Mauldin & Jenkins LLC 200 Galleria Pkwy SE Ste 1700 Atlanta, GA 30339-5946

> Kennesaw State University Research and Service Foundation, Inc 1000 Chastain Road Kennesaw, GA 30144

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CLI ENT' S COPY

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November 14, 2018

Kennesaw State University Research and Service Foundation, Inc 1000 Chastain Road Kennesaw, GA 30144 Attention: Dr. Donald McGarey

Dear Donal d:

Enclosed are the organization's 2017 Exempt Organization returns. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically h0.50tM 990 RETURN:

GEORGIA FORM 600-T RETURN:

The Georgia Form 600-T should be mailed on or before November 15, 2018 to:

Georgia Department of Revenue P. O. Box 740397 Atlanta, GA 30374-0397

Enclose a check or money order for \$177.00, payable to Georgia Department of Revenue. Include Georgia Form PV CORP with your return.

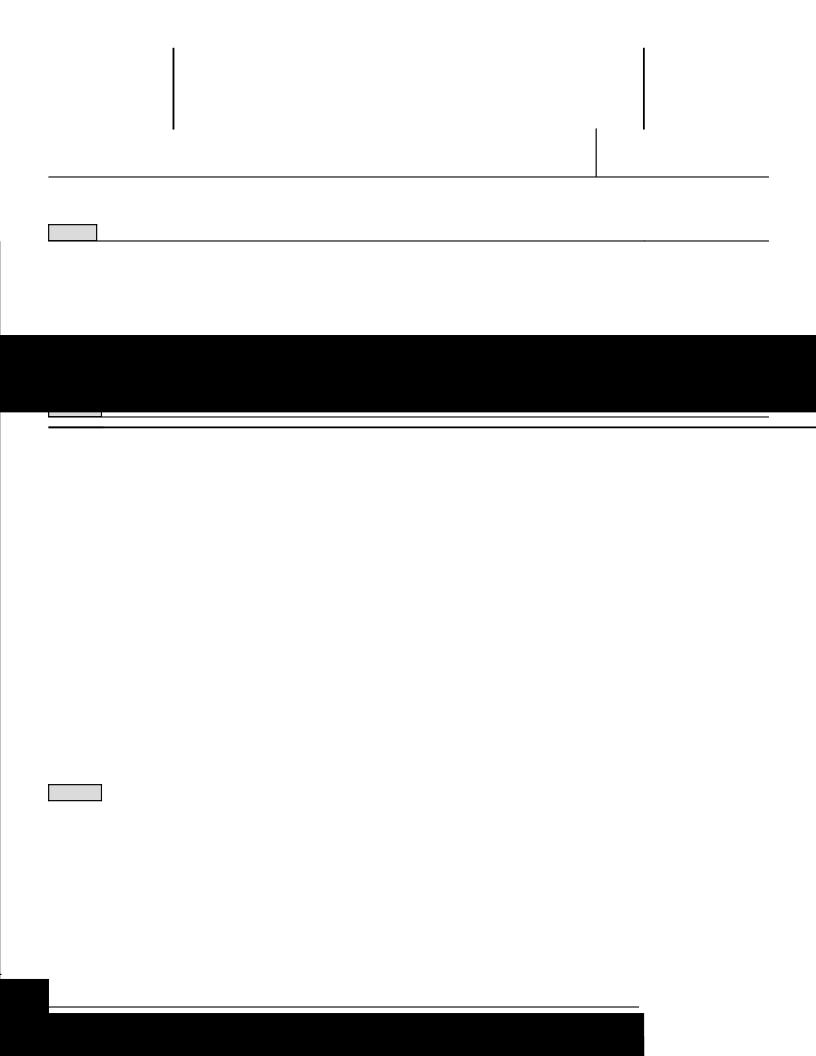
A copy of the federal return should be signed and mailed no later than May 15, 2018 to:

Georgia Department of Revenue P. O. Box 740395 Atlanta, Georgia 30374-0395

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Si ncerel y,

Eric Vreel and MAULDIN & JENKINS, LLC



OMB No. 1545-0047

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.

