Forr	9	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			ns)	OMB No. 1545-0047		
Depa	rtment o	of the Treasury	ide public.	h	Open to Public				
Department of the freadury ► Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning NOV 1, 2014 and ending OCT 31, 2015 B Check if C Name of organization D Employer identification nur									
				ling O	CT 31, 2015				
В С а	heck if pplicab	le: C Name of	organization		D Employer identifi	catio	n number		
	Addre chang	ge NEWA.	RK CAMPUS DEVELOPMENT FUND		21.1	0.00			
	chang Initial	ge Doing bu	usiness as		31-1		2282		
	_return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Roor WALNUT STREET PO BOX 4217	om/suite	E Telephone number $740 -$		5-8983		
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		4,181,815.		
	Amen return	INEWA.	RK, OH 43058-4217		H(a) Is this a group r				
	Applie tion pendi		nd address of principal officer: JENNIFER ROBERTS		for subordinates				
SAME AS C ABOVE H(b) Are all subordinates in									
		empt status:		527			(see instructions)		
			NCDFUND.ORG X Corporation Trust Association Other ►	•)/	H(c) Group exemption				
K ⊦ Pa	orm o n rt l	f organization: [] Summary	X Corporation Trust Association Other ►	L Year o	f formation: 1982	VI Sta	te of legal domicile: Oh		
	1		e the organization's mission or most significant activities: $[]{THE}$ MIS	SSTON	JOF THE NE	WAR	K CAMPILS		
ce	•	DEVELOP	MENT FUND IS TO SUPPORT THE NEWARK CA	AMPU	S OF THE OH		STATE		
nan	2		x b if the organization discontinued its operations or disposed o			-			
Activities & Governance	3		ing members of the governing body (Part VI, line 1a)				11		
g	4		ependent voting members of the governing body (Part VI, line 1b)				8		
s &	5		of individuals employed in calendar year 2014 (Part V, line 2a)				0		
/itie	6		of volunteers (estimate if necessary)				0		
ctiv	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12		_		0.		
A	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	7b		0.		
					Prior Year		Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)		4,860,560.		2,689,637.		
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)		0.		0.		
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		703,706.		893,693.		
щ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,564,266.		3,583,330.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,062,154.		990,553.		
	14		o or for members (Part IX, column (A), line 4)		0.		0.		
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
Expense	16a		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 10,174.		0.		0.		
Exp	17		ng expenses (Part IX, column (D), line 25) 10,174. es (Part IX, column (A), lines 11a-11d, 11f-24e)		185,550.		207,473.		
_	17 18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,247,704.		1,198,026.		
	19	-	expenses. Subtract line 18 from line 12		4,316,562.		2,385,304.		
n SS		Tievenue less (inning of Current Year		End of Year		
ets (anc	20	Total assets (F	Part X, line 16)		32,984,163.		35,649,339.		
Ass Bal	21	-	(Part X, line 26)		0.		0.		
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20		32,984,163.		35,649,339.		
	rt II	Signature					-		
Unde	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and	l statemer	nts, and to the best of m	y knov	vledge and belief, it is		
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	preparer h	nas any knowledge.				

