2 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 5 | 29,6 | |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | <u>33,</u> column (B)) | 10 | 1 | 16,7 | 61,9 | 26. |
| Part | | | | | | |
| | 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," e | xplain | n in | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | npiled | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted o | n a | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis 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 o | oversi | ight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | ounta | ant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplair | n in | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | n in | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | | the | | v | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits. | | 3b | Х | |

| SCHE | EDULE | EA |
|------|-------|----|
| · | | |

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

 Department of the Treasury

OMB No. 1545-0047 20 18

| | | nt of the Treasury evenue Service | | Go to www.irs.go | /Form990 for instruction | | he latest i | information. | Open to Public Inspection |
|----------|----------|---|---|---|---|--|-----------------------------------|-------------------------------|-------------------------------------|
| Nam | e of t | he organization | | | | | | Employer identifi | cation number |
| - | | | | ESEARCH FOUNI | | | | 61-60336 | |
| Pa | | | | | • | | • | art.) See instructions | i |
| | org | 1 | - | | is: (For lines 1 through | - | - | | |
| 1 | | 1 | | | tion of churches desc | | | | |
| 2 | | 1 | | | . (Attach Schedule E | - | | | |
| 3 | - | - | - | - | rganization described | | | | (III) Enter the |
| 4 | | | - | - | conjunction with a nos | spital de | Scribed li | n section 170(b)(1)(A) | (III). Enter the |
| 5 | | hospital's nam | | | | | d or one | vicited by a governme | ental unit described in |
| J | | - | - | Complete Part II.) | a college of universit | y owne | u or ope | erated by a governme | |
| 6 | | · · | | | rnmental unit describe | d in sect | tion 170 | b)(1)(A)(v) | |
| 7 | <u> </u> | 1 | - | - | | | | | om the general public |
| | L | | | (1)(A)(vi). (Compl | - | | J- | | J |
| 8 | | 1 | | | b)(1)(A)(vi). (Complete | e Part II.) | | | |
| 9 | | · · · | | | | | | I in conjunction with a | land-grant college |
| | | or university o | or a non-land- | grant college of ag | griculture (see instruct | ions). E | nter the | name, city, and state o | f the college or |
| | | university: | | | | | | | |
| 10 11 | | receipts from support from acquired by th | activities rela gross investme ne organizatio | ted to its exempt f nent income and u on after June 30, 1 | unctions - subject to | certain e able inco (a)(2). (0 | exception ome (les Complete | | n 331/3 %of its |
| 12 | Х | - | - | - | | - | | | carry out the purposes |
| | | of one or mor | re publicly su | pported organizati | ons described in sect | tion 509 | (a)(1) or | • section 509(a)(2). S | ee section 509(a)(3). |
| | _ | Check the box | in lines 12a t | hrough 12d that d | escribes the type of s | upporting | g organiz | zation and complete li | nes 12e, 12f, and 12g. |
| а | | <u>X</u> Type I. A su | upporting orga | anization operated | , supervised, or contr | olled by | its supp | orted organization(s), | typically by giving |
| | | the supporte | ed organizatio | on(s) the power to | regularly appoint or e | lect a m | ajority of | f the directors or truste | es of the |
| | _ | supporting c | organization. V | You must complet | e Part IV, Sections A | and B. | | | |
| b | | | | | | | | supported organizati | |
| | | | - | | - | the sam | ne persor | ns that control or man | age the supported |
| | Г | - | | - | , Sections A and C. | | | | |
| С | | ••• | • | | | | | n with, and functional | lly integrated with, |
| | Г | | - | | ns). You must comple | | | | |
| d | L | | - | | | - | | ection with its suppor | |
| | | | - | | omplete Part IV, Sect | | | oution requirement and | a an allentiveness |
| е | Г | | ` | , | • | | • | hat it is a Type I, Type I | I Type III |
| C | | | | | ionally integrated sup | | | | п, туре пі |
| f | En | | | | | | | | 1 |
| g | | | | | orted organization(s). | | | | |
| | | lame of supported of | | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| | | | | | (described on lines 1-10 above (see instructions)) | , | our governing ment? | support (see instructions) | other support (see instructions) |
| 2 | ATT | ACHMENT 1 | | | | Yes | No | instructions) | |
| (A) | | | | | | | | | |
| (~) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Tot | al | | | | | | | 30,542,221. | |
| For | Pape | rwork Reduction A | ct Notice. see th | e Instructions for Form | 990 or 990-EZ. | | | | (Form 990 or 990-EZ) 2018 |

JSA 8E1210 1.000 9269LB D410 4/14/2020 4:10:32 PM

Schedule A (Form 990 or 990-EZ) 2018

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

| Sec | tion A. Public Support | | | | | | |
|--------|--|---------------------|--------------------|-------------------|-------------------|------------------|------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization'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 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | tion B. Total Support | | 1 | 1 | Т | Γ | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 8 | Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | or the organizat | tion's first, seco | nd, third, fourth | , or fifth tax ye | ar as a section | |
| Sec | tion C. Computation of Public Sup | port Percenta | ige | | | | |
| 14 | Public support percentage for 2018 (li | | | | | 14 | % |
| 15 | Public support percentage from 2017 | | | | | | % |
| 16a | 331/3% support test - 2018. If the org | ganization did r | not check the bo | ox on line 13, a | nd line 14 is 33 | 1/3 % or more, o | check this |
| | box and stop here. The organization q | | | - | | | |
| b | 331/3% support test - 2017. If the org | | | | | | |
| | this box and stop here. The organization | | | • | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | - | | | | |
| | 10% or more, and if the organization | | | | | | |
| | Part VI how the organization meets t | | | • | • | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | | - | | | | |
| | 15 is 10% or more, and if the orga | | | | | | - |
| | Explain in Part VI how the organizati | | | | - | - | |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | ▶∟ |

Schedule A (Form 990 or 990-EZ) 2018

61-6033693

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|------------------|--|-----------------|-------------------|------------------|----------------|------------------|-------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| 40 | carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 10 | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is f | or the organiza | tion's first seco | nd third fourth | or fifth tax v | ear as a section | 1 501(c)(3) |
| 14 | organization, check this box and stop here . | - | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2018 (line 8 | | | mn (f)) | | . 15 | % |
| 16 | Public support percentage from 2017 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | <u></u> | | | /0 |
| <u>3ec</u> 17 | Investment income percentage for 2018 (lin | | | 13 column (f)) | | 17 | % |
| 18 | Investment income percentage for 2017 | | | | | 18 | <u> </u> |
| | 331/3% support tests - 2018. If the org | | | | | | |
| 130 | 17 is not more than 331/3%, check th | - | | | | | |
| h | 331/3% support tests - 2017. If the orga | | - | | | | |
| U | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| 20 JSA | | | | 1-7, 19a, 01 19t | | Schedule A (Form | |