Open to Public

Dep	oartment of th rnal Revenue	e Treasury Service				s on this form as it astructions and the					Open to Po	ublic
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	Address change											
	Change Name change							1				
	Name change Initial return		(or	P.O. box if mail is	not delivered to	street address)	Room/suite	E				
	Final return/ termin- ated											
	ated Amended return							G Gross	receipts \$			
	return Applica- tion pending	F						H(a)			Yes	No
	pending							H(b) Are	all subordinates	included?		No
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Activities & Governance	2								١٠	ı		
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4 a	Code.	Expenses \$		including grants or \$		Revenue \$		
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4c	Code:	Expenses \$		including grants of \$		Revenue \$		
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	Expenses \$		including grants of \$	<u> </u>	Revenue \$			

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Form 990 (2017) Page

Cim	, ooc	(continued)			age
				Yes	No
20a	Did tl	the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
		es" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did to	the organization report more than \$5,000 of grants or other assistance to any domestic organization or estic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did tl	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23		the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current If "Yes," complete			
	Sche	edule J	23		
24a					
		If "Yes," answer lines 24b through 24d and complete			
	Sche	edule K. If "No", go to line 25a	24a		
b			24b		
С			l		
			24c		
d 250	Cooti	ion F04(a)(2) F04(a)(4) and F04(a)(20) argonizations	24d		
25a	Secu	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. If "Yes," complete Schedule L, Part I	25a		
b		If "Yes," complete			
	Sche	edule L. Part I	256		
26	Conc	oddio L, i ditti	25b		
20		If "Yes,"			
	comp	plete Schedule L, Part II	26		
27					
		If "Yes," complete Schedule L, Part III	27		
28					
		If "Van " complete Cabadula I Dort IV			
a		If "Yes," complete Schedule L, Part IV If "Yes," complete Schedule L, Part IV	28a		
b		ii Tes, complete ochequie E, FaitTV	28b		
С		If "Yes," complete Schedule L, Part IV	28c		
29		If "Yes," complete Schedule M	29		
30					
		If "Yes," complete Schedule M	30		
31					
	If "Ye	es," complete Schedule N, Part I	31		
32	0.1	If "Yes," complete			
	Sche	edule N, Part II	32		
33		If "Yes," complete Schedule R, Part I			
34		If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part '	V, line 1	34		
35a			35a		
b					
		If "Yes," complete Schedule R, Part V, line 2	35b		
36		ion 501(c)(3) organizations.			
		es," complete Schedule R, Part V, line 2	36		
37					
		If "Yes," complete Schedule R, Part VI	37		
38			l	I	I

Note.

	Check if Schedule O contains a response or note to any line in this Part V	•••••				
		ı	l		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~~~~	<u>1a</u>		4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~~~	1b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments.	oortabl	e gaming			
	(gambling) winnings to prize winners?	ı	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return ~~~~~~~	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0 ~.	~~~~~	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)? ~~~~~	4a		
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	~~~~	-~~~	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		~~~~~	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	~~~		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?	~~~~	~	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or g	jifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods a	and services provide	ed tioath	e payo	r?
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~	~~~~	~~~~	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ired			
	to file Form 8282? •••••••		I	7c		
d	$If \ "Yes," 500622 the the scale of each of the scale o$	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	? ~~~~~	7e		
f			~~~~~	7f		
g				7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds.					
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations.	ı	I			
а		10a		-		
b		10b		-		
11	Section 501(c)(12) organizations.	1	I			
а		11a		-		
b						
		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts.	ı	I	12a		
b		12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note.					
b		ı	1			
		13b		-		
С		13c				
14a	IZ IIA II manadala na nambara Cara Sa Outra da			14a		
b	If "No," provide an explanation in Schedul	e U		<u> 14b</u>		(00:=
				Forn	n	(2017)

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

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule Q.			
b	Enter the number of voting members included in line 1a, above, who are independent ~~~~~ lb			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? ~~~~~~~~~~~~~~~	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ng:		
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
	(This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		
b		15b		
16a				
		16a		
b				
		16b		
17				
18				
	(explain in Schedule O)			
19				
20				

732006 11-28-17 Form (2017)

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	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee			
	Individua	Institution	Officer	Key emp	Highest of employee	Former		
	ш				ш			

Section A. Officers, Directors, Trustee		<u>/ees</u>	, an			st Co	omp	ensated Employees					
(A)	(B)	(C) (D)				(E)			(F)				
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		ual tru	ional tı		ploye	t com	L						
		Individual trustee or dire	Institutional trustee	Officer	Key en	Highest compensated employee	Former						
1b Sub-totalc Total from continuation sheets to Part VII, S	ection A												
d Total (add lines 1b and 1c)													
2													
										Г		Yes	No
3 former											3		
4													
5											5		
Section B. Independent Contractors											5		
1													
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		(A)	(B)	(C)	(D)
1 a <u>1</u>					
b <u>1</u>					
c <u>1</u>					
d 1					
e		-			
f					
Nanasah santihutiana ingludad in lines 1s 16.6					
g Noncash contributions included in lines 1a-1f: \$h					
· ·					
	.				
Total revenue.					