Sign	Signature of officer		Date						
Here	ROBERT MONTAGNESE , CHA	IR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	CRYSTAL J. KENT, CPA	CRYSTAL J. KENT, CPA	self-employed P00492294						
Preparer	Firm's name WILSON , SHANNON	& SNOW, INC.	Firm's EIN 🕨 31-0829879						
Use Only	Firm's address TEN WEST LOCUST	STREET							
	NEWARK, OH 43055		Phone no. 740 - 345 - 6611						
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)								
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2014) NEWARK CAMPUS DEVELOPMENT FUND 31-1062282 Page rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE MISSION OF THE NEWARK CAMPUS DEVELOPMENT FUND, A PERPETUAL,
	LOCALLY CONTROLLED SOURCE OF FUNDING, IS TO SUPPORT THE NEWARK CAMPUS
	OF THE OHIO STATE UNIVERSITY AND CENTRAL OHIO TECHNICAL COLLEGE BY
	FUNDING SCHOLARSHIPS, GRANTS, INNOVATIVE PROJECTS AND CAPITAL
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,018,973. including grants of \$990,553.) (Revenue \$
	THE NEWARK CAMPUS DEVELOPMENT FUND (NCDF) ACTS AS A CONDUIT FOR
	GENEROUS DONORS TO ASSIST THE GROWING NEEDS OF THE NEWARK CAMPUS.
	ESTABLISHED IN 1983, NCDF HAS PROVIDED MORE THAN \$28 MILLION IN
	SCHOLARSHIPS, GRANTS AND CAPITAL INVESTMENTS. CAPITAL PROJECTS FUNDED
	INCLUDE THE CONSTRUCTION OF THE EVERETT REESE BELL TOWER, THE J GILBERT
	REESE TECHNOLOGY CENTER AND THE JOHN AND CHRISTINE WARNER LIBRARY AND
	STUDENT CENTER AS WELL AS PROVIDING FUNDS FOR TECHNOLOGICAL EQUIPMENT,
	PARKING, AND CAMPUS BEAUTIFICATION.
	THE HEADCOUNT AT OHIO STATE NEWARK IS 2,396 AND 3,537 AT COTC FOR
	AUTUMN QUARTER 2015. THESE STUDENTS FACE INCREASING DIFFICULTIES
	PAYING FOR BOOKS & TUITION, JUGGLING MINIMUM WAGE JOBS AND COLLEGE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,018,973.
10	Form 990 (201
32002 1-07-	
	2
03	2014.05090 NEWARK CAMPUS DEVELOPMENT 6497

Form 990				DEVELOPMENT	FUND
Part IV	Checklist	t of Required Scl	hedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u></u>
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

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Form 990 (2014) NEWARK CAMPUS DEVELOPMENT FUND Part IV Checklist of Required Schedules (continued) Continued) Continued Contind Continued Conti

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
97	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			L
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

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Pa	t 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	<u></u>		<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		163	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		÷			
Ū	(gambling) winnings to prize winners?			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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instruction					
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pi	rovided to the payor?	7a	Х	
b				7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				37
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	eO		14b	000	

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NEWARK CAMPUS DEVELOPMENT FUND

Form	990	(2014)
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Form 990 (2014)

Form 990	(2014)
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NEWARK CAMPUS DEVELOPMENT FUND

31-1062282 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
-	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
-	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		<u>_</u>
/a		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>1</u> a		- 23
U		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	х
a	Other officers or key employees of the organization	15b		~
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		- 23
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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:			
	JENNIFER ROBERTS - 740-345-8983			
	25 E WALNUT ST, NEWARK, OH 43055			

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6 2014.05090 NEWARK CAMPUS DEVELOPMENT 649740_3

Form **990** (2014)

Part VII	Compensation of Officers,	Directors , Trust	ees, Key Em	ployees, Highest (Compensated
	Employees, and Independe	ent Contractors			

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

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

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

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle:	Position t check more than one nless person is both an and a director/trustee)			n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT O'NEILL TRUSTEE	1.00	x						0.	0.	0.
(2) WILLIAM T. MCCONNELL	1.00					\vdash		0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(3) DOUGLAS F. MOCK	1.00									
TRUSTEE		x						0.	0.	0.
(4) C. DANIEL DELAWDER	1.00									
TREASURER		х		x				0.	0.	0.
(5) SARAH R. WALLACE	1.00									
TRUSTEE		Х						0.	0.	0.
(6) SETH PATTON	1.00									
TRUSTEE		Х						0.	0.	0.
(7) STUART PARSONS	1.00									
CHAIRMAN		х		x				0.	0.	0.
(8) RON ALFORD	1.00									
TRUSTEE	1 00	Х				-		0.	0.	0.
(9) ROBERT MONTAGNESE	1.00	.,		37					0	
PRESIDENT	1 00	Х		X		-		0.	0.	0.
(10) MARY M. ALBRIGHT TRUSTEE	1.00	x						0.	0.	0.
(11) MELISSA WARNER BOW	1.00	A				-		0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(12) JENNIFER ROBERTS -SEE SCH J	20.00	Δ							0.	
EXECUTIVE DIRECTOR	20.00			x				0.	0.	0.
(13) SIOBHAN R. CLOVIS	1.00									
SECRETARY		1		x				0.	0.	0.
(14) LEE HECKMAN	1.00	1				1				
ASST SECRETARY				x		_		0.	0.	0.
	1	1	I	I	I	1	I			

