

# Public Disclosure Copy

## Form 990

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: YOUNGSTOWN STATE UNIVERSITY FOUNDATION
D Employer identification number: 34-6576610
E Telephone number: 330-941-3211
G Gross receipts \$: 123,948,475.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: YSUFOUNDATION.ORG
K Form of organization: [X] Corporation
L Year of formation: 1966
M State of legal domicile: OH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer PAUL MCFADDEN, PRESIDENT, Date 11/14/24
Paid: Print/Type preparer's name AMANDA M. COON, Preparer's signature AMANDA M. COON, Date 11/14/24, PTIN P01754645
Preparer Use Only: Firm's name PLANTE & MORAN, PLLC, Firm's EIN 38-1357951, Firm's address 250 S. HIGH ST, SUITE 100, COLUMBUS, OH 43215, Phone no. 614-849-3000

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE YOUNGSTOWN STATE UNIVERSITY FOUNDATION IS AN INDEPENDENT, NON-PROFIT ORGANIZATION FOCUSED ON SUPPORTING STUDENT SCHOLARSHIPS, STUDENT DEVELOPMENT, AND CAREER OPPORTUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 17,467,998. including grants of \$ 16,640,841. ) (Revenue \$ ) THE YOUNGSTOWN STATE UNIVERSITY FOUNDATION IS AN INDEPENDENT, NON-PROFIT ORGANIZATION FOCUSED ON SUPPORTING STUDENT SCHOLARSHIPS, STUDENT DEVELOPMENT, AND CAREER OPPORTUNITIES.

THE YOUNGSTOWN STATE UNIVERSITY FOUNDATION IS A CATALYTIC FORCE FOR THE ADVANCEMENT OF YSU, THE YOUNGSTOWN COMMUNITY, AND NORTHEAST OHIO. YSUF IS A CRITICAL SOURCE OF SUPPORT, OPPORTUNITY, AND EXCELLENCE FOR YSU STUDENTS AND UNIVERSITY PROGRAMS.

THE COMPETITION FOR STUDENTS IN HIGHER EDUCATION HAS NEVER BEEN GREATER. THE YSU FOUNDATION, PROVIDING OVER \$16.6 MILLION IN ANNUAL SCHOLARSHIP AID, HAS HISTORICALLY DESIGNED SCHOLARSHIP AWARDS TO

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 17,467,998.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 on Schedule O. |     |    |
|           | <b>1a</b> 42   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 42   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |     | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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  
PAUL MCFADDEN - 330-941-3211  
655 WICK AVENUE, YOUNGSTOWN, OH 44502

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                             | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) PAUL MCFADDEN<br>PRESIDENT                    | 40.00<br>0.00   |   |                       | X       |              |                              |        | 272,625.  | 0.   | 23,111.   |
| (2) HEATHER CHUNN<br>VICE PRESIDENT               | 40.00<br>0.00   |   |                       |         |              | X                            |        | 146,655.  | 0.   | 22,290.   |
| (3) BRIAN NORD<br>SENIOR DEVELOPMENT OFFICER      | 40.00<br>0.00   |   |                       |         |              | X                            |        | 132,982.  | 0.   | 14,427.   |
| (4) LEONARD MORRIS<br>CONTROLLER                  | 40.00<br>0.00   |   |                       |         |              | X                            |        | 114,743.  | 0.   | 5,328.  |
| (5) ED MURANSKY<br>CHAIR/TRUSTEE                  | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) FRANK HIERRO<br>IMMEDIATE PAST CHAIR/TRUSTEE  | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (7) NADER ATWAY<br>VICE CHAIR/TRUSTEE             | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (8) THEODORE SCHMIDT<br>TREASURER/TRUSTEE         | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (9) JOHN MOLITERNO<br>ASSISTANT TREASURER/TRUSTEE | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (10) JUDE NOHRA<br>SECRETARY/TRUSTEE              | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (11) BENJAMIN KECK<br>ASSISTANT SECRETARY/TRUSTEE | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (12) PETER J. ASIMAKOPOULOS<br>TRUSTEE            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) NANCY BEEGLY<br>TRUSTEE                      | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) GERMAINE BENNETT<br>TRUSTEE                  | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) A. GARY BITONTE<br>TRUSTEE                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) ALEXA SWEENEY BLACKANN<br>TRUSTEE            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) RICHARD BLASE<br>TRUSTEE                     | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) LEE BURDMAN<br>TRUSTEE                                    | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) MARTHA BUSHEY<br>TRUSTEE                                  | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) CAPRI CAFARO<br>TRUSTEE                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) NIKKI CARTER<br>TRUSTEE                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) THOMAS J. CAVALIER<br>TRUSTEE                             | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) DOMENIC L. CONSTANTINI<br>TRUSTEE                         | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) ALAN W. COPE<br>TRUSTEE                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) ALFRED J. FLEMING<br>TRUSTEE                              | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) THOMAS J. FLEMING<br>TRUSTEE                              | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 667,005.  | 0.   | 65,156.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 667,005.  | 0.   | 65,156.   |

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 4

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                     | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GRAYSTONE CONSULTING, 4449 EASTON WAY, SUITE 300, COLUMBUS, OH 43219 | INVESTMENT MANAGEMENT          | 373,285.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A)<br>Name and title                                 | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) JOHN F. GELETKA<br>TRUSTEE                       | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) JAMES GELLER<br>TRUSTEE                          | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) STEPHEN J. GURGOVITS<br>TRUSTEE                  | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) KEVIN HELMICK<br>TRUSTEE                         | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) CHANDRER KOHLI<br>TRUSTEE                        | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) JOCELYNE KOLLAY LINSALATA<br>TRUSTEE - PART YEAR | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (33) GARRY L. MROZEK<br>TRUSTEE                       | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) ELBA NAVARRO<br>TRUSTEE                          | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) CARL A. NUNZIATO<br>TRUSTEE                      | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) KATHLEEN PADGITT<br>TRUSTEE                      | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) ANTHONY PAYIAVLAS<br>TRUSTEE                     | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (38) JOHN L. POGUE<br>TRUSTEE                         | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (39) WILLIAM POOLE<br>TRUSTEE                         | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (40) RICHARD J. SCHIRALDI<br>TRUSTEE                  | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (41) SCOTT SCHULICK<br>TRUSTEE                        | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (42) JAMES H. SISEK<br>TRUSTEE                        | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (43) MARTIN SOLOMON<br>TRUSTEE                        | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (44) DOUG SWEENEY<br>TRUSTEE - PART YEAR              | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (45) RAJIV TANEJA<br>TRUSTEE                          | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (46) RICHARD B. THOMPSON<br>TRUSTEE                   | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c .....           |   |  |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