	(A)	(B)	(C)	(D)(D)
otal functional expenses.				
loint costs.				

Form 990 (2017) Page

		Check if Schedule O contains a resvs.02 431.90i6.50 743.9.02 431.90i6.	50 74044 0 0 4 50 007		
		Check ii Scriedule O contains a resvs.02 431.90l6.50 743.9.02 431.90l6.	(A)		(B)
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	1 <u>6</u> 17	Total assets.		16 17	
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litie					
Liabilities				22	
:	23			23	
	24			24	
:	25				
				25	_
——	26	Total liabilities. Organizations that follow SEAS 117 (ASC 059), shock here	and	26	
		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.	and		
Ses	27	complete iiiles 27 tillougii 23, and iiiles 33 and 34.		27	
	27 28			28	
Ba	29			29	
nno	-	Organizations that do not follow SFAS 117 (ASC 958), check here			
or F		and complete lines 30 through 34.			
ets (30	· •		30	
Ass	31			31	
; čet	32			32	
	33			33	
;	34			34	

Kennesaw State University Research and Service Foundation, Inc

Form 990 (2017)

37- 1535589 Page 12

Pa	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		7, 97		
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		3, 49		
3	Revenue less expenses. Subtract line 2 from line 1	3		- 51		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~~	4	2	2, 71	1, 9	<u>80.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) ••••••	10	2	2, 19	2, 1	<u>52.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	١.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	~~~~		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?	~~~		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	t			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b **X**Form 990 (2017)

I		I	

	1	1		·		
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						
amount on line 13 for the year						
(Subtract line 7c from line 6	sl)					
		1				
(Add lines 9, 10c, 11, and 12.)						
(Aud IIIIes 7, 100, 11, dlid 12.)		1	1	1	1	1
					<u> </u>	

Schedule A (Form 990 or 990-EZ) 2017 and Service Foundation,

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		v	
	1	X	
	_		X
	2		21
	3a		X
	Ja		
	3b		
	3c		
	4a		X
	4b		
	4 -		
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	5a		X
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	10b		
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				5
			Yes	No
11				
а				
		11a		
b		11b		
С	If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	·			
			Yes	No
1			100	140
'				
	If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2				
	If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
			Yes	No
1				
	Part VI			
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			Yes	No
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1	(see instructions).			
а	line 2			
b	line 3			
С	Part VI			
2	Answer (a) and (b) below.		Yes	No
а				
	Part VI identify			
	those supported organizations and explain			
		2a		
b				
	Part VI			
		2b		
3	Answer (a) and (b) below.			
	Alibert (a) alla (b) bolow.			
а	Part VI.	30		
L	Fait VI.	3a		
b	Dort VI	0 h		

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income 64e)cRoioriò∕re¥aear (optional) NSestiontiters) capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) A5Distresutremovigaroptional) 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservncome (see ins.m3.9.48 reT 1 0 0 1 79.70 707.90 f4eeceor-yeang etyf tlroduction orsee instructions) 6 _7 7 8 Adjusted Net Income 8 Section B - Minimum Asset Amount 1 1a 1b 1c d Total 1d e Discount Part VI 3 4 5 6 6 Minimum Asset Amount 8 Section C - Distributable Amount 1 2 3 3 4 5 5 6 Distributable Amount. 7

Schedule A (Form 990 or 990-EZ) 2017

·		

Kennesaw State University Research

Schedule A	(Form 990 or 990-E	Z) 2017 and	Servi ce	Foundati of	n, Inc	37-1535589 _{Page 8}
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	I Information, lines 1, 2, 3b, 3ction D, lines 2 ar 6, and 8; and Pa	. Provide the ex c, 4b, 4c, 5a, 6, nd 3; Part IV, Se	xplanations required 9a, 9b, 9c, 11a, 11b, ection E, lines 1c, 2a,	by Part II, line 10; , and 11c; Part IV, , 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
	(Coo mondonono.)					