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Form 990 (2014)

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2014.05090 NEWARK CAMPUS DEVELOPMENT 649740_3

	RK CAMPUS DI	EVE	LO	PM	EN	Т	FU	JND	31-10)622	82	Pa	ige 8
Part VII Section A. Officers, Director		ploye	ees,	and (C		ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average hours per (do not c box, unle				s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	in I	Esti amo	(F) mate ount c ther	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orga	m the nizatio relate	e on ed
		-											
										-+			
		-								+			
		-											
		_								-			
1b Sub-total							•	0.		0.			0.
c Total from continuation sheets to								0.0.		0.			0.
2 Total number of individuals (includir compensation from the organization		lose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	;			0
3 Did the organization list any former line 1a? If "Yes," complete Schedul					• •	•		•			3	Yes	No X
 For any individual listed on line 1a, and related organizations greater th 	is the sum of reportab	le co	mpe	ensat	ion	and	oth	ner compensation from t	he organization		4		x
5 Did any person listed on line 1a rec rendered to the organization? <i>If</i> "Ye	eive or accrue compe	nsatio	on fr	om a	any	unre	late	ed organization or individ	dual for services		5	X	
Section B. Independent Contractors Complete this table for your five hig the organization. Report compensa	-	-								ensati	on fror	n	
Name and b	(A) usiness address			<u>.g</u>				(B) Description of s		Cc	(C) mpens		1
PARK NATIONAL BANK 50 N THIRD ST, NEWARK	, он 43055							INVESTMENT MANAGEMENT S	ERVICES		119	,98	85.
2 Total number of independent contra \$100,000 of compensation from the		ot lin	nitec	l to t	hos 1		ted	above) who received mo	ore than	F	- orm 9	90 (2	014)

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8 2014.05090 NEWARK CAMPUS DEVELOPMENT 649740_3

orm 990		VELOPMENT FUND		31-1062	282 Page
Part VII	I Statement of Revenue				
	Check if Schedule O contains a response or not		(B)	(C)	
		(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
⊈ 1a	Federated campaigns 1a				
und b	Membership dues 1b				
_ŭ c	Fundraising events 1c				
b ar	Related organizations				
and Other Similar Amounts y b b p p a p a g a	Government grants (contributions)				
ν f	All other contributions, gifts, grants, and				
the	similar amounts not included above 1f 2,689				
0 9 9	Noncash contributions included in lines 1a-1f: \$ 13				
ត្ត h	Total. Add lines 1a-1f				
	Busir	ness Code			
2 a					
2 a b c d e f	·				
c ent	· ·				
b §	·				
ј е					
f	All other program service revenue				
g					
3	Investment income (including dividends, interest, and				
	other similar amounts)				803,625
4	Income from investment of tax-exempt bond proceed				
5	Royalties				
		Personal			
	Gross rents				
	Less: rental expenses				
c	· · · · · · · · · · · · · · · · · · ·				
	Net rental income or (loss)				
/ a		i) Other			
	,				
d l	A Less: cost or other basis and sales expenses 598,485.				
					90,068
	Net gain or (loss)				50,000
	Gross income from fundraising events (not including \$ of				
Nen	contributions reported on line 1c). See				
Other Revenue o	Part IV, line 18 a				
b	Less: direct expenses b				
5 2	Net income or (loss) from fundraising events				
	Gross income from gaming activities. See				
0 4	Part IV, line 19 a				
ь	Less: direct expenses b				
	Net income or (loss) from gaming activities				
	Gross sales of inventory, less returns				
	and allowances a				
b	Less: cost of goods sold b				
	Net income or (loss) from sales of inventory	►			
		ness Code			
11 a					
b					
c					
d					
е	Total. Add lines 11a-11d	>			
12	Total revenue. See instructions.		0.	0.	893,693
009 07-14					Form 990 (20