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

|  |  |  | (A)                  | (B)                                | (C)                        | (D)  |           |  |
|--|--|--|----------------------|------------------------------------|----------------------------|--|-----------|--|
|  |  |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |           |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  | <b>1a</b>            |                                    |                            |  |           |  |
|  | <b>b</b>   | Membership dues  | <b>1b</b>            |                                    |                            |  |           |  |
|  | <b>c</b>   | Fundraising events   | <b>1c</b>            |                                    |                            |  |           |  |
|  | <b>d</b>   | Related organizations  | <b>1d</b>            |                                    |                            |  |           |  |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>            |                                    |                            |  |           |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 12,571,407.                        |                            |  |           |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$ 1,073,115.                      |                            |  |           |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f  |                      | 12,571,407.                        |                            |  |           |  |
| Program Service Revenue                                | <b>2 a</b>   |  | <b>Business Code</b> |                                    |                            |  |           |  |
|  | <b>b</b>   |  |                      |                                    |                            |  |           |  |
|  | <b>c</b>   |  |                      |                                    |                            |  |           |  |
|  | <b>d</b>   |  |                      |                                    |                            |  |           |  |
|  | <b>e</b>   |  |                      |                                    |                            |  |           |  |
|  | <b>f</b>   | All other program service revenue  |                      |                                    |                            |  |           |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f  |                      |                                    |                            |  |           |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                      | 5,499,167.                         |                            | 66,101.  | 5433066.  |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                      |                                    |                            |  |           |  |
|  | <b>5</b>   | Royalties  |                      |                                    |                            |  |           |  |
|  | <b>6 a</b>   | Gross rents  | <b>6a</b>            | (i) Real                           |                            |  |           |  |
|  |  |  |                      | (ii) Personal                      |                            |  |           |  |
|  |  |  |                      |                                    |                            |  |           |  |
|  | <b>b</b>   | Less: rental expenses  | <b>6b</b>            |                                    |                            |  |           |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |           |  |
|  | <b>d</b>   | Net rental income or (loss)  |                      |                                    |                            |  |           |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | <b>7a</b>            | (i) Securities                     |                            |  |           |  |
|  |  |  |                      | (ii) Other                         |                            |  |           |  |
|  |  |  |                      |                                    |                            |  |           |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 89,551,840.                        | 1,624.                     |  |           |  |
|  | <b>c</b>   | Gain or (loss)   | <b>7c</b>            | 16,326,061.                        | -1,624.                    |  |           |  |
| <b>d</b>   | Net gain or (loss)   |  | 16,324,437.          |                                    |                            | 16324437.  |           |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>  |                      |                                    |                            |  |           |  |
|  |  |  |                      |                                    |                            |  |           |  |
| <b>b</b>   | Less: direct expenses  | <b>8b</b>  |                      |                                    |                            |  |           |  |
| <b>c</b>   | Net income or (loss) from fundraising events   |  |                      |                                    |                            |  |           |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>  |                      |                                    |                            |  |           |  |
|  |  |  |                      |                                    |                            |  |           |  |
| <b>b</b>   | Less: direct expenses  | <b>9b</b>  |                      |                                    |                            |  |           |  |
| <b>c</b>   | Net income or (loss) from gaming activities  |  |                      |                                    |                            |  |           |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  | <b>10a</b>   |                      |                                    |                            |  |           |  |
|  |  |  |                      |                                    |                            |  |           |  |
| <b>b</b>   | Less: cost of goods sold   | <b>10b</b>   |                      |                                    |                            |  |           |  |
| <b>c</b>   | Net income or (loss) from sales of inventory   |  |                      |                                    |                            |  |           |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  | <b>Business Code</b> |                                    |                            |  |           |  |
|  | <b>b</b>   |  |                      |                                    |                            |  |           |  |
|  | <b>c</b>   |  |                      |                                    |                            |  |           |  |
|  | <b>d</b>   | All other revenue  |                      |                                    |                            |  |           |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d  |                      |                                    |                            |  |           |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  |                      | 34,395,011.                        | 0.                         | 66,101.  | 21757503. |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 16,640,840.           | 16,640,840.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 474,824.              | 125,060.                        | 211,998.                               | 137,766.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 937,232.              | 419,354.                        | 165,206.                               | 352,672.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 53,975.               | 20,758.                         | 14,984.                                | 18,233.                     |
| <b>9</b> Other employee benefits   | 158,636.              | 63,191.                         | 41,967.                                | 53,478.                     |
| <b>10</b> Payroll taxes  | 98,495.               | 38,503.                         | 26,094.                                | 33,898.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 51,554.               |                                 | 51,554.                                |                             |
| <b>c</b> Accounting  | 63,057.               |                                 | 63,057.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 940,890.              |                                 | 940,890.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 4,598.                |                                 | 4,598.                                 |                             |
| <b>12</b> Advertising and promotion  | 209,981.              | 135,955.                        | 2,099.                                 | 71,927.                     |
| <b>13</b> Office expenses  | 67,489.               | 11,725.                         | 38,236.                                | 17,528.                     |
| <b>14</b> Information technology   | 71,702.               | 11,071.                         | 42,179.                                | 18,452.                     |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 66,822.               |                                 | 66,822.                                |                             |
| <b>17</b> Travel   | 46,149.               | 731.                            | 15,511.                                | 29,907.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 50,063.               | 810.                            | 13,593.                                | 35,660.                     |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 27,864.               |                                 | 27,864.                                |                             |
| <b>23</b> Insurance  | 37,564.               |                                 | 37,564.                                |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> <b>MEMBERSHIP DUES</b>  | 5,636.                |                                 | 5,636.                                 |                             |
| <b>b</b> <b>SUBSCRIPTIONS</b>  | 4,220.                |                                 | 4,220.                                 |                             |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  | 33.                   |                                 | 33.                                    |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 20,011,624.           | 17,467,998.                     | 1,774,105.                             | 769,521.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)                 |              | (B)                 |
|---|--|---------------------|--------------|---------------------|
|   |  | Beginning of year   |              | End of year         |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                     | <b>1</b>     |                     |
|   | <b>2</b> Savings and temporary cash investments .....  | 7,288,180.          | <b>2</b>     | 8,038,405.          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 12,562,431.         | <b>3</b>     | 12,535,213.         |
|   | <b>4</b> Accounts receivable, net .....  |                     | <b>4</b>     |                     |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                     | <b>5</b>     |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                     | <b>6</b>     |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                     | <b>7</b>     |                     |
|   | <b>8</b> Inventories for sale or use .....   |                     | <b>8</b>     |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 526,685.            | <b>9</b>     | 466,964.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 551,090. |              |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 162,317. | 209,156.     | <b>10c</b> 388,773. |
|   | <b>11</b> Investments - publicly traded securities .....   | 272,325,321.        | <b>11</b>    | 295,397,182.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 38,418,582.         | <b>12</b>    | 39,874,500.         |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                     | <b>13</b>    |                     |
|   | <b>14</b> Intangible assets .....  |                     | <b>14</b>    |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 2,597,639.          | <b>15</b>    | 2,732,092.          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 333,927,994.   | <b>16</b>           | 359,433,129. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 929,318.            | <b>17</b>    | 1,120,366.          |
|   | <b>18</b> Grants payable .....   | 10,902,150.         | <b>18</b>    | 11,485,975.         |
|   | <b>19</b> Deferred revenue .....   |                     | <b>19</b>    |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                     | <b>20</b>    |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                     | <b>21</b>    |                     |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                     | <b>22</b>    |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                     | <b>23</b>    |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                     | <b>24</b>    |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                     | <b>25</b>    |                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 11,831,468.         | <b>26</b>    | 12,606,341.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                     |              |                     |
|   | <b>27</b> Net assets without donor restrictions .....  | 163,890,047.        | <b>27</b>    | 172,421,170.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 158,206,479.        | <b>28</b>    | 174,405,618.        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                     |              |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                     | <b>29</b>    |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                     | <b>30</b>    |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                     | <b>31</b>    |                     |
|   | <b>32</b> Total net assets or fund balances .....  | 322,096,526.        | <b>32</b>    | 346,826,788.        |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 333,927,994.   | <b>33</b>           | 359,433,129. |                     |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 34,395,011.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 20,011,624.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 14,383,387.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 322,096,526. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 10,357,790.  |
| 6  | Donated services and use of facilities   | 6  |              |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -10,915.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 346,826,788. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization YOUNGSTOWN STATE UNIVERSITY FOUNDATION Employer identification number 34-6576610