(Form 990)

Department of the Treasury Internal Revenue Service

| Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | Attach to Form 990. | Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Pa	-†		Complete if the	
ı u	organization answered "Yes" on Form 990, Part IV, line	. 6	Complete ii tile	
	organization answered Tes On Form 550, Farriv, inte	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year ~~~~~~~~~		(1)	
2	Aggregate value of contributions to (during year) ~~~~			
3	Aggregate value of grants from (during year) ~~~~~			
4	Aggregate value at end of year ~~~~~~~			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds	
Ü	are the organization's property, subject to the organization's ex	_		No
6	Did the organization inform all grantees, donors, and donor ad	_		140
Ü	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?		Yes	No
		anization answered "Yes" on Form 990,		110
1	Purpose(s) of conservation easements held by the organizatio	·		
·	Preservation of land for public use (e.g., recreation or ed		storically important land area	
	Protection of natural habitat		rtified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Ta	ax Yea
а	Total number of conservation easements ~~~~~~~~~~	.~~~~~~~	2a	
b	Total acreage restricted by conservation easements ~~~~~		2b	
С	Number of conservation easements on a certified historic struc		2c	
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	ıre	
	listed in the National Register ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	2d	
3	Number of conservation easements modified, transferred, release		e organization during the tax	
	year			
4	Number of states where property subject to conservation ease	ment is located	-	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds? ~~~~~~~~~	~~ Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year	
	l			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easements during the year	
	\$			
8	Does each conservation easement reported on line 2(d) above	•	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes t	he organization's accounting for	
	conservation easements.			
	Complete if the organization analysis of "Vee" on Form (000 Part IV line 9		
1-	Complete if the organization answered "Yes" on Form 9			
та	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhibits the toy of the features to its financial extrements that describe	·	ince of public service, provide, in Part XI	11,
h	the text of the footnote to its financial statements that describe		t and halance about works of art, historic	ool
D	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edu	•		
	relating to these items:	acation, of research in futilierance of pu	blic service, provide the following amoun	IIS
			I \$	
	(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~ (ii) Assets included in Form 990, Part X ~~~~~~~~~~~		\$ \$	
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under SFAS 116		3. ga, provido	
a	Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~		I \$	
	Assets included in Form 990, Part X		I \$	

			
		-	
	1		
			<u> </u>

Complete if the course land a second of the	Farm 000 Bar 11/	line 44h Car Francisco	Dant V. Br 40	
Complete if the organization answered "Yes" (a) Description of security or categoryluding name of security)	on Form 990, Part IV, (b) Book value			d-of-year market value
(1) Financial derivatives ~~~~~~~~~	(1)	(1)		,
(2) Closely-held equity interests ~~~~~~~				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total.(Col. (b) must equal Form 990. Part X. col. (B) line 12	.) [
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.(Col. (b) must equal Form 990, Part X, col. (B) line 13	l.)			
Described With a second of the second of IV/s all a	F 000 B N/	l'a - 44 d. O Farre 000	Deat V. Page 45	
Description if the organization answered "Yes" (a)	on Form 990, Part IV, Description	line 11d. See Form 990.	, Part X, line 15.	(b) Pook volue
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			
Total. (2)	,		<u> </u>	I
1. (a)		(b)		
		()		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)			
2.				

Page

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: c Recoveries of prior year grants -----3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~ c Add lines 4a and 4b 4c 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 1 2 а b С d 2a 2d 2e e 2e 3 3 4a 4b 4c 4c. (This must equal Form 990, Part I, line 18.)

732054 10-09-17 Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. | Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Kennesaw State University Research and Service Foundation, Inc							Employer identification number 37- 1535589
Part I General Information on Grants and	d Assistance						
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's process.	stance? ~~~~~	-~~~~~~~	~~~~~~~	-~~~~~~		ance, and the selectio	Yes No
Part II Grants and Other Assistance to Do						es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Kennesaw State University 1000 Chastain Road Kennesaw, GA 30144	25-0965786		6,833,081.	0.			To carry out program implementation and research for projects awarded to KSURSF.
2 Enter total number of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table ~~~	~~~~~~~~	~~~~~~~	-~~	1.