61-6033693

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

JSA

| - | le A (Form 990 or 990-EZ) 2018 | | F | Page 5 |
|-------|--|---------|----------|---------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | 37 |
| _ | below, the governing body of a supported organization? | 11a | | X |
| | A family member of a person described in (a) above? | 11b | | X |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | X |
| Secti | on B. Type I Supporting Organizations | | V | |
| | | | Yes | NO |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | 37 | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | Х | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | | |
| | | 2 | | X |
| Secti | on C. Type II Supporting Organizations | | X | |
| | | | Yes | NO |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior | | | |
| | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | | |
| | | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| JSA | Schedule A (Form | 990 or | 990-EZ | Z) 2018 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nization | S | |
|--|----------|----------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization | • | | · · |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| | 10 | | |

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

Schedule A (Form 990 or 990-EZ) 2018

| Part Sect | Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions | | | Current Year |
|--------------|---|-----------------------------|--------------------------------|---|
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | ourrent real |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| - | organizations, in excess of income from activity | | 66 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| . 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| Ū | (provide details in Part VI). See instructions. | the organization is roop | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| 10 | | | (ii) | (iii) |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| c | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | | | |

61-6033693

Schedule A (Form 990 or 990-EZ) 2018

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

| | | | | ATTACHMENT . | 1 |
|--|-------------|---------------|--------|---------------|----------------|
| SCHEDULE A, PART I - INFORMATION ABOUT | SUPPORTED C | RGANIZATIO | NS | | |
| | | (III) TYPE OF | (IV) | (V) AMOUNT OF | (VI) OTHER |
| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | ORGANIZATION | YES NO | SUPPORT | SUPPORT AMOUNT |
| | | | | | |
| UNIVERSITY OF KENTUCKY | 61-6001218 | 6 | Х | 30,542,221. | 0. |
| | | | | | |
| TOTAL AMOUNT OF SUPPORT | | | | 30,542,221. | |

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

Employer identification number

61-6033693

Organization type (check one):

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Employer identification number 61-6033693

| Part I | Contributors (see instructions). Use duplicate copies of F | Part I if additional space is ne | eeded. |
|------------|--|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | EXXONMOBIL FOUNDATION | | Person X |
| | PO BOX 85088 | \$7,500. | Payroll Noncash |
| | PRINCETON, NJ 08543 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | ALTRIA GROUP, INC. | | Person |
| | 6601 W BROAD STREET | \$144,400. | Payroll Noncash |
| | RICHMOND, VA 23230 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | LOCKHEED MARTIN | | Person |
| | 5749 BRIAR HILL ROAD | \$7,000. | Payroll Noncash |
| | LEXINGTON, KY 40516 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4_ | CHAMPLIN ARCHITECTURE | | Person |
| | 720 E PETE ROSE WAY, STE 140 | \$5,000. | Payroll Noncash |
| | CINCINNATI, OH 45202 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | MS. JOHANNA S. WOOD | | Person |
| | 3139 BIRCH ST NW | \$20,000. | Payroll Noncash |
| | WASHINGTON, DC 20015 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash |
| | | | (Complete Part II for noncash contributions.) |

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

Name of organization UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

Employer identification number 61-6033693

| Part II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional space is ne | eded. |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

JSA

| | | | | 61-6033693 |
|-----------------|--|--------------------------------------|---|--|
| Part III | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati | the year from any ons completing Par | one contributor. C t III, enter the total of | Complete columns (a) through (e) and of exclusively religious, charitable, etc., |
| | contributions of \$1,000 or less for th | | | ee instructions.) ► \$ |
| (a) No. from | Use duplicate copies of Part III if addit (b) Purpose of gift | ional space is neede (c) Use | | (d) Description of how gift is held |
| Part I | | (0) 000 | | |
| | | | | |
| | | | | |
| | | (e) Transf | er of gift | |
| | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee |
| | | | | |
| | | | | |
| (a) No. | | | | |
| `from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | | | | |
| | | | | |
| | | | | |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee |
| | | | | ····· ································ |
| | | | | |
| | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| Part I | | (0) 036 | orgin | |
| | | | | |
| | | | | |
| | | | | |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee |
| | | | | |
| | | | | |
| | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| Part I | | | | |
| | | | | |
| | | | | |
| | | (e) Transf | er of gift | |
| | | (0) | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee |
| | | | | |
| | | | | |
| | | | | |

| (Form 990 or 990-EZ) | | organizations Exempt From Income | Tax Under section | 501(c) and section 527 | 2018 | |
|---|---|--|---|--|---|--|
| Department of the Treasury | | | | | | |
| Internal Revenue Service | orod "Vos " | on Form 990, Part IV, line 3, or Form | | | Inspection | |
| - | | Complete Parts I-A and B. Do not comp | | ronical campaign Activit | es), then | |
| Section 501(c) (other | er than secti | on 501(c)(3)) organizations: Complete I | Parts I-A and C below. | Do not complete Part I-B. | | |
| Section 527 organiz | ations: Com | plete Part I-A only. | | | | |
| | | on Form 990, Part IV, line 4, or Form | | | | |
| | • | that have filed Form 5768 (election un that have NOT filed Form 5768 (electi | | • | | |
| If the organization answ Tax) (see separate instru | vered "Yes," uctions), the | on Form 990, Part IV, line 5 (Proxy າ | | , . | | |
| | 5), or (6) org | anizations: Complete Part III. | | | | |
| Name of organization | | | | | ntification number | |
| | | RESEARCH FOUNDATION | anotion EQ1(a) or | 61-6033 | | |
| | | organization is exempt under organization's direct and indirect p | | | | |
| Provide a descrip definition of "polit | | | bolitical campaign a | cuvilles in Part IV. (see in | Structions for | |
| • | | xpenditures (see instructions) | | ▶ \$ | | |
| | | campaign activities (see instruction | | | | |
| Part I-B Comple | ete if the c | organization is exempt under s | section 501(c)(3). | | | |
| | | cise tax incurred by the organizatio | | 5▶\$ | | |
| 2 Enter the amount | t of any exc | cise tax incurred by organization m | anagers under secti | on 4955 🕨 \$ | | |
| | | a section 4955 tax, did it file Form | | | | |
| 4a Was a correction | made? | | | | Yes No | |
| b If "Yes," describe | | | | | | |
| Part I-C Comple | ete if the o | organization is exempt under | section 501(c), ex | cept section 501(c)(3 |). | |
| | | expended by the filing organization | | | | |
| 2 Enter the amount 527 exempt function | t of the filin ction activiti | ng organization's funds contributed | I to other organizati | ons for section ▶\$ | | |
| | | enditures. Add lines 1 and 2. En | | | | |
| 4 Did the filing orga 5 Enter the names, organization made the amount of point | anization fil , addresses de payment olitical cont | e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom nd or a political action committee (| er (EIN) of all section ter the amount pair aptly and directly de | on 527 political organiza d from the filing organiz livered to a separate po | Yes No ations to which the filing ation's funds. Also enter litical organization, such | |
| (a) Name | | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | |
| (1) | | | - | | | |
| (2) | | | | | | |
| (3) | | | - | | | |
| (4) | | | - | | | |
| (5) | | | | | | |
| (6) | | | - | | | |
| For Paperwork Reduction | on Act Notic | e, see the Instructions for Form 990 o | r 990-EZ. | Schedule | e C (Form 990 or 990-EZ) 2018 | |