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 11449028. | 12043662. | 18873200. | 15837814. | 12571407. | 70775111. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 11449028. | 12043662. | 18873200. | 15837814. | 12571407. | 70775111. |
| <b>5</b> 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) ..... |           |           |           |           |           | 11499679. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 59275432. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 11449028. | 12043662. | 18873200. | 15837814. | 12571407. | 70775111.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 2747532.  | 6493820.  | 7470719.  | 7710088.  | 5479753.  | 29901912.                |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |           |           | 175,969.  | 44,807.   | 19,414.   | 240,190.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |           |           |           |           |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 100917213                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |           |           |           | 12        |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 58.74 %                             |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | <b>15</b> | 62.66 %                             |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| 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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (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 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2023   |  |   |
| a   | From 2018   |  |   |
| b   | From 2019   |  |   |
| c   | From 2020   |  |   |
| d   | From 2021   |  |   |
| e   | From 2022   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2023 distributable amount  |  |   |
| i   | Carryover from 2018 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2023 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2023 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2019  |  |   |
| b   | Excess from 2020  |  |   |
| c   | Excess from 2021  |  |   |
| d   | Excess from 2022  |  |   |
| e   | Excess from 2023  |  |   |

Schedule A (Form 990) 2023

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

YOUNGSTOWN STATE UNIVERSITY FOUNDATION

Employer identification number

34-6576610

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)



|   |   |
|---|---|
| Name of organization<br><br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>34-6576610</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <br><hr/><br><hr/><br><hr/>       | \$ <u>320,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <br><hr/><br><hr/><br><hr/>       | \$ <u>255,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <br><hr/><br><hr/><br><hr/>       | \$ <u>750,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <br><hr/><br><hr/><br><hr/>       | \$ <u>500,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,000,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <br><hr/><br><hr/><br><hr/>       | \$ <u>313,078.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>34-6576610</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ <u>2,039,861.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/>                 | \$ <u>415,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>34-6576610</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |

|   |   |
|---|---|
| Name of organization<br><br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>34-6576610</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization YOUNGSTOWN STATE UNIVERSITY FOUNDATION Employer identification number 34-6576610

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and several yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 310,564,335.     | 302,359,903.   | 320,615,451.       | 251,128,065.         | 255,732,176.        |
| b Contributions                                  | 6,551,480.       | 4,637,850.     | 13,173,249.        | 7,995,392.           | 7,510,668.          |
| c Net investment earnings, gains, and losses     | 29,958,638.      | 17,320,507.    | -19,735,930.       | 72,815,522.          | -1,692,772.         |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 12,380,985.      | 13,753,925.    | 11,692,867.        | 11,323,528.          | 10,422,007.         |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 334,693,468.     | 310,564,335.   | 302,359,903.       | 320,615,451.         | 251,128,065.        |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 52.6995 %
  - b Permanent endowment 47.3005 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  |     | X  |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 255,804.                        |                              | 255,804.       |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      |                                 |                              |                |
| e Other   |                                      | 295,286.                        | 162,317.                     | 132,969.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 388,773.       |

**Part VII Investments - Other Securities**

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

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other   |                |   |
| (A) ALTERNATIVE INVESTMENTS   | 39,874,500.    | COST  |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 39,874,500.    |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 43,821,911. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 10,357,790. |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 10,000.     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 10,367,790. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 33,454,121. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 940,890.    |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 940,890.    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 34,395,011. |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 19,091,649. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 10,915.     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 10,915.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 19,080,734. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 940,890.    |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | -10,000.    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 930,890.    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 20,011,624. |

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

THE ORGANIZATION'S USE OF ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS AND OTHER SPECIFIED USES FOR THE BENEFIT OF STUDENTS AND RELATED ACTIVITIES AND PROGRAMS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FEDERAL TAX NET WITH INCOME 10,000.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

UNCOLLECTIBLE PLEDGES 10,915.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**



**Part XIII** Supplemental Information *(continued)*

FEDERAL TAX NET WITH INCOME -10,000.