Kennesaw State University Research

and Service Foundation, Inc

37-1535589 Schedule I (Form 990) (2017) Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I (Form 990) (2017) 732102 11-01-17

OMB No. 1545-0047

Open to Public

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

	·		Yes	No	
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				546 (1
	gross-up payers,(ganization) Tg 511.50 0 1 43.7Discre 1 5ar276nd d90 Taccountson listed on 0254.55 0 0 1 520Healthifi8soci 1	club du	ies lini	nitiO 1	51tm (Ins
b					
		1b			
2					
		2			
3					
4					
а		4a			
b		4b			
С		4c			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5					
а		5a			
b		5b			
6					
а		6a			
b		6b			
7					
7		7			
8		,			
		8			
9					

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Use duplicate copies if additional space is needed.

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E)	(F)	
(A)	(i)	(ii)	(iii)	other deferred compensation	benefits			
(i)								
(ii)								
(i)								
(ii)								
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(ii)								
(i)								
l(ii)								

Kennesaw State University Research and Service Foundation, Inc

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 3:
The CEO's compensation is paid and determined by Kennesaw State University
which uses data from comparable institutions.

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

| Go to www.irs.gov/Form990 for the latest information Kennesaw State University Research and Service Foundation, Inc

Employer identification number 37-1535589

Form 990, Part I, Line 1, Description of Organization Mission:

The mission of KSURSF is to serve KSU as a cooperative organization in order to promote research and the development of intellectual property for the University. During the fiscal year KSURSF managed research grants/contracts/awards from various sponsors, as well as used operating funds to pay for legal fees in order to develop intellectual property.

Form 990, Part VI, Section B, line 11b:

Kennesaw State University Research and Service Foundation, Inc. (KSURSF) staff review the 990 with the preparer. The form is then provided to the KSURSF Board for their review with a one-week window to provide comments, questions, and/or approval. If necessary, the Board chair and CEO will call a meeting to discuss the form. When all comments and/or questions have been addressed, the 990 is approved by the Board and signed, and the preparer is notified to electronically submit the approved return.

Form 990, Part VI, Section B, Line 12c:

Each board member has submitted a COI disclosure form and it is updated at least annually.

Form 990, Part VI, Section C, Line 19:

All documents are available on KSURSF's website and upon request.

Form 990, Part XII, Line 2c:

Schedule O (Form 990 or 990-EZ) (2017)		Pa	age 2
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization Kennesaw State University Research	Employer i		
and Service Foundation, Inc	37-	dentification numbe	
There have been no changes in the auditor selection proce	ss nor	revi ew	
of financial statements.			

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Kennesaw State University Research Name of the organization Employer identification number and Service Foundation, Inc 37- 1535589 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-vear assets Direct controlling of disregarded entity foreign country) entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Direct controlling Primary activity controlled of related organization status (if section section entity entity? foreign country) 501(c)(3)) Yes No Kennesaw State University - 58-0965786 1000 Chastain Rd Nw Ste 9110 GA Board of X Kennesaw, GA 30144 **Jniversity** Georgia Regents Kennesaw State University Foundation -23-7034345, 3391 Town Point Drive, Ste 4530 Line 12c. Kennesaw State Mailbox 9101, Kennesaw, GA 30144 Georgia 501(c)(3) III-FI X Support KSU University