Political Campaign and Lobbying Activities

OMB No. 1545-0047

JSA

SCHEDULE C

| Sch | hedule C (Form 990 or 990-EZ) 2018 UNIVER | SITY OF KENTUCKY RESEARCH FOUNDA | 110N 61-60 | J33693 Page Z |
|--------|---|---|---|-----------------------------|
| Pa | art II-A Complete if the organizati section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (elec | tion under |
| Α | | longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures). | ach affiliated group meml | per's name, |
| В | Check ► if the filing organization ch | ecked box A and "limited control" provisions app | oly. | |
| | | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| k c | Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 d Other exempt purpose expenditures Total exempt purpose expenditures (add | public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000. | | |
| | | 5% of line 1f) | | |
| ł | n Subtract line 1g from line 1a. If zero or le | ess, enter -0- | | |
| i | Subtract line 1f from line 1c. If zero or le | ss, enter -0 | | |
| j | If there is an amount other than zero | on either line 1h or line 1i, did the organiza | tion file Form 4720 | |
| | | <u></u> | | Yes No |
| | | 4-Year Averaging Period Under Section 501(h) | | |

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | |
|---|--|-----------------|-----------------|-----------------|------------------|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total | | | |
| 2a Lobbying nontaxable amount | | | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | | | |
| c Total lobbying expenditures | | | | | | | | |
| d Grassroots nontaxable amount | | | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | |
| f Grassroots lobbying expenditures | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

| Schedule C |) (F | orm | 990 | or | 990-EZ | <u>Z</u>) | 2018 |
|------------|------|-----|-----|----|--------|------------|------|
| | | | | | | -/ | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For | each "Ves." response on lines to through the below provide in Part IV a detailed | (a) | | (b) |
|-----|---|--------|-----|---------|
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | |
| | referendum, through the use of: | | | |
| а | Volunteers? | | X | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | | X | |
| с | Media advertisements? | | Х | |
| d | Mailings to members, legislators, or the public? | | Х | |
| е | Publications, or published or broadcast statements? | | Х | |
| f | Grants to other organizations for lobbying purposes? | | Х | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | v | | 173,679 |
| ĥ | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | |
| i | Other activities? | | Х | |
| i | Total. Add lines 1c through 1i | | | 173,679 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Pa | t III-A Complete if the organization is exempt under section $501(c)(4)$ section 501 | (~)(5) | ore | ection |

| 501(c)(6). |
|------------|
| |

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | | | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| 1 | Dues, assessments and similar amounts from members | 1 | |
|---|---|----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| а | Current year. | 2a | |
| | Carryover from last year. | | |
| | Total. | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | |
| | and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1G

DIRECT CONTACT WITH LEGISLATORS, GOV'T OFFICIALS, OR A LEGISLATIVE BODY

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION CONTRACTED WITH CORNERSTONE

GOVERNMENT AFFAIRS DURING THE YEAR ENDED JUNE 30, 2019 TO LOBBY ON BEHALF

OF THE ORGANIZATION.

Part IV Supplemental Information (continued)

| SCHEDULE D | |
|------------|--|
| (Form 990) | |

Supplemental Financial Statements

OMB No. 1545-0047

| (For | m 990) | Complete if t | ୭ ଲ 18 | | | |
|--|---|---|--|-------------------------|--|------------------------------|
| | | Part IV, line 6, 7, | 8, 9, 10, 11a, 11b, 11c, 11 | d, 11e, 11f, 12a, or 12 | 2b. | |
| Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | Open to Public Inspection |
| Name | Employer identificat | | | | | |
| | - | ENTUCKY RESEARCH FOUNDA | TTON | | 61-603369 | |
| | | tions Maintaining Donor Advi | | Similar Funds or A | | 5 |
| Гa | | e if the organization answered | | | Accounts. | |
| | Complete | | (a) Donor advise | | (b) Funds and | other accounts |
| | Total assessments an at a | | | | | |
| 1 | | end of year | | | | |
| 2 | | of contributions to (during year) | | | | |
| 3 | | of grants from (during year) | | | | |
| 4 | | at end of year | | | | |
| 5 | - | tion inform all donors and donor | | | | Yes No |
| ~ | - | anization's property, subject to the | - | - | | |
| 6 | - | ion inform all grantees, donors, a | | | | |
| | | e purposes and not for the benef | | | | Yes No |
| De | | nissible private benefit? | <u> </u> | <u> </u> | | |
| Pa | | ation Easements. e if the organization answered | "Vos" on Form 000 F | Part IV/ line 7 | | |
| 1 | | nservation easements held by the | | | | |
| • | | on of land for public use (e.g., recl | т (| | f a historically imp | ortant land area |
| | | of natural habitat | | | f a certified histor | |
| | | on of open space | L | | | |
| 2 | | a through 2d if the organization he | old a qualified concerve | tion contribution in t | he form of a cone | orvation |
| 2 | | last day of the tax year. | elu a qualifieu conserva | | | End of the Tax Year |
| • | | | | | | |
| a ⊾ | | conservation easements | | | 2a 2b | |
| b | | stricted by conservation easements | | | 20 2c | |
| c d | | rvation easements on a certified rvation easements included in (c | | | 20 | |
| u | | | | | 2d | |
| 3 | | listed in the National Register | | | | zation during the |
| 3 | | Tration easements modified, tran | | guisneu, or termina | lied by the organ | zation during the |
| 4 | tax year ► | where property subject to conse | ryation accoment is least | tod N | | |
| 4 5 | | zation have a written policy reg | | | n handling of | |
| 5 | - | forcement of the conservation eas | | | - | Yes No |
| 6 | | hours devoted to monitoring, inspec | | | | |
| 0 | | nous devoted to monitoring, inspec | any, nanunny or violations | s, and emolening conse | ervation easements | during the year |
| 7 | Amount of expens | ses incurred in monitoring, inspect | ting handling of violation | and enforcing cor | nservation easem | onts during the year |
| | ►s | | ang, nananng or violation | is, and emotening cor | iser valion caseria | inis during the year |
| 8 | | vation easement reported on line 2 | 2(d) above satisfy the rec | nuirements of section | n 170(h)(4)(B)(i) | |
| 0 | | n)(4)(B)(ii)? | | | | Yes No |
| 9 | | ibe how the organization reports | | | | |
| 5 | | nd include, if applicable, the text of | | | | |
| | | counting for conservation easeme | | gamzation o manola | | |
| Pa | | tions Maintaining Collections | | asures, or Other | Similar Assets. | |
| | Complete | e if the organization answered | "Yes" on Form 990, F | Part IV, line 8. | | |
| 1a | | | | | venue statement | and halance sheet |
| ıα | works of art, hist public service. pro | n elected, as permitted under SF torical treasures, or other simila ovide, in Part XIII, the text of the fo | ar assets held for public potnote to its financial st | tatements that desc | ation, or research ribes these items. | in furtherance of |
| | If the organizatio | on elected, as permitted under S torical treasures, or other simila | SFAS 116 (ASC 958), | to report in its rev | venue statement | and balance sheet |