Lined area for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

|   |   |
|---|---|
| Name of the organization<br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><b>34-6576610</b> |
|---|---|

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EUROPE  | 0                                   | 0  | INVESTMENTS  |  | 3,936,343.   |
| CENTRAL AMERICA AND THE CARRIBEAN                       | 0                                   | 0  | INVESTMENTS  |  | 28,581,212.  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 32,517,555.  |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 32,517,555.  |





Part IV Foreign Forms

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

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **YOUNGSTOWN STATE UNIVERSITY FOUNDATION** Employer identification number **34-6576610**

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance                 |
|---|----------------|--|---------------------------------|---|--|--|---|
| YOUNGSTOWN STATE UNIVERSITY<br>ONE UNIVERSITY PLAZA<br>YOUNGSTOWN, OH 44555 | 34-1011998     | 170(B)(I)(A)(II)                       | 16,414,250.                     | 226,590.                                | FMV  | EQUIPMENT                                    | TO EXCLUSIVELY SUPPORT<br>YOUNGSTOWN STATE<br>UNIVERSITY. |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |

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

**3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

**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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

PART I, LINE 2

THE FOUNDATION SUPPORTS YOUNGSTOWN STATE UNIVERSITY AND OTHER  
EDUCATIONAL INITIATIVES WHICH ARE LOCATED WITHIN THE UNITED STATES. YSU  
FOUNDATION ANNUALLY FOLLOWS UP WITH THE ENTITIES ON THE USE OF AWARDED  
GRANTS TO ASSURE THEY ARE USED FOR THE INTENDED PURPOSES.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**YOUNGSTOWN STATE UNIVERSITY FOUNDATION**

Employer identification number

**34-6576610**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes      | No       |
|-----------|----------|----------|
| <b>1b</b> |          |          |
| <b>2</b>  |          |          |
| <b>4a</b> |          | <b>X</b> |
| <b>4b</b> |          | <b>X</b> |
| <b>4c</b> |          | <b>X</b> |
| <b>5a</b> |          | <b>X</b> |
| <b>5b</b> |          | <b>X</b> |
| <b>6a</b> |          | <b>X</b> |
| <b>6b</b> |          | <b>X</b> |
| <b>7</b>  | <b>X</b> |          |
| <b>8</b>  |          | <b>X</b> |
| <b>9</b>  |          |          |

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

Schedule J (Form 990) 2023

**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.

| (A) Name and Title                  |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                     |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) PAUL MCFADDEN<br>PRESIDENT      | (i)  | 230,625.   | 42,000.                             | 0.                                  | 10,905.  | 12,206.                 | 295,736.                        | 0.  |
|                                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) HEATHER CHUNN<br>VICE PRESIDENT | (i)  | 139,912.   | 6,743.                              | 0.                                  | 5,866.   | 16,424.                 | 168,945.                        | 0.  |
|                                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |

**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.

PART I, LINE 7:

ALL BONUSES PAID ARE REVIEWED AND DEEMED APPROPRIATE BY THE FINANCE AND  
AUDIT COMMITTEE PRIOR TO PAYOUT. BONUSES ARE NECESSARY TO STAY COMPETITIVE  
IN REGARD TO RETENTION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **YOUNGSTOWN STATE UNIVERSITY FOUNDATION**  
Employer identification number: **34-6576610**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 18  | 846,525.   | MARKET QUOTATIONS   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( <u>ROBOTIC EQUIPME</u> )                          | X                          | 1   | 226,590.   | FMV   |
| 26 Other ( _____ )   |                            |   |  |   |
| 27 Other ( _____ )   |                            |   |  |   |
| 28 Other ( _____ )   |                            |   |  |   |

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

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, LINE 32B:

THE AMOUNT REPORTED IN LINE 25, COLUMN B IS THE NUMBER OF DONORS WHO CONTRIBUTED EQUIPMENT TO THE FOUNDATION.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

YOUNGSTOWN STATE UNIVERSITY FOUNDATION

Employer identification number

34-6576610

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

SUPPORTING STUDENT SCHOLARSHIPS, STUDENT DEVELOPMENT, AND CAREER  
OPPORTUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDE ACCESS TO ATTEND YSU.

ONE OF THE YSU FOUNDATION'S IMPORTANT INITIATIVES IS THE STUDENT

INVESTMENT FUND. FOR THE PAST DECADE, THE YSU FOUNDATION HAS MATCHED

ALL GIFTS TO MINORITY SCHOLARSHIPS. THIS HAS ATTRACTED OVER \$2,269,267

IN GIFTS, HELPING YSU INCREASE THE DIVERSITY OF ITS STUDENT BODY.

THE FOUNDATION ALSO PROVIDES GRANTS TO YOUNGSTOWN STATE UNIVERSITY FOR

THE PURPOSE OF LECTURES AND SYMPOSIUMS AND FOR THE OPERATIONS OF

VARIOUS DEPARTMENTS AND CENTERS.

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

IRS FORM 990 IS REVIEWED AND APPROVED BY THE FOUNDATION'S EXECUTIVE

COMMITTEE AND AUDIT COMMITTEE. THE FOUNDATION ALSO PROVIDED THE FORM 990

TO EACH VOTING MEMBER OF THE BOARD OF TRUSTEES IN PAPER AND/OR ELECTRONIC

FORM.

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

ALL TRUSTEES OF THE ORGANIZATION SIGN CONFLICT OF INTEREST POLICIES

ANNUALLY. CONFLICTS OF INTEREST ARE IDENTIFIED DURING BOARD MEETINGS BY

THE TRUSTEES AND BOARD MEMBERS ABSTAIN FROM VOTING IF THEY HAVE A CONFLICT.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|  |  |
|--|--|
| Name of the organization<br>YOUNGSTOWN STATE UNIVERSITY FOUNDATION | Employer identification number<br>34-6576610 |
|--|--|

BOARD MEMBERS ARE AWARE OF THE NEED TO DISCLOSE CONFLICTS OF INTEREST AS SOON AS THEY ARISE, AND THE PRESIDENT ALSO MONITORS THE CONFLICTS OF INTEREST THROUGHOUT THE YEAR. THE BOARD CHAIR REVIEWS THE PRESIDENT'S COMPLETED CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE COMMITTEE PROVIDES TO THE BOARD CHAIR A SALARY RANGE BASED UPON THE REVIEW OF COMPENSATION PAID TO SIMILAR POSITIONS REPORTED ON THE FORM 990 OF OTHER ORGANIZATIONS TO DETERMINE THE PRESIDENT'S AND VICE PRESIDENT OF OPERATIONS/HR'S COMPENSATION. THE BOARD CHAIR DETERMINES, REVIEWS AND APPROVES THE COMPENSATION AMOUNT AND COMMUNICATES IT TO THE PRESIDENT AND VICE PRESIDENT OF OPERATIONS/HR THROUGH E-MAIL. THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN JUNE 2024.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 1:

EFFECTIVE APRIL 1, 2015, THE FOUNDATION ENTERED INTO A DEVELOPMENTAL AGREEMENT WITH YOUNGSTOWN STATE UNIVERSITY WHEREIN THE FOUNDATION RAISES AND MAINTAINS DONATIONS ON BEHALF OF THE UNIVERSITY. THE FOUNDATION REMITS ALL RELATED FUNDS WHICH HAVE BEEN RECEIVED TO THE UNIVERSITY ON A MONTHLY BASIS. FOR THE YEAR ENDED JUNE 30, 2024, THE FOUNDATION RECORDED CONTRIBUTION REVENUE OF \$2,622,938 AND DISTRIBUTION EXPENSES OF \$5,214,230.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|  |  |
|--|--|
| Name of the organization<br>YOUNGSTOWN STATE UNIVERSITY FOUNDATION | Employer identification number<br>34-6576610 |
|--|--|

UNCOLLECTIBLE PLEDGES -10,915.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S BOARD OF TRUSTEES PROCESS OF ASSUMING RESPONSIBILITY  
 FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF  
 AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED OR BEEN REVISED FROM THE  
 PRIOR YEAR TO THE CURRENT YEAR.



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

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 359,433,129, D Employer identification number 34-6576610, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (checked)

L The books are in care of PAUL MCFADDEN Telephone number 330-941-3211

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include description and amount. Total amount: 47,576.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include description and amount. Total amount: 9,991.

Part III Tax and Payments

Table with 5 rows for Part III: Tax and Payments. Columns include description, sub-amounts (1a-1d, 3a-3e), and total amount. Total amount: 0.

| <b>Part III Tax and Payments</b> (continued) |  |           |        |
|--|--|-----------|--------|
| <b>6 a</b>                                   | Payments: Preceding year's overpayment credited to the current year .....                                    | <b>6a</b> | 8,503. |
| <b>b</b>                                     | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>     | <b>6b</b> |        |
| <b>c</b>                                     | Tax deposited with Form 8868 .....   | <b>6c</b> |        |
| <b>d</b>                                     | Foreign organizations: Tax paid or withheld at source (see instructions) .....                               | <b>6d</b> |        |
| <b>e</b>                                     | Backup withholding (see instructions) .....  | <b>6e</b> |        |
| <b>f</b>                                     | Credit for small employer health insurance premiums (attach Form 8941) .....                                 | <b>6f</b> |        |
| <b>g</b>                                     | Elective payment election amount from Form 3800 .....  | <b>6g</b> |        |
| <b>h</b>                                     | Payment from Form 2439 .....   | <b>6h</b> |        |
| <b>i</b>                                     | Credit from Form 4136 .....  | <b>6i</b> |        |
| <b>j</b>                                     | Other (see instructions) .....   | <b>6j</b> |        |
| <b>7</b>                                     | <b>Total payments.</b> Add lines 6a through 6j .....   | <b>7</b>  | 8,503. |
| <b>8</b>                                     | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> | <b>8</b>  |        |
| <b>9</b>                                     | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....            | <b>9</b>  | 1,488. |
| <b>10</b>                                    | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....     | <b>10</b> |        |
| <b>11</b>                                    | Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>                  | <b>11</b> |        |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions) |  | Yes | No                                |
|---|--|-----|-----------------------------------|
| <b>1</b>  | At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____ |     | X                                 |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....<br>If "Yes," see instructions for other forms the organization may have to file.   |     | X                                 |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____   |     |                                   |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.  |     |                                   |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |     |                                   |
|   | Business Activity Code   |     | Available post-2017 NOL carryover |
|   |  |     | \$                                |
|   |  |     | \$                                |
|   |  |     | \$                                |
|   |  |     | \$                                |
| <b>6 a</b>  | Reserved for future use .....  |     |                                   |
| <b>b</b>  | Reserved for future use .....  |     |                                   |

**Part V Supplemental Information**  
Provide any additional information. See instructions.

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

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

|                          |                            |   |          |   |              |
|--------------------------|----------------------------|---|----------|---|--------------|
| <b>Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature                            | Date     | Check <input type="checkbox"/> if self-employed | PTIN         |
|                          | AMANDA M. COON             | AMANDA M. COON                                  | 11/14/24 |   | P01754645    |
|                          | Firm's name                | Firm's address                                  |          | Firm's EIN                                      | Phone no.    |
|                          | PLANTE & MORAN, PLLC       | 250 S. HIGH ST, SUITE 100<br>COLUMBUS, OH 43215 |          | 38-1357951                                      | 614-849-3000 |

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

YOUNGSTOWN STATE UNIVERSITY

N/A

16,640,841.

TOTAL TO FORM 990-T, PART I, LINE 4

16,640,841.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020  
 FOR TAX YEAR 2021 16,529,061  
 FOR TAX YEAR 2022 16,282,722

TOTAL CARRYOVER 32,811,783  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 16,640,841

TOTAL CONTRIBUTIONS AVAILABLE 49,452,624  
 TAXABLE INCOME LIMITATION AS ADJUSTED 5,286

EXCESS CONTRIBUTIONS 49,447,338  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 49,447,338

ALLOWABLE CONTRIBUTIONS DEDUCTION 5,286

TOTAL CONTRIBUTION DEDUCTION 5,286

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2023**

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

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | <b>B</b> Employer identification number<br><b>34-6576610</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>523000</b>         | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business **SHARE OF PARTNERSHIP INCOME:**

| <b>Part I</b> Unrelated Trade or Business Income  | (A) Income        | (B) Expenses | (C) Net |
|---|-------------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales _____  |                   |              |         |
| <b>b</b> Less returns and allowances _____ <b>c</b> Balance _____   | <b>1c</b>         |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8) .....  | <b>2</b>          |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c .....   | <b>3</b>          |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....   | <b>4a</b> 11,634. |              | 11,634. |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions) .....                          | <b>4b</b>         |              |         |
| <b>c</b> Capital loss deduction for trusts .....  | <b>4c</b>         |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b> ..... | <b>5</b> 54,467.  |              | 54,467. |
| <b>6</b> Rent income (Part IV) .....  | <b>6</b>          |              |         |
| <b>7</b> Unrelated debt-financed income (Part V) .....  | <b>7</b>          |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....         | <b>8</b>          |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....              | <b>9</b>          |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII) .....  | <b>10</b>         |              |         |
| <b>11</b> Advertising income (Part IX) .....  | <b>11</b>         |              |         |
| <b>12</b> Other income (see instructions; attach statement) .....   | <b>12</b>         |              |         |
| <b>13 Total.</b> Combine lines 3 through 12 .....   | <b>13</b> 66,101. |              | 66,101. |