Kennesaw State University Research and Service Foundation, Inc

37-1535589

(a) (b) Primary activity Primary activity of related organization (b) Primary activity Primary activity of related organization (c) Legal domicile (state or foreign country) (related, unrelated, excluded from tax under sections 512-514) (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) (g) Share of end-of-year and amount in box 20 of Schedule K-1 (Form 1065) Yes No (F) Code V-UBI allocations? Yes No (Part III Identification of Related Or organizations treated as a	ganizations Taxable as partnership during the t	a Partnersh ax year.	ip. Complete i	f the organi	zation answe	ered "Ye	s" on Form	n 990, Pa	art IV, line	34, be	ecause	it had one o	r more	relat	ed	
of related organization (state or entity (telated, infrated), infcome end-ryear amount in box (state or excluded from tax under assets allocations? allocations? 20 of Schedule	(a)	(b)		(d)		(e)		(f)		(g)	(h)	(i)		(j)		(k)
of related organization (state or entity (telated, infrated), infcome end-ryear amount in box (state or excluded from tax under assets allocations? allocations? 20 of Schedule	Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predom	inant income	Share				Dispro	portionat	e Code V-U	ВІ	General managii	or Perc	entage
Country Sections 512-514 Yes No K-1 (Form 1065) Yes No No No No No No No N	or related organization		(state or foreign	entity	excluded	from tax und	er	come					20 of Sched				iersnip
			country)		section	is 512-514)					Yes	No	K-1 (Form 1	065)	<u> Yes N</u>	0	
		_															
		_															
															_		
		\dashv															
		_															
		_															
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Part IV Identification of Related Or organizations treated as a	ganizations Taxable as corporation or trust duri	a Corporati ng the tax y	on or Trust. Cear.	omplete if t	he organizat	ion ansv	vered "Yes	on For	m 990, Pa	rt IV,	line 34	, because it h	nad on	e or n	nore re	lated
(a) (b) (c) (d) (e) (f) (g) (h) (i)	(a)			(b)	(c)	(d)		(e)	(f))		(g)		(h)		(i)
Name, address, and EIN Primary activity Legal domicile Direct controlling Type of entity Share of total Share of Percentage Section Section Type of entity Share of total Share of Percentage Section Section Share of Percentage Share of Percentage Section Share of Percentage Share of Per	Name, address, and	i EIN	1		Legal domicile	Direct con				Share o	of total S	Share of	Perc	entag	e 512	ection 2(b)(13)	
	of related organiza	ition			foreign	entit	y	or tru	s corp, ist)	Incor	me	•		owr	iersnij		
country) Yes No					country)									-		Yes	No_
														_			

Schedule R (Form 990) 2017

Kennesaw State University Research and Service Foundation, Inc

37-1535589

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(d) Predominant income (related, unrelated, excluded from tax und sections 512-514)	(e) Are all partners s 501(c)(3 erorgs ? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro tiona allocati Yes	(i) por Code V-UBI te amount in box ons of Schedule K (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2017

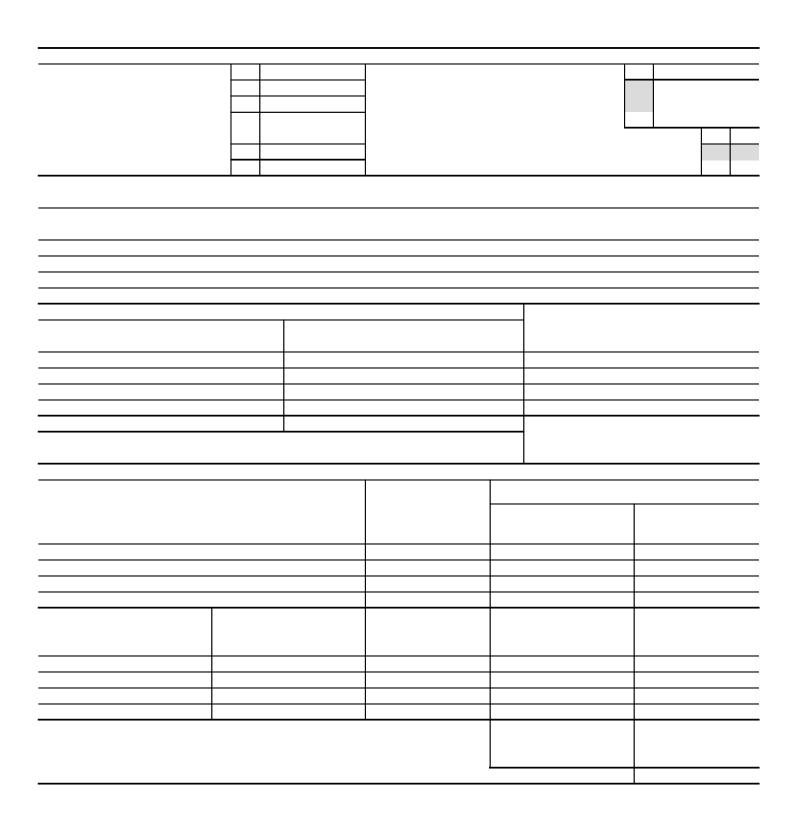
Kennesaw State University Research and Service Foundation, Inc

Schedule R	(Form 990) 2017	and S	ervi ce	Foundati on,	Ĭnc	37- 1535589 Page 5
Part VII	(Form 990) 2017 Supplemental Info	mation.				•
	Provide additional inform	ation for resp	onses to que	stions on Schedule R. S	See instructions.	