NEWARK CAMPUS DEVELOPMENT FUND Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	990,553.	990,553.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b	Legal				
с	•	4,295.		4,295.	
d					
е					
f	Investment management fees	119,985.		119,985.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	11,743.		11,743.	
12	Advertising and promotion				
13	Office expenses	988.		988.	
14	Information technology				
15	Royalties				
16					
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10					
19 20	· · · · · · · · · · · · · · · · · · ·				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,911.		4,911.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		64,103.	28,420.	25,509.	10,174.
b		1,098.		1,098.	
c		200.		200.	
d		150.		150.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,198,026.	1,018,973.	168,879.	10,174.
26	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 Figure if following SOP 98-2 (ASC 958-720)				- 000 /00 /

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Form 990 (2014)

Form 990 (2014) Part X Balance Sheet NEWARK CAMPUS DEVELOPMENT FUND

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	19,517.	1	7,942.
	2	Savings and temporary cash investments	2,328,061.	2	3,494,045.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ß		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	28,484,138.	11	29,832,903.
	12	Investments - other securities. See Part IV, line 11	2,152,447.	12	2,314,449.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22 004 162	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,984,163.	16	35,649,339.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20 21	
	21	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons.			
bilit		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	
alaı	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
Lu		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright X			
<u>r</u>		and complete lines 30 through 34.			_
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Assi	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	32,984,163.	32	35,649,339.
z	33	Total net assets or fund balances	32,984,163.	33	35,649,339.
	34	Total liabilities and net assets/fund balances	32,984,163.	34	35,649,339. Form 990 (2014)

Form 990 (2014)

	1990 (2014) NEWARK CAMPUS DEVELOPMENT FUND	31-1	062282	Pa	_{ge} 12
Pa	rt 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	3,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,19		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,38		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,98		
5	Net unrealized gains (losses) on investments	5	27	9,7	46.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		1	26.
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,		25 64	~ ~	20
De	column (B))	10	35,64	9,3	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·····			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_	-		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			v
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				x
b	Were the organization's financial statements audited by an independent accountant?		2b		
	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:				
_					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		00		
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		
26	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
зa		0	3a		x
۲.	Act and OMB Circular A-133?		<u>3a</u>		
a	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				990	(2014)

Form **990** (2014)

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Department of the Treasury Internal Revenue Service

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

2014 Open to Public Inspection

OMB No. 1545-0047

	organization

Nam	eorτ	ne organization							identification number	
_	_	NEWA	RK CAMPUS I	DEVELOPMENT I	TUND			3	1-1062282	_
Par	tI	Reason for Public (Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instruction	6.		_
The c	rgan	zation is not a private found	ation because it is: (F	For lines 1 through 11, cl	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E.)						
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).			
4							•)(iii). Enter	the hospital's name.	
•		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5		An organization operated for	or the benefit of a col	leae or university owned	or operat		vernmentalu	nit describe	ad in	-
5		section 170(b)(1)(A)(iv). (C		lege of university owned		cu by a go				
•							<i>,</i> ,			
6		A federal, state, or local gov	•				. ,			
7	Х	An organization that norma	-	ntial part of its support fr	om a gove	ernmental i	unit or from t	ne general p	bublic described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An organization that norma	Ily receives: (1) more	than 33 1/3% of its supp	port from c	contributio	ns, members	nip fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	1 33 1/3% of i	ts support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
10		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).			
11		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). C	Check the box in	
		lines 11a through 11d that	describes the type of	f supporting organizatior	and com	plete lines	11e, 11f, and	11g.		
а] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by g	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting	
		organization. You must o	complete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing	
		control or management o	-				-		-	
		organization(s). You mus			·			5 11		
с] Type III functionally inte			in connect	tion with, a	and functiona	lv integrate	d with.	
		its supported organization						.,	,	
d] Type III non-functionally		-				ted organiz	ration(s)	
u		that is not functionally int						-		
		requirement (see instructi			•		-			
е		Check this box if the orga	,	•	-					
C	L	functionally integrated, or					турст, турс	n, type m		
f	Ento	er the number of supported of								٦
		vide the following information		d organization(a)						-
y		Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount o	f monetary	(vi) Amount of	-
		organization		(described on lines 1-9	listed i governing o		suppor	(see	other support (see	
				above or IRC section	Yes	No	Instruct	ions)	Instructions)	
				(see instructions))	100					-
										-
										-
										-
										-
										-
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14 Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 NEWARK CAMPUS DEVELOPMENT FUND Part II Support Schedule for Organizations Described in Sections 170(b)(1