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

2

а

b

public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1.....

Revenue included on Form 990, Part VIII, line 1.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X....

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

▶\$_

▶ \$_

▶ \$

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

| Schor | dule D (Form 990) 2018 | VERSIII OF KEI | NIUCKI RES. | LARCH FUU | NDAIION | 01-00 | 53093 | - | 2 |
|-----------|--|-------------------------|------------------|----------------------|---------------------------------------|---|-------------------|---|-------------------------|
| | | ng Collections of | Art Historica | | or Otho | r Similar Assots | (continu | | Page 2 |
| 3 | tt III Organizations Maintaini Using the organization's acquisition | | | | | | | | of ite |
| З | collection items (check all that app | | other records, | check any o | | wing that are a sig | mincant | use c | 0 115 |
| • | Public exhibition | iy). | d 🗌 L | .oan or excha | | me | | | |
| a L | | | | Oan of exchange | inge progra | a1115 | | | |
| b | Scholarly research Preservation for future gene | rotiona | e 🔤 C | | | | | | |
| C A | | | and avalate h | and that fur | that the a | rachization!a avam | | | Dort |
| 4 | Provide a description of the organ | lization's collections | and explain r | low they fur | ther the o | rganizations exem | pt purpos | se in | Pan |
| - | XIII. | n a aliait ar raaaiwa a | lonations of art | historical tr | | othor cimilor | | | |
| 5 | During the year, did the organization | | | | | | Yes | |] N.a. |
| De | assets to be sold to raise funds rath | | aneu as part oi | the organiza | | | Tes | | No |
| Га | rt IV Escrow and Custodial A Complete if the organiza | | s" on Form 9 | 00 Part IV | ling 9 or | reported an amou | int on Ec | h | |
| | 990, Part X, line 21. | | 3 011 0111 3 | 30, i aitiv, | iii e 3, 0i | reported an amot | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 12 | Is the organization an agent, truste | o custodian or othe | r intermediary | for contribut | ions or oth | or accate not | | | |
| Ia | included on Form 990, Part X? | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement i | n Part XIII and comr | lete the followi | na table: | | | 163 | | |
| b | in res, explain the attangement | n Fait Ani and comp | | ing table. | | Amour | \ + | | |
| с | Beginning balance | | | | 1c | Anou | | | |
| с А | Beginning balance | | | | | | | | |
| e | Additions during the year | | | | 1d 1e | | | | |
| f | Distributions during the year Ending balance | | | | 1e 1f | | | | |
| 2a | Did the organization include an am | ount on Form 990 | Part X line 21 | for escrow (| | Laccount liability? | Yes | | No |
| b | If "Yes," explain the arrangement i | | | | | | | | |
| - | rt V Endowment Funds. | | | | en providee | | | - | |
| Ιa | Complete if the organiza | ation answered "Ye | s" on Form 9 | 90 Part IV | line 10 | | | | |
| | | (a) Current year | (b) Prior yea | | years back | (d) Three years back | (e) Four | vears | back |
| | | 14,369,238. | 13,869,8 | | 311,574 | | | | 404. |
| 1a | Beginning of year balance | 615,122. | | 58. | 8,584 | | | | ,744. |
| b | Contributions | 0107122. | ,,,- | | 0,001 | . 0,000,111 | | | |
| С | Net investment earnings, gains, | 845,585. | 861,6 | 63 1 4 | 408,444 | 77,666 | | 40 | ,579. |
| | and losses | 015,505. | 001,0 | | 100,111 | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 10, | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | 274,537. | 298,1 | 27 | 292,067 | . 94,810 | | 89 | ,469. |
| - | and programs | 118,151. | 71,6 | | 66,689 | | | | , <u>105</u> . ,511. |
| f | Administrative expenses | 15,437,257. | 14,369,2 | | 369,846 | | | | $\frac{747}{747}$ |
| g | End of year balance | | | | | | ц, т, | <u> </u> | |
| 2 | Provide the estimated percentage Board designated or quasi-endown | of the current year e | end balance (lir | ne 1g, column | (a)) held a | S: | | | |
| a k | Permanent endowment \blacktriangleright 27.4 | | /0 | | | | | | |
| b | Temporarily restricted endowment | | | | | | | | |
| С | The percentages on lines 2a, 2b, a | | 1009/ | | | | | | |
| 20 | | | | that are half | d and adm | iniatorod for the | | | |
| Ja | Are there endowment funds not in | the possession of th | le organization | that are new | a and adm | | Г | Yes | No |
| | organization by: | | | | | | 3a(i) | 103 | X |
| | (i) unrelated organizations | | | | | | 3a(i) | Х | |
| h | (ii) related organizations If "Yes" on line 3a(ii), are the related | | | | | | 3b | X | |
| ь 4 | Describe in Part XIII the intended u | • | | | | | 50 | | |
| | rt VI Land, Buildings, and Equ | <u>v</u> | | | | | | | |
| r a | Complete if the organize | ation answered "Ye | es" on Form 9 | 990, Part IV, | line 11a. | See Form 990, P | art X, Iin | <u>e 10</u> | |
| | Description of property | (a) Cost or | | Cost or other ba | | | (d) Book va | lue | |
| 1a | Land | (inves | | (other) 2,336,45 | | preciation | 2.3 | 36,4 | 155 |
| ia b | Buildings | | | 1,682,76 | | 065,100. | | 17,6 | |
| D D | Leasehold improvements | | | _,, . | | | 0 | _ / / (| |
| d | Equipment | | | | | | | | |
| | | | | | | | | | |
| e Tota | Other I. Add lines 1a through 1e. <i>(Column</i> | | n 990 Part Y o | olumn (R) lin | 10c) | | 2 9 | 54,1 | 21 |
| TULA | | i juj musi equal FOM | н ээо, ган Л, С | ыцпп (<i>В)</i> , Ш | · · · · · · · · · · · · · · · · · · · | | ر ۲ dula D (Fa | | |