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

|  |           |           |
|--|-----------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) .....  | <b>1</b>  |           |
| <b>2</b> Salaries and wages .....  | <b>2</b>  | 623.      |
| <b>3</b> Repairs and maintenance .....   | <b>3</b>  |           |
| <b>4</b> Bad debts .....   | <b>4</b>  |           |
| <b>5</b> Interest (attach statement). See instructions .....   | <b>5</b>  |           |
| <b>6</b> Taxes and licenses .....  | <b>6</b>  |           |
| <b>7</b> Depreciation (attach Form 4562). See instructions .....   | <b>7</b>  |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return .....   | <b>8a</b> | <b>8b</b> |
| <b>9</b> Depletion .....   | <b>9</b>  |           |
| <b>10</b> Contributions to deferred compensation plans .....   | <b>10</b> |           |
| <b>11</b> Employee benefit programs .....  | <b>11</b> |           |
| <b>12</b> Excess exempt expenses (Part VIII) .....   | <b>12</b> |           |
| <b>13</b> Excess readership costs (Part IX) .....  | <b>13</b> |           |
| <b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 4</b> .....   | <b>14</b> | 11,616.   |
| <b>15 Total deductions.</b> Add lines 1 through 14 .....   | <b>15</b> | 12,239.   |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) ..... | <b>16</b> | 53,862.   |
| <b>17</b> Deduction for net operating loss. See instructions .....   | <b>17</b> | 0.        |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....   | <b>18</b> | 53,862.   |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |  |   |  |
|---|--|---|--|
| 1 | Inventory at beginning of year   | 1 |  |
| 2 | Purchases  | 2 |  |
| 3 | Cost of labor  | 3 |  |
| 4 | Additional section 263A costs (attach statement)   | 4 |  |
| 5 | Other costs (attach statement)   | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5  | 6 |  |
| 7 | Inventory at end of year   | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2                           | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued  |    |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)                           |    |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |    |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D   |    |   |   |   |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)                           | 0. |   |   |   |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement)   |    |   |   |   |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)                                    | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property  |    |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property   |    |   |   |   |
| a Straight line depreciation (attach statement)   |    |   |   |   |
| b Other deductions (attach statement)   |    |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D)   |    |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)                   |    |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement)                               |    |   |   |   |
| 6 Divide line 4 by line 5   | %  | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6  |    |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)         | 0. |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6  |    |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10   | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations  |   |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|---|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made                                 | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                |   |                                     |  |   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |   |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10          |   |  |
| (1)                                |   |                                     |  |   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |   |  |
| <b>Totals</b>                      |   |                                     | 0.   | 0.  |   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                    | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|---------------------|--|----------------------------------|--|
| (1)                      |                     |  |                                  |  |
| (2)                      |                     |  |                                  |  |
| (3)                      |                     |  |                                  |  |
| (4)                      |                     |  |                                  |  |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                     | 0.   |                                  | 0.   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

|  | A | B | C | D  |
|--|---|---|---|----|
| 2 Gross advertising income .....   |   |   |   |    |
| Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |   |   |   | 0. |

|  |  |  |  |    |
|--|--|--|--|----|
| a  |  |  |  |    |
| 3 Direct advertising costs by periodical .....                                 |  |  |  |    |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |  |  |  | 0. |

|  |  |  |  |  |
|--|--|--|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 ..... |  |  |  |  |
|--|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| 5 Readership costs .....   |  |  |  |  |
| 6 Circulation income .....   |  |  |  |  |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....  |  |  |  |  |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 ..... |  |  |  |  |

|   |  |  |  |    |
|---|--|--|--|----|
| a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 ..... |  |  |  | 0. |
|---|--|--|--|----|

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|---|--|
| (1)  |          | %   |  |
| (2)  |          | %   |  |
| (3)  |          | %   |  |
| (4)  |          | %   |  |
| Total. Enter here and on Part II, line 1 ..... |          |   | 0.   |

**Part XI Supplemental Information** (see instructions)

---

---

---

---

---

---

---

---

---

---



---



---

|                |                                 |             |
|----------------|---------------------------------|-------------|
| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 3 |
|----------------|---------------------------------|-------------|

---

| DESCRIPTION  | NET INCOME<br>OR (LOSS) |
|--|-------------------------|
| TOWNSQUARE REAL ESTATE ALPHA FUND 1-A, LP - ORDINARY<br>BUSINESS INCOME (LOSS) | 2,652.                  |
| WINDROSE - EAF VII LLC - ORDINARY BUSINESS INCOME (LOSS)                       | 51,338.                 |
| CARMEL PARTNERS INVESTMENT FUND V, L.P. - ORDINARY<br>BUSINESS INCOME (LOSS)   | -65.                    |
| COHESIVE CAPITAL PARTNERS III, LP - INTEREST INCOME                            | 1,987.                  |
| COHESIVE CAPITAL PARTNERS III, LP - DIVIDEND INCOME                            | 4,352.                  |
| COHESIVE CAPITAL PARTNERS III, LP - OTHER INCOME (LOSS)                        | -5,955.                 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND (IPO) LP - INTEREST<br>INCOME           | 158.                    |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5                                   | 54,467.                 |

---



---

|                |                  |             |
|----------------|------------------|-------------|
| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 4 |
|----------------|------------------|-------------|

---

| DESCRIPTION                           | AMOUNT  |
|---------------------------------------|---------|
| INVESTMENT ADVISORY FEES              | 3,733.  |
| ACCOUNTING FEES                       | 2,728.  |
| LEGAL FEES                            | 5,155.  |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 11,616. |

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2023**

|   |   |
|---|---|
| Name<br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><b>34-6576610</b> |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   | <b>1,566.</b>  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 | <b>7</b>  | <b>1,566.</b>  |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | <b>10,068.</b>   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 | <b>11</b>  |  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 | <b>15</b>  | <b>10,068.</b>   |

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

|  |           |                |
|--|-----------|----------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   | <b>16</b> | <b>1,566.</b>  |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... | <b>17</b> | <b>10,068.</b> |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        | <b>18</b> | <b>11,634.</b> |

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

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.  
Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