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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.)

260	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1340122.	2148268.	2914549.	2360560.	2355657.	11119156.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1340122.	2148268.	2914549.	2360560.	2355657.	11119156.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						3650338.	
	Public support. Subtract line 5 from line 4.						7468818.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	1340122.	2148268.	2914549.	2360560.	2355657.	11119156.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources \dots	326,439.	441,309.	540,602.	596,265.	803,625.	2708240.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	318,224.					318,224.	
11	Total support. Add lines 7 through 10						14145620.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)		
_	organization, check this box and stor	phere						
Sec	ction C. Computation of Publi	c Support Per	centage			I I		
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>52.80 %</u>	
	Public support percentage from 2013					15	54.02 %	
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2013. If the c							
	and stop here. The organization qual							
17a	7a 10% -facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-						
	more, and if the organization meets th						e	
	organization meets the "facts-and-circ							
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b				
					Sche	edule A (Form 990) or 990-EZ) 2014	

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, ar	ıd					
membership fees received. (De	o not					
include any "unusual grants.")	·					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished i any activity that is related to th organization's tax-exempt purpose	per- in he					
3 Gross receipts from activities are not an unrelated trade or b						
iness under section 513						
4 Tax revenues levied for the orgization's benefit and either pai	°					
or expended on its behalf						
5 The value of services or faciliti furnished by a governmental u the organization without chard	unit to					
6 Total. Add lines 1 through 5	· · · ·					
7a Amounts included on lines 1, 2						
3 received from disqualified pe	,					
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	ved : e					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from I						
Section B. Total Support	ine 6.)					
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	, , , , , , , , , , , , , , , , , , , ,		(0) 2012			
 10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source 	on					
b Unrelated business taxable incom (less section 511 taxes) from busi acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on 	siness Ob, S					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.)	gain I					
13 Total support. (Add lines 9, 10c, 11, a		L				
14 First five years. If the Form 99	90 is for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,
check this box and stop here						
Section C. Computation of					1 1	
15 Public support percentage for			olumn (f))		15	%
16 Public support percentage fro					16	%
Section D. Computation of	Investment Income	• Percentage				
17 Investment income percentage					17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2014	If the organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this b 33 1/3% support tests - 201 3						
line 18 is not more than 33 1/3	-					
20 Private foundation. If the org						

Schedule A (Form 990 or 990-EZ) 2014 NEWARK CAMPUS DEVELOPMENT FUND

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).*
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

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	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
P		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
-		
9c		
10a		

Schedule A (Form 990 or 990-EZ) 2014

10b

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Schedule A (Form 990 or 990-EZ) 2014 NEWARK CAMPUS DEVELOPMENT FUND Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	C 1		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014 NEWARK CAMPUS DEVELOPMEN			31–1062282 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 NEWARK CAMPUS DEVELOPMENT FUND