Schedule D (Form 990) 2018

| Schedule D (F | Form 990) 2018 | | | Page 3 |
|---------------|--|---------------------|---|--------------------|
| Part VII | Investments - Other Securities. Complete if the organization answered | I "Yes" on Form 990 | , Part IV, line 11b. See Form 990 | , Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year mar | |
| (1) Financia | al derivatives | | | |
| | -held equity interests | | | |
| (3) Other_ | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | l "Vos" on Form 000 | Part IV/ line 11c See Form 000 | Dort V line 12 |
| | | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valua Cost or end-of-year mar | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| _(4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | l "Vos" on Form 990 | Part IV line 11d See Form 990 | Part X Jino 15 |
| | · · · | scription | , raitiv, line rru. See roini 990 | (b) Book value |
| (1) | (a) De | scription | | |
| (2) | | | | |
| (3) | | | | |
| (3)(4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B) I | ine 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | | | rm 990, Part X, |
| 1. | (a) Description of liability | (b) Book valu | e | |
| | ral income taxes | .,, | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | |

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

| Schedu | le D (Form 990) 2018 | | | Page 4 | | | | |
|--------|--|-----------------|----------|--------------------|--|--|--|--|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Reven Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | |). | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 341,242,375. | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | | |
| а | Net unrealized gains (losses) on investments | 529,642. | | | | | | |
| b | Donated services and use of facilities | | | | | | | |
| с | Recoveries of prior year grants | | | | | | | |
| d | Other (Describe in Part XIII.) | 41,707. | | | | | | |
| е | Add lines 2a through 2d | | 2e | 571,349. | | | | |
| 3 | Subtract line 2e from line 1 | | 3 | 340,671,026. | | | | |
| 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.) | 1,480,263. | | | | | | |
| | Add lines 4a and 4b | | 4c | 1,480,263. | | | | |
| 5 | Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) | | 5 | 342,151,289. | | | | |
| Part | Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a | | | | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 319,754,539. | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | | |
| а | Donated services and use of facilities | | | | | | | |
| b | Prior year adjustments | | | | | | | |
| с | Other losses | | | | | | | |
| d | Other (Describe in Part XIII.) | 1,480,263. | | | | | | |
| е | Add lines 2a through 2d | | 2e | -1,480,263. | | | | |
| 3 | Subtract line 2e from line 1 | | 3 | 321,234,802. | | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | | | | | |
| b | Other (Describe in Part XIII.) | -41,707. | | | | | | |
| С | Add lines 4a and 4b | | 4c | -41,707. | | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | | 5 | 321,193,095. | | | | |
| | XIII Supplemental Information. | | | | | | | |
| Provic | le the descriptions required for Part II, lines 3, 5, and 9: Part III, lines 1a and 4: Part IV, line | s 1b and 2b: Pa | rt V. li | ne 4: Part X. line | | | | |

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

| Schedule D (Form 990) 2018 UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION | 61-6033693 | Page 5 |
|---|------------|---------------|
| Part XIII Supplemental Information (continued) | | |
| SCHEDULE D, PART V, LINE 4 | | |
| INTENDED USES OF ENDOWMENT FUNDS | | |
| TO SUPPORT THE PROGRAM IN CARRYING OUT THE INSTRUCTION, RESEARCH AND | | |
| PUBLIC SERVICE ACTIVITIES. | | |
| | | |
| SCHEDULE D, PART XI, LINE 2D | | |
| OTHER CHANGES | | |
| AUDITED FINANCIAL STATEMENT REVENUE INCLUDED AS EXPENSE ON 990: \$41,707 | | |
| | | |
| SCHEDULE D, PART XI, LINE 4B | | |
| OTHER CHANGES | | |
| GRANT REVENUE INCLUDED AS EXPENSE ON AUDITED FINANCIAL STATEMETS AND | | |
| INCLUDED AS REVENUE ON FORM 990: \$1,480,263 | | |
| | | |
| SCHEDULE D, PART XII, LINE 2D | | |
| OTHER CHANGES | | |
| GRANT REVENUE INCLUDED AS EXPENSE ON AUDITED FINANCIAL STATEMETS AND | | |
| INCLUDED AS REVENUE ON FORM 990: \$(1,480,263) | | |
| | | |
| SCHEDULE D, PART XII, LINE 4B | | |
| OTHER CHANGES | | |
| AUDITED FINANCIAL STATEMENT REVENUE INCLUDED AS EXPENSE ON 990: \$(41,707 |) | |

| (Form 990) Go | Vernmei Diete if the or | nts, and In ganization ans ► A | Assistance to Individuals in Swered "Yes" on F ttach to Form 990 (Form990 for the I | n the United form 990, Part IV | d States , line 21 or 22. | | OMB No. 1545-0047 20 18 Open to Public Inspection on number |
|---|-----------------------------------|--------------------------------------|---|---------------------------------------|--|---------------------------------------|--|
| UNIVERSITY OF KENTUCKY RESEARCH FO | UNDATION | | | | | 61-603369 | |
| Part I General Information on Grants and | | | | | | | |
| Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proceed | s or assistanc lures for mon | e? hitoring the use | of grant funds in th | e United States. | | | Yes X No |
| Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th | | | | | | | es" on Form 990, |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) UNIVERSITY OF KENTUCKY | _ | | | | | | SCHOLARSHIPS & |
| 301 PETERSON BLDG, LEXINGTON, KY 40506-0005 | 61-6001218 | | 30,542,221. | | | | CAPITAL PURCHASES |
| _(2) | - | | | | | | |
| (3) | - | | | | | | |
| (4) | _ | | | | | | |
| (5) | - | | | | | | |
| (6) | _ | | | | | | |
| _(7) | _ | | | | | | |
| (8) | - | | | | | | |
| (9) | - | | | | | | |
| (10) | _ | | | | | | |
| (11) | - | | | | | | |
| (12) | - | | | | | | |
| 2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list | - | • | | | | | 1. |