732165 09-11-17 Schedule R (Form 990) 2017

Form					OMB No. 1545-0687
	For ca	elendar year 2017 or other tax year beginning	, and ending	_ ·	
Department of the Treasury Internal Revenue Service				ŀ	Open to Public Inspection for
Internal Revenue Service		T			Open to Public Inspection for 501(c)(3) Organizations Only
				1	1
					I

orm 990-T (2017)			Page
•			
	(attach schedule)	
Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
		May the IR the prepare instruction:	S discuss this return with er shown below (see s)?
		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	



Schedule F - Interest,	Annuities, I	Royaltie					zatior	1S (see in:	struction	s)
		0		Controlled O	Ī		T -		[2 2 1 11 11 11
Name of controlled organiza	tion	Employe identification number	r 3. Net un n (loss) (se	related income e instructions)	4. Tot payı	tal of specified ments made	include	t of column 4 ed in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
_(4)										
Nonexempt Controlled Organia	zations		•						<u> </u>	
7. Taxable Income		ted income (los	ss) Q Total	of specified pay	ments	10 Part of colur	mn 9 that	t is included	11 De	ductions directly connected
,		structions)	J. 13.5	made		10. Part of colur in the controlli gross	ing organ s income	ization's	with	n income in column 10
			l l							
_(4)			_						_	
						Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals					- 1	0.			0.	
Schedule G - Investme	ent Income	of a Sec	ction 501(c)	(7), (9), or	(17) Or	ganization	1			
	,			Ī		Deductio		4. Set-	acidos	5. Total deductions
1. Desc	ription of income			2. Amount of	income	directly conne (attach sched	cted lule)		schedule)	and set-asides (col. 3 plus col. 4)
(1)						·	·			, ,
(0)										
(3)				1						
(4)				Enter here and	on page 1					Enter here and on page
				Part I, line 9, co	olumn (A).					Part I, line 9, column (B).
Totals				<i>_</i>	0.					0.
Schedule I - Exploited (see instru		ctivity In	come, Othe	er Than Ac	dvertis	ing Income	9			
	2. Gross		3. Expenses	4. Net incon from unrelated		5. Gross income				7. Excess exempt
 Description of exploited activity 	unrelated busi income fro trade or busin	ness a	irectly connected with production of unrelated ousiness income	business (co minus colum gain, comput through	olumn 2 n 3). If a e cols. 5	from activity that		attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4).
(1)				1						
(1)				1						
(2)	 			1						+
(3)				1						
_(4)	Forter have an	d	Catan bana and an							Enter here and
	Enter here an page 1, Par	t I,	inter here and on page 1, Part I,							on page 1,
	line 10, col.	· · _	line 10, col. (B).							Part II, line 26.
Totals Q		0.	0.							0.
Schedule J - Advertisi	ng Income	(see instr	uctions)							
Part I Income From	Periodicals	Report	ed on a Cor	nsolidated	l Basis					
1. Name of periodical	adv	Gross rertising icome	3. Direct advertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compu nrough 7.			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals(carry to Part II, line (5)	9	0.	C).						0.

Kennesaw State University Research

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

Form 990-T (2017) and Service Foundation, Inc

37-1535589

Page 5

columns 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership costs (column 6 minus column 5, but not more than column 4). 2. Gross 6. Readership 3. Direct 5. Circulation advertising income 1. Name of periodical advertising costs costs (1) Youth Today 39, 891. 23, 808 16, 083. 18, 587. 30, 401. 11, 814. (2) (3) (4) 0. 0. 0. Totals from Part I •••••• Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part II, line 27. 39, 891 23, 808 11, 814. Totals, Part II (lines 1-5)

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)										
1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business							
(1)		%)							
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Total. Enter here and on page 1, Part II, line-44	0.									

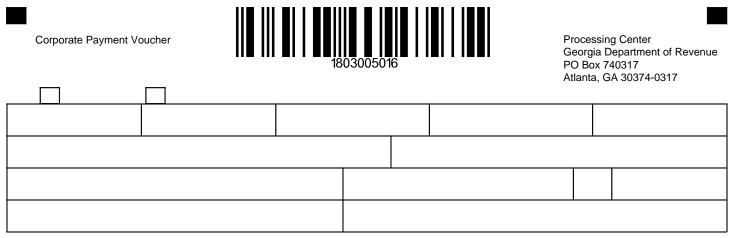
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#### PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.

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PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

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