**Social security number or  
taxpayer identification no.**  
**34-6576610**

**YOUNGSTOWN STATE UNIVERSITY FOUNDATION**

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). <b>See instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |
|--|--|---|---|----------------------------------|---|--|--------------------------------|--|
|  |  |   |   |                                  |   | (f)<br>Code(s)   | (g)<br>Amount of<br>adjustment |  |
|  | WINDROSE - MEP IV<br>LLC                                     |   |   |                                  |   |  |                                | 1,566. C   |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ..... |  |   |   |                                  |   |  |                                | 1,566.   |

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**YOUNGSTOWN STATE UNIVERSITY FOUNDATION**

**34-6576610**

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

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

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

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

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

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). <b>See instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |
|---|--|---|---|----------------------------------|---|--|--------------------------------|--|
|   |  |   |   |                                  |   | (f)<br>Code(s)   | (g)<br>Amount of<br>adjustment |  |
|   | WINDROSE - EAF VII<br>LLC                                    |   |   |                                  |   |  |                                | 3,216. C   |
|   | WINDROSE - MEP IV<br>LLC                                     |   |   |                                  |   |  |                                | 6,852. C   |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ..... |  |   |   |                                  |   |  |                                | 10,068.  |

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

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2023**

|   |   |
|---|---|
| Name<br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><b>34-6576610</b> |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   | <b>1,566.</b>  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 | <b>7</b>  | <b>1,566.</b>  |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | <b>10,068.</b>   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 | <b>11</b>  |  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 | <b>15</b>  | <b>10,068.</b>   |

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

|  |           |                |
|--|-----------|----------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   | <b>16</b> | <b>1,566.</b>  |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... | <b>17</b> | <b>10,068.</b> |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        | <b>18</b> | <b>11,634.</b> |

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

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.  
Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or  
taxpayer identification no.

**YOUNGSTOWN STATE UNIVERSITY FOUNDATION**

**34-6576610**

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). <b>See instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |
|--|--|---|---|----------------------------------|---|--|--------------------------------|--|
|  |  |   |   |                                  |   | (f)<br>Code(s)   | (g)<br>Amount of<br>adjustment |  |
|  | WINDROSE - MEP IV<br>LLC                                     |   |   |                                  |   |  |                                | 1,566.   |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ..... |  |   |   |                                  |   |  |                                | 1,566.   |

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



# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-T**

**2023**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

|   |   |
|---|---|
| Name<br><b>YOUNGSTOWN STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><b>34-6576610</b> |
|---|---|

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

| <b>Part I Required Annual Payment</b>  |           |           |               |
|--|-----------|-----------|---------------|
| 1 Total tax (see instructions) .....   |           | <b>1</b>  | <b>9,991.</b> |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....   | <b>2a</b> |           |               |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....  | <b>2b</b> |           |               |
| c Credit for federal tax paid on fuels (see instructions) .....  | <b>2c</b> |           |               |
| d Total. Add lines 2a through 2c .....   |           | <b>2d</b> |               |
| 3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....   |           | <b>3</b>  | <b>9,991.</b> |
| 4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 ..... |           | <b>4</b>  | <b>6,640.</b> |
| 5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....  |           | <b>5</b>  | <b>6,640.</b> |

| <b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty. See instructions. |  |
|---|--|
| <b>6</b>  | <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.  |
| <b>7</b>  | <input type="checkbox"/> The corporation is using the annualized income installment method.  |
| <b>8</b>  | <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. |

| <b>Part III Figuring the Underpayment</b>   |           | (a)             | (b)             | (c)             | (d)             |
|---|-----------|-----------------|-----------------|-----------------|-----------------|
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....   | <b>9</b>  | <b>10/15/23</b> | <b>12/15/23</b> | <b>03/15/24</b> | <b>06/15/24</b> |
| 10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column ..... | <b>10</b> | <b>1,660.</b>   | <b>1,660.</b>   | <b>1,660.</b>   | <b>1,660.</b>   |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....  | <b>11</b> | <b>8,503.</b>   |                 |                 |                 |
| <b>Complete lines 12 through 18 of one column before going to the next column.</b>  |           |                 |                 |                 |                 |
| 12 Enter amount, if any, from line 18 of the preceding column .....   | <b>12</b> |                 | <b>6,843.</b>   | <b>5,183.</b>   | <b>3,523.</b>   |
| 13 Add lines 11 and 12 .....  | <b>13</b> |                 | <b>6,843.</b>   | <b>5,183.</b>   | <b>3,523.</b>   |
| 14 Add amounts on lines 16 and 17 of the preceding column .....   | <b>14</b> |                 |                 |                 |                 |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- .....  | <b>15</b> | <b>8,503.</b>   | <b>6,843.</b>   | <b>5,183.</b>   | <b>3,523.</b>   |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....  | <b>16</b> |                 | <b>0.</b>       | <b>0.</b>       |                 |
| 17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....   | <b>17</b> |                 |                 |                 |                 |
| 18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....  | <b>18</b> | <b>6,843.</b>   | <b>5,183.</b>   | <b>3,523.</b>   |                 |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.  
For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2023)



**Part IV Figuring the Penalty**

|  | (a)          | (b) | (c) | (d) |
|--|--------------|-----|-----|-----|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.<br><b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month.<br><b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b> |              |     |     |     |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....   | <b>20</b>    |     |     |     |
| <b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023 .....  | <b>21</b>    |     |     |     |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$ ...   | <b>22</b> \$ | \$  | \$  | \$  |
| <b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....   | <b>23</b>    |     |     |     |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$ ...   | <b>24</b> \$ | \$  | \$  | \$  |
| <b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....  | <b>25</b>    |     |     |     |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$ ...   | <b>26</b> \$ | \$  | \$  | \$  |
| <b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024 .....   | <b>27</b>    |     |     |     |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$ ...   | <b>28</b> \$ | \$  | \$  | \$  |
| <b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024 .....  | <b>29</b>    |     |     |     |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....   | <b>30</b> \$ | \$  | \$  | \$  |
| <b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024 .....   | <b>31</b>    |     |     |     |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....   | <b>32</b> \$ | \$  | \$  | \$  |
| <b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....  | <b>33</b>    |     |     |     |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....   | <b>34</b> \$ | \$  | \$  | \$  |
| <b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025 .....  | <b>35</b>    |     |     |     |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....   | <b>36</b> \$ | \$  | \$  | \$  |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....   | <b>37</b> \$ | \$  | \$  | \$  |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....   | <b>38</b> \$ |     |     | 0.  |