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	<u> </u>				
Sect	ion D - Distributions		х <i>х</i>	Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	1						
		(i)	(ii)	(iii)				
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
			Pre-2014	Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
<u>a</u>								
b								
<u> </u>								
d								
	From 2013							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
<u> </u>	Carryover from 2009 not applied (see instructions)							
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D,							
4	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2014 distributions of phot years							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if							
U	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h							
Ŭ	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
a								
b								
 C								
	Excess from 2013							
	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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					OMB No. 1545-0047
	HEDULE D		al Financial Statements		
(Forr	n 990)	Complete if the org	anization answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2014	
	ment of the Treasury		Attach to Form 990.		Open to Public
-	I Revenue Service		m 990) and its instructions is at <i>www.irs.</i>	-	Inspection
Nam	e of the organizati	ION NEWARK CAMPUS DEVE	LOPMENT FUND		r identification number 31-1062282
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts.	Complete if the
	organizatio	on answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	-		writing that the assets held in donor advised		T
-			exclusive legal control?		X Yes No
6			dvisors in writing that grant funds can be us		
			r donor advisor, or for any other purpose co	U U	X Yes No
Pa	impermissible priv		ganization answered "Yes" to Form 990, Pa		
1		servation easements held by the organization		rt IV, inic 7.	
•		n of land for public use (e.g., recreation or e	,, , , , , , , , , , , , , , , , ,	ically important I	and area
		of natural habitat	Preservation of a certifi		
		n of open space			
2			fied conservation contribution in the form of	a conservation e	easement on the last
	day of the tax yea	v v .			
				Held	at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b					
с	Number of conser	rvation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	rvation easements included in (c) acquired a	after 8/17/06, and not on a historic structure		
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization durin	g the tax
	year 🕨				
4		where property subject to conservation eas			
5	•	ation have a written policy regarding the per			
•	,	forcement of the conservation easements it			Yes No
6 7			and enforcing conservation easements duri enforcing conservation easements during th		
7 8	-		e satisfy the requirements of section 170(h)	-	
0		1 ()			Yes No
9			on easements in its revenue and expense st		
-		•	tion's financial statements that describes the		
	conservation ease				
Pa			Art, Historical Treasures, or Oth	er Similar As	sets.
	Complete i	if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance s	heet works of art,
	historical treasure	s, or other similar assets held for public ext	nibition, education, or research in furtheranc	e of public servic	ce, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that descri	bes these items.		
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet	works of art, historical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide	e the following amounts
	relating to these it				
	(i) Revenue inclu	Ided in Form 990, Part VIII, line 1			
	• •				
2			asures, or other similar assets for financial g	ain, provide	
	-	unts required to be reported under SFAS 1	· · ·	. .	
a					
b	Assets included ir	n Form 990, Part X		► \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ⁴³²⁰⁵¹ ¹⁰⁻⁰¹⁻¹⁴