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

Schedule I (Form 990) (2018)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|-----------------------------------|--|--|
| | | | | | |
| | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 5 | | | | | |
| 7 | | | | | |
| art IV Supplemental Information. Provide information. | e the information re | quired in Part I, | line 2, Part III, c | column (b); and any c | other additional |

| (Forr | SCHEDULE J (Form 990) Compensation Information OM For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees OM Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. OM Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OM | | | | | | |
|---------|--|--|--|--|-------|---------|--------|
| - | Revenue Service of the organization | | | Employer identification | Inspe | | n |
| | 0 | KENTUCKY RESEARCH FOUNDAT | | 61-6033693 | numbe | • | |
| Part | | is Regarding Compensation | | 01 0033093 | | | |
| Fari | Question | is Regarding compensation | | | | Yes | No |
| 1a b | 990, Part VII, First-cla Travel fo Tax inde Discretio | Section A, line 1a. Complete Part III to iss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th | by by ided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, chain the organization follow a written policy reference of the service of the ser | these items. personal use nal residence on fees auffeur, chef) egarding payment | | | |
| | | | penses described above? If "No," com | plete Part III to | | | |
| 2 | Did the orga | | to reimbursing or allowing expenses | - | 1b | | |
| | | | D/Executive Director, regarding the items | CHECKED ON TIME | 2 | | |
| | | | | • • • • • • • • • • | 2 | | |
| 3 | organization's related organ Comper Indepen | CEO/Executive Director. Check all the | nization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa X Written employment contract Compensation survey or study X Approval by the board or compensation | ds used by a art III. | | | |
| 4 | organization of | or a related organization: | Part VII, Section A, line 1a, with respect to | - | | | |
| а | Receive a sev | verance payment or change-of-control p | ayment? | | 4a | | X |
| b | Participate in | , or receive payment from, a suppleme | ental nonqualified retirement plan? | | 4b | Х | |
| С | Participate in | , or receive payment from, an equity-ba | ased compensation arrangement? | | 4c | | X |
| | | | rovide the applicable amounts for each it | em in Part III. | | | |
| 5 | For persons I | | , line 1a, did the organization pay or accrue | any | | | |
| а | | - | | | 5a | | Х |
| b | | | | | 5b | | Х |
| | If "Yes" on lin | e 5a or 5b, describe in Part III. | | | | | |
| 6 | - | isted on Form 990, Part VII, Section A n contingent on the net earnings of: | , line 1a, did the organization pay or accrue | any | | | |
| а | The organizat | ion? | | | 6a | | Х |
| b | - | rganization? e 6a or 6b, describe in Part III. | | | 6b | | X |
| 7 | For persons | listed on Form 990, Part VII, Section | on A, line 1a, did the organization prov | ide any nonfixed | | | |
| 8 | payments not Were any am | t described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII, | escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If | it was subject | 7 | | X |
| | | - | | | 8 | | х |
| 9 | If "Yes" on I | line 8, did the organization also fol | low the rebuttable presumption proced | ure described in | 9 | | |
| For Pa | | ction Act Notice, see the Instructions for Fe | | Schedu | - | orm 990 |) 2018 |

Page 2

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 on 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 aren't listed on Form 990, Part VII.

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

| | | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (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 | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| BLACKWELL, DAVID W. | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 1 ^{DIRECTOR} | (ii) | 524,879. | 0. | 8,360. | 52,767. | 8,482. | 594,488. | |
| CAPILOUTO, ELI | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 2 ^{PRESIDENT} | (ii) | 790,000. | 0. | 698,867. | 346,500. | 13,495. | 1,848,862. | |
| CASSIS, LISA | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| VP AND EXECUTIVE DIRECTOR | (ii) | 412,804. | 0. | 4,487. | 41,509. | 9,528. | 468,328. | |
| KRAUSS, SUSAN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 4 ^{TREASURER} | (ii) | 219,151. | 19,553. | 3,154. | 22,730. | 19,135. | 283,723. | |
| MONDAY, ERIC N. | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 5 ^{DIRECTOR} | (ii) | 440,728. | 14,412. | 4,372. | 194,453. | 17,226. | 671,191. | |
| NEWMAN, MARK | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 6 ^{DIRECTOR} | (ii) | 1,111,098. | 252,088. | 68,881. | 111,492. | 12,684. | 1,556,243. | |
| SMITH, BRET | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 7 ^{DIRECTOR} | (ii) | 247,540. | 6,932. | 1,040. | 25,136. | 10,571. | 291,219. | |
| SMITH, SUZANNE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 8 ^{DIRECTOR} | (ii) | 120,473. | 0. | 24,879. | 14,819. | 10,046. | 170,217. | |
| KARPF, MICHAEL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| FORMER DIRECTOR | (ii) | 925,231. | 140,225. | 25,820. | 139,540. | 13,899. | 1,244,715. | |
| MEIER, MARK | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 10 ^{FORMER DIRECTOR} | (ii) | 150,821. | 0. | 34,827. | 15,328. | 10,026. | 211,002. | |
| SCHOENBERG NANCY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 11 ^{FORMER DIRECTOR} | (ii) | 212,401. | 48,835. | 455. | 21,464. | 10,147. | 293,302. | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2018

Page 3

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4C

A 457(F) CONTRACT WAS WRITTEN FOR DR. CAPILOUTO STARTING JULY 1, 2016

WITH PAYMENTS COMMENCING FOR \$178,000 AND PAYABLE EACH YEAR ON JULY 1

THROUGH 2019 AS LONG AS HE HAS CONTINUED EMPLOYMENT THROUGH JUNE 30,

2020. IF STILL EMPLOYED ON JULY 1, 2020, AN ADDITIONAL PAYMENT WILL BE

CREDITED.

A 415(M) CONTRACT WAS WRITTEN FOR DR. MONDAY STARTING JULY 1, 2018 WITH PAYMENTS COMMENCING FOR \$150,000 AND PAYABLE EACH YEAR JULY 1 THROUGH 2020 AS LONG AS HE HAS CONTINUED EMPLOYMENT THROUGH JUNE 30, 2020.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



| Department of the Treasury Internal Revenue Service | Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir | s.gov/form990. Inspection |
|--|---|--------------------------------|
| Name of the organization | | Employer identification number |
| UNIVERSITY OF KENT | UCKY RESEARCH FOUNDATION | 61-6033693 |

FORM 990, PART I, LINE 1

ORGANIZATION STRUCTURE AND OPERATION THE PROGRAM SERVES AS THE UNIVERSITY'S AGENT IN THE RECEIPT OF ALL EXTERNAL GRANTS AND CONTRACTS, INTELLECTUAL PROPERTY INCOME AND OTHER DESIGNATED INCOME; OVERSEES THE PROTECTION, DEVELOPMENT AND COMMERCIALIZATION OF INTELLECTUAL PROPERTIES; AND MANAGES SPECIAL COOPERATIVE AGREEMENTS. THE UNIVERSITY OF KENTUCKY OPERATES THE CORPORATION AS A COST CENTER WITHIN ITS CONSOLIDATED FINANCIAL STATEMENTS. THE AMOUNTS REFLECTED ON THIS RETURN ARE FOR THE UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION DEPARTMENT COST CENTER AND INCLUDE FUNDS DEPOSITED OR DISBURSED DIRECTLY BY THE UNIVERSITY UNDER ITS EMPLOYER IDENTIFICATION NUMBER (EIN) RATHER THAN THAT OF THE CORPORATION. INDEPENDENT CONTRACTORS IF APPLICABLE ARE PAID UNDER THE UNIVERSITY'S EIN AND IRS FORM 1099'S ARE ISSUED UNDER THE UNIVERSITY'S EIN AS WELL.