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

Form **8865**

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

OMB No. 1545-1668

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

**2023**

Information furnished for the foreign partnership's tax year

Attachment Sequence No. **865**

beginning **JUL 1**, 2023, and ending **JUN 30**, 2024

Name of person filing this return

Filer's identification number

**34-6576610**

**YOUNGSTOWN STATE UNIVERSITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **JUL 1**, 2023, and ending **JUN 30**, 2024

**C** Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) |            |                    |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
|          |             |                           | Category 1                   | Category 2 | Constructive owner |
|          |             |                           |                              |            |                    |

**G1** Name and address of foreign partnership

**MANGROVE IV S.C.A SICAR**

**2(a)** EIN (if any)

**98-1190467**

**2(b)** Reference ID number

**3** Country under whose laws organized

**4** Date of organization

**5** Principal place of business

**6** Principal business activity code number

**7** Principal business activity

**8a** Functional currency

**8b** Exchange rate (see instructions)

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes  No

If "Yes," enter the total amount of the disallowed deductions \$

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes  No

**7** Were any special allocations made by the foreign partnership?

Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized?

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes  No

**11** Does this partnership meet both of the following requirements?

- 1. The partnership's total receipts for the tax year were less than \$250,000.
  - 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2023)

LHA 310651 10-27-23

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions  Yes  No
- b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

\_\_\_\_\_  
Signature of general partner or limited liability company member

\_\_\_\_\_  
Date

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name                |                      |      | Firm's EIN                                      |      |
|                               | Firm's address             |                      |      | Phone no.                                       |      |

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest      b  Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
|      |         |                                |                         |                         |

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
|      |         |                                |                         |

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest |         |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
|                         |         |                                  |  |                                     | Capital             | Profits |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|------|---------|--------------|-------------------------------|------------------------------|
|      |         |              |                               |                              |

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **YOUNGSTOWN STATE UNIVERSITY FOUNDATION** Filer's identifying number **34-6576610**

Name of foreign partnership **MANSGROVE IV S.C.A SICAR** EIN (if any) **98-1190467** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Recovery period | (f)<br>Section 704(c) allocation method | (g)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash   | 12/31/23                |                                | 254,720.                                     |                            |                        |   |                                    |
| Stock, notes receivable and payable, and other securities                          |                         |                                |  |                            |                        |   |                                    |
| Inventory  |                         |                                |  |                            |                        |   |                                    |
| Tangible property used in trade or business  |                         |                                |  |                            |                        |   |                                    |
| Intangible property described in section 197(f)(9)                                 |                         |                                |  |                            |                        |   |                                    |
| Intangible property, other than intangible property described in section 197(f)(9) |                         |                                |  |                            |                        |   |                                    |
| Other property   |                         |                                |  |                            |                        |   |                                    |
| <b>Totals</b>  |                         |                                | <b>254,720.</b>                              |                            |                        |   |                                    |

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **5.5300** % (b) After the transfer **5.3510** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

| (a)<br>Type of property | (b)<br>Date of original transfer | (c)<br>Date of disposition | (d)<br>Manner of disposition | (e)<br>Gain recognized by partnership | (f)<br>Depreciation recapture recognized by partnership | (g)<br>Gain allocated to partner | (h)<br>Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

# Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

# 2023

Information furnished for the foreign partnership's tax year

Attachment Sequence No. **865**

beginning **JUL 1**, 2023, and ending **JUN 30**, 2024

Name of person filing this return

Filer's identification number

**34-6576610**

**YOUNGSTOWN STATE UNIVERSITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **JUL 1**, 2023, and ending **JUN 30**, 2024

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) |            |                    |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
|          |             |                           | Category 1                   | Category 2 | Constructive owner |
|          |             |                           |                              |            |                    |

**G1** Name and address of foreign partnership

**VINTAGE IX B OFFSHORE SCSP**

**UNIT 7368 TAX DEPT 30 HUDSON STREET  
JERSEY CITY, NJ 07302**

**2(a)** EIN (if any)

**98-1627664**

**2(b)** Reference ID number

**3** Country under whose laws organized

|                               |                                      |  |                                      |                               |  |
|-------------------------------|--------------------------------------|--|--------------------------------------|-------------------------------|--|
| <b>4</b> Date of organization | <b>5</b> Principal place of business | <b>6</b> Principal business activity code number | <b>7</b> Principal business activity | <b>8a</b> Functional currency | <b>8b</b> Exchange rate (see instructions) |
|-------------------------------|--------------------------------------|--|--------------------------------------|-------------------------------|--|

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes  No

If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes  No

**7** Were any special allocations made by the foreign partnership?

Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized?

**CORPORATION**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes  No

**11** Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
  - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2023)

LHA 310651 10-27-23

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions  Yes  No
- b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

\_\_\_\_\_  
Signature of general partner or limited liability company member

\_\_\_\_\_  
Date

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name                |                      |      | Firm's EIN                                      |      |
|                               | Firm's address             |                      |      | Phone no.                                       |      |

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest      b  Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
|      |         |                                |                         |                         |

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
|      |         |                                |                         |

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest |         |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
|                         |         |                                  |  |                                     | Capital             | Profits |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|------|---------|--------------|-------------------------------|------------------------------|
|      |         |              |                               |                              |

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **YOUNGSTOWN STATE UNIVERSITY FOUNDATION** Filer's identifying number **34-6576610**

Name of foreign partnership **VINTAGE IX B OFFSHORE SCSP** EIN (if any) **98-1627664** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Recovery period | (f)<br>Section 704(c) allocation method | (g)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash   | 12/31/23                |                                | 325,164.                                     |                            |                        |   |                                    |
| Stock, notes receivable and payable, and other securities                          |                         |                                |  |                            |                        |   |                                    |
| Inventory  |                         |                                |  |                            |                        |   |                                    |
| Tangible property used in trade or business  |                         |                                |  |                            |                        |   |                                    |
| Intangible property described in section 197(f)(9)                                 |                         |                                |  |                            |                        |   |                                    |
| Intangible property, other than intangible property described in section 197(f)(9) |                         |                                |  |                            |                        |   |                                    |
| Other property   |                         |                                |  |                            |                        |   |                                    |
| <b>Totals</b>  |                         |                                | <b>325,164.</b>                              |                            |                        |   |                                    |

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.1084** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

| (a)<br>Type of property | (b)<br>Date of original transfer | (c)<br>Date of disposition | (d)<br>Manner of disposition | (e)<br>Gain recognized by partnership | (f)<br>Depreciation recapture recognized by partnership | (g)<br>Gain allocated to partner | (h)<br>Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021