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

THE PROGRAM SERVES AS THE UNIVERSITY'S AGENT IN THE RECIEPT OF ALL EXTERNAL GRANTS AND CONTRACTS, INTELLECTUAL PROPERTY INCOME AND OTHER DESIGNATED INCOME; OVERSEES THE PROTECTION, DEVELOPMENT AND COMMERCIALIZATION OF INTELLECTUAL PROPERTIES; AND MANAGES SPECIAL COOPERATIVE AGREEMENTS. UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

Employer identification number 61-6033693

FORM 990, PART VI, LINE 2

BUSINESS AND FAMILY RELATIONSHIPS

THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP AS A RESULT OF THEIR EMPLOYMENT WITH THE UNIVERSITY OF KENTUCKY: DAVID BLACKWELL, ELI CAPILOUTO, LISA CASSIS, ROBERT GROSSMAN, SUSAN KRAUSS, ERIC MONDAY, MARK NEWMAN, BRET SMITH, JACK SUPPLEE, AND SUZANNE SMITH.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

UNIVERSITY OF KENTUCKY FINANCE PERSONNEL PREPARE AND REVIEW THE FORM 990. THE FORM 990 IS ALSO REVIEWED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. THE RETURN IS PROVIDED TO BOARD OFFICERS PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. THE RETURN IS PROVIDED TO ALL BOARD MEMBERS AFTER THE RETURN IS FILED.

FORM 990, PART VI, LINE 12C

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION IS ADMINISTERED IN ACCORDANCE WITH POLICIES AND PROCEDURES THAT GOVERN THE UNIVERSITY OF KENTUCKY. THE UNIVERSITY'S ETHICAL PRINCIPLES AND CODE OF CONDUCT DEFINES THE UNIVERSITY'S CORE VALUE AND ESTABLISHES GUIDELINES FOR PROFESSIONAL CONDUCT INCLUDING CONFLICT OF INTEREST. ALL UNIVERSITY MEMBERS SHALL AVOID CONDUCT THAT MIGHT IN ANY WAY LEAD MEMBERS OF THE GENERAL PUBLIC TO CONCLUDE THAT HE OR SHE IS USING AN OFFICIAL POSITION TO FURTHER PROFESSIONAL OR PRIVATE INTERESTS OR THE INTERESTS OF ANY MEMBERS OF HIS OR HER FAMILY. IN CONDUCTING OR PARTICIPATING IN ANY TRANSACTION, FULL DISCLOSURE OF ANY

| Schedule O (Form 990 or 990-EZ) 2018 | F | Pa |
|--|--------------------------------|----|
| Name of the organization | Employer identification number | |
| UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION | 61-6033693 | |

REAL OR PERCEIVED CONFLICT WITH PERSONAL INTERESTS AND REMOVAL FROM FURTHER PARTICIPATION IN SUCH MATTERS IS REQUIRED.

ADMINISTRATIVE REGULATION 7:2 FINANCIAL CONFLICTS OF INTEREST IN RESEARCH AND ADMINISTRATIVE REGULATION 7:9 INSTITUTIONAL CONFLICTS OF INTEREST INVOLVING RESEARCH SET FORTH SPECIFIC RELATIONSHIPS AND ACTIVITIES THAT POSE A POTENTIAL CONFLICT OF INTEREST FOR FACULTY, STAFF, AND STUDENTS INVOLVED IN RESEARCH AND RELATED ACTIVITIES. AFTER DISCLOSURE, THE UNIVERSITY CAN MAKE AN INFORMED JUDGMENT ABOUT A PARTICULAR ACTIVITY AND REQUIRE APPROPRIATE OVERSIGHT, LIMITATIONS, OR PROHIBITIONS IN ACCORD WITH THIS POLICY.

FORM 990, PART VI, LINE 15A

COMPENSATION REVIEW AND APPROVAL PROCESS - OFFICERS THE UNIVERSITY PRESIDENT'S COMPENSATION IS ESTABLISHED AND APPROVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF KENTUCKY. THE PRESIDENT IS OFFERED A MULTI-YEAR CONTRACT WHICH OUTLINES BASE SALARY, VARIABLE PAY, BENEFITS ANDOTHER PERQUISITES. THIS TOTAL COMPENSATION PACKAGE IS BENCHMARKED WITH OTHER LAND GRANT INSTITUTIONS WITH ACADEMIC MEDICAL CENTERS.

FORM 990, PART VI, LINE 15B COMPENSATION REVIEW AND APPROVAL PROCESS - OTHER EMPLOYEES THE UNIVERSITY EMPLOYS EXECUTIVES AND ATHLETIC COACHES IN NON-GRADED EXEMPT POSITIONS. OTHER THAN THE PRESIDENT, THESE EXECUTIVES/COACHES ARE PRESENTED WITH AN OFFER LETTER THAT OUTLINES THEIR BASE SALARY, VARIABLE

| Schedule O (Form 990 or 990-EZ) 2018 | P | 'a |
|--|--------------------------------|----|
| Name of the organization | Employer identification number | |
| UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION | 61-6033693 | |

PAY (IF APPLICABLE) AND PERQUISITES. EMPLOYEE BENEFITS OTHER THAN RETIREMENT CONTRIBUTIONS ARE OFFERED AT THE SAME LEVEL AS STAFF EMPLOYEES. RETIREMENT CONTRIBUTIONS BY THE INSTITUTION FOR SENIOR EXECUTIVE MAY BE AT A HIGHER LEVEL (E.G. 15% EMPLOYER CONTRIBUTION) FOR SOME EXECUTIVES. BASE SALARIES AND VARIABLE PAY ARE BENCHMARKED WITH THE UNIVERSITY'S BENCHMARK INSTITUTIONS, IN ADDITION TO REGIONAL AND NATIONAL CARE AND BUSINESS ENTITIES. TOTAL COMPENSATION OFFERED TO THESE EXECUTIVE INDIVIDUALS AND COACHES IS APPROVED BY THE PRESIDENT OF THE UNIVERSITY OR HIS DESIGNEE, ATHLETICS DIRECTOR IF COACH COMPENSATION IS LESS THAN \$75,000.

FORM 990, PART VI, SECTION C, LINE 19 OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE DISCLOSED ON THE UNIVERSITY OF KENTUCKY'S WEBSITE.

THE ORGANIZATION IS ADMINISTERED IN ACCORDANCE WITH POLICIES AND PROCEDURES THAT GOVERN THE UNIVERSITY OF KENTUCKY. THE UNIVERSITY'S ADMINISTRATIVE REGULATIONS AND POLICIES ARE PUBLISHED ON THE UNIVERSITY'S WEBSITE AT WWW.UKY.EDU. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE AT

WWW.UKY.EDU/UFS/FINANCIAL-STATEMENTS-AND-INVESTOR-INFORMATION.

JSA 8E1228 1.000

| SCHED | ULE R |
|-------|--------------|
| (Form | 990) |

Related Organizations and Unrelated Partnerships

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

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



61-6033693

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|---------------------|---------------------------|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Part II

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g Section 5 contr enti | rolled |
|---|--------------------------------|---|----------------------------|---|--|----------------------------------|--------|
| | | | | | | Yes | No |
| (1) UNIVERSITY OF KENTUCKY 61-6001218 | | | | | | | |
| 301 PETERSON SERVICE BUILDING LEXINGTON, KY 40506 | HIGHER ED | КY | 6 | | N/A | | Х |
| (2) | | | | | | | l |
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| (3) | | | | | | | l |
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| (6) | | | | | | | |
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| (7) | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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

| | | | | aranoromp daring an | o lax your. | | | | 1 | | | |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|---|---------|-----------------------------|---|-------------|--|---------------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of- year assets | Disprop | h) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | j) eral or aging ther? | (k) Percentage ownership |
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t conti ent | (i) ction (b)(13 trollec tity? |
|---|------------|--------------------------------|--|-----|--|--|--|---------------------------------------|------------------------------|--|
| | | | | | | | | | Yes | No |
| (1) KENTUCKY TECHNOLOGY INC | 61-1160755 | | | | | | | | | |
| 1500 BULL LEA BLVD, LEXINGTON, KY 45011 | | SEE PART VII | КY | UK | C CORP | 36,083. | 7,978,742. | 100.0000 | x | |
| (2) SECAT INC | 61-1354889 | | | | | | | | | |
| 1501 BULL LEA BLVD, LEXINGTON, KY 45011 | | SALES | КY | KTI | C CORP | -44,161. | 2,027,608. | 100.0000 | x | |
| (3) | | - | | | | | | | | |
| (4) | | - | | | | | | | | |
| (5) | | _ | | | | | | | | |
| (6) | | _ | | | | | | | $\left \right $ | |
| (7) | | _ | | | | | | | $\left \right $ | |

Schedule R (Form 990) 2018

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

61-6033693

Page **3**

Schedule R (Form 990) 2018

| Part | Transactions With Related Organizations. Complete if the organization answered "Ye | es" on Form 990, Pai | rt IV, line 34, 35b, or 36. | | | |
|------|--|---------------------------|-------------------------------|--------------|---------------------|---------|
| Note | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Ye | es No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more | related organizations lis | sted in Parts II-IV? | | | |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | a | X |
| | Gift, grant, or capital contribution to related organization(s) | | | | | x |
| | Gift, grant, or capital contribution from related organization(s) | | | | С | x |
| | _oans or loan guarantees to or for related organization(s) | | | | d | X |
| | _oans or loan guarantees by related organization(s) | | | | е | X |
| | | | | | | |
| f | Dividends from related organization(s) | | | | f | X |
| g | Sale of assets to related organization(s) | | | | g | X |
| h | Purchase of assets from related organization(s) | | | 1 | h | X |
| | Exchange of assets with related organization(s). | | | | li | X |
| j | _ease of facilities, equipment, or other assets to related organization(s) | | | | j | X |
| | | | | | | |
| k | ease of facilities, equipment, or other assets from related organization(s) | | | | k | X |
| I I | Performance of services or membership or fundraising solicitations for related organization(s) | | | | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s). | | | 1 | m | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | n | X |
| | Sharing of paid employees with related organization(s) | | | | 0 | X |
| | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | 1 | p | x |
| q | Reimbursement paid by related organization(s) for expenses | | | 1 | q | X |
| | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | r | X |
| S | Other transfer of cash or property from related organization(s). | | | <u></u> 1 | S | X |
| 2 | f the answer to any of the above is "Yes," see the instructions for information on who must complete t | _ | • | | | |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | Method of | i) determ | inina |
| | | type (a-s) | | amount | | |
| | | | | | | |
| | | | | | | |
| (1) | UNIVERSITY OF KENTUCKY | В | 45,617,044. | COST | | |
| (a) | | | 16 555 000 | | | |
| (2) | UNIVERSITY OF KENTUCKY | С | 16,555,090. | COST | | |
| (0) | | 5 | 101 000 771 | GOGT | | |
| (3) | UNIVERSITY OF KENTUCKY | P | 191,880,771. | COST | | |
| () | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (5) | | | | | | |
| (0) | | | | | | |
| (6) | | | C_ | hedule R (Fo | 00 | 0) 2040 |
| JSA | | | Sc | neaule K (FO | m 99 | u) 2018 |

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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.

| or entity | (state or foreign income (related, section to country) unrelated, excluded 501(c)(3) organizations? | | Share of total income | | | (h) bortionate ations? (Form 1065) | | | | | | | |
|-----------|---|--|--------------------------|--|---|---|---|--|---|---|---|---|---|
| | | | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | country unrelated, excluded from tax under sections 512-514) | country unrelated, excluded from tax under sections 512-514) Software | country) unrelated, excluded from tax under sections 512-514) 501(c)(3) organizations? Yes No | country) unrelated, excluded from tax under sections 512-514) Soft(c)(3) organizations? | country unrelated, excluded free (action of sections) organizations? sasets grain sections 512-514) Yes No | country unrelated, excluded from tax under sections 512.514) 501(c)(3) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | country unrelated, sculude form 1x under sections 512-514) build organizations? Yes assets unrelated, sculude (Form 1065) Yes No Yes No Yes No Image: Section S 512-514) Yes No Yes No Image: Section S 512-514) Yes No Image: Section S 512-514) Yes No Image: Section S 512-514) Image: Section S 512-514) | country unrelated, excluded reganizations? massets unrelated, excluded (Form 1065) part (Form 1065) Image: State | $ \begin{array}{ c c c c c } \hline country & under declarge declarge base base base base base base base bas$ |

Schedule R (Form 990) 2018

Page 5

Schedule R (Form 990) 2018

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

PART IV, LINE 1, COLUMN B

PRIMARY ACTIVITY

KENTUCKY TECHNOLOGY, INC. IS ORGANIZED TO MARKET INTELLECTUAL PROPERTIES

OF A COMMERCIAL NATURE IN ORDER TO FURTHER THE UNIVERSITY OF KENTUCKY'S

TECHNOLOGY TRANSFER PROGRAM AND OTHER ECONOMIC DEVELOPMENT EFFORTS BASED

ON UNIVERSITY-DEVELOPED TECHNOLOGY.