Schedule D (Form 990) 2014

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Part IIII Organization submittaining Collections of Art, Historical Treasures, or Other Similar Assets Control a Unique decombition d Laran or exchange programs a Patic orbition d Laran or exchange programs b Stributly research e Other c Preservation for future generations e Other d Preservation for future generations e Other Part M Escrow and Custodial Arrangements. Complete the organization allow for motion parts in the toe maintained as part of the coganization answered "Yest to form 900, Part IV, Ine 9, or reported an amount on form 900, Part IV, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part IV, Ine 9, or reported an amount on form 900, Part IV, Ine 21. a D Hotion the organization an agent, trustee, custodian or other intermediary for contributions or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XII and complete the following table: Image: the part IV Image: the part IV Image: the part IV a Addition oching the year Image: the part IV Image: the part IV Image: the part IV Image: the part IV a <t< th=""><th>Sche</th><th></th><th>CAMPUS DEVE</th><th></th><th></th><th></th><th>31-10</th><th></th><th></th><th>age 2</th></t<>	Sche		CAMPUS DEVE				31-10			age 2
check all that apply: □ Color exchange programs □ Color or exchange programs □ Color in the exchange programs □ Color in the exception of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. □ Provide acception of the organization solution or arr, historical ressures, or other similar assets □ to be solid the organization's collection? □ Yee No □ Part I □ Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 980, Part X, line 21, or reported an anount on form 990, Part X, line 21, for escrow or custodial account liability □ Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. □ Distributions during the year □ Distributions during signa, and loses □ Distribu	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	s (contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a s	ignificant	use of its c	ollection	items	
b Scholarly research e Other c Preservation for future generations 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 solicitor receive domations of art, historical treasures, or other similar assets to be solic traise funds artification and explain how they further the organization answered "Yes" to Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. Test for the organization answered "Yes" to Form 900, Part X, line 21. 1a Is the organization and point the arrangement in Part XIII and complete the following table: Amount the the diditions during the year the the the the the the the organization include an amount on Form 990, Part X, line 21, for secree or custodial account liability? Yes No b the organization include an amount on Form 990, Part X, line 21, for secree or custodial account liability? the organization include an amount on Form 990, Part X, line 21. the organi		(check all that apply):								
b Scholarly research e Cher C Prevation for future generations 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 solic or receive donalizons of art, historical treasures, or other similar assets to be solid to raise funds rather than to be mandmined as part of their organization answered "Yes" to Form 990, Part X, line 9, or resported an amount on form 990, Part X, line 21. 1a Is the organization and purpose in Part XIII and complete the following table: C Beginning balance C Beginning of year balance D Bethroutions ching the year Fer tot Part V I Endowment In Part XIII. Check here if the explanation has been provided in Part XIII C Beginning of year balance D C the organization include an amount on Form 990, Part X, line 21. D C the organization includes an amount on Form 990, Part X, line 10. The seven share (e) Four years back (e) Four years back (f) There years back (f) There years back (f) Coursers back (f) There years back (f) Coursers back (f) There years back (f) Coursers back (f) There years back (f) Action there years back (f) There y	а	Public exhibition	d	Loan or exc	hange programs					
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by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0 Vesting 10 Vesting	3a			tion that are held ar	nd administered for t	he organi	zation			
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X (ii) related organizations 3a(ii) X 3a(ii) X 3a(ii) X 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) (b) Cost or other (c) Accumulated (d) Book value 1a Land			Ũ			0		Г	Yes	No
(ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land		-								Х
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.										Х
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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements (d) Equipment e Other (d) must equal Form 990, Part X, column (B), line 10c.)	b									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land b Buildings (d) Book value c Leasehold improvements (e) Other (f) Book value d Equipment (f) Book value (f) Book value e Other (f) Book value (f) Book value 0 Other (f) Book value (f) Book value	-		-							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. Se	ee Form 990, Part X,	line 10.				
1a Land		Description of property	(a) Cost or of	her (b) Cost	or other (c) A	Accumula	ted	(d) Book	value	ə
b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.										
b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.	1a	Land								
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0										
d Equipment										
e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					1					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
				(column (R) line 1						0.
			guari onn 000, i all /		<u></u>			D (Form	990)	

	(b) Book value	1b. See Form 990, Part X, line 1	st or end-of-year market value
a) Description of security or category (including name of security)	(b) BOOK value	(c) Method of Valuation: Co	st or end-of-year market value
Financial derivatives			
Closely-held equity interests Other			
(A) PARK NATIONAL BANK -			
(B) PUBLICLY TRADED	2,314,449.	END-OF-YEAR MA	RKET VALUE
(C)	2,311,119.		
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,314,449.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	to Form 990, Part IV, line 1 ⁻	1c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) >			
Complete if the organization answered "Yes" t	to Form 990, Part IV, line 1 ⁻	1d. See Form 990, Part X, line 1	5.
	to Form 990, Part IV, line 1 ⁻ Description	1d. See Form 990, Part X, line 1	5. (b) Book value
(a)		1d. See Form 990, Part X, line 1	
(a) (1) (2)		1d. See Form 990, Part X, line 1	
(a) (1) (2) (3)		1d. See Form 990, Part X, line 1	
(a) (1) (2) (3) (4)		1d. See Form 990, Part X, line 1	
(a) (1) (2) (3)		1d. See Form 990, Part X, line 1	
(a) (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 1	
(a) (1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, line 1	
(a) (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 1	
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990. Part X, col. (B) line	Description	1d. See Form 990, Part X, line 1	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line yart X Other Liabilities. Complete if the organization answered "Yes" t	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	Description 15.) to Form 990, Part IV, line 1		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2)	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 'art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Description	1e or 11f. See Form 990, Part X	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	1e or 11f. See Form 990, Part X. b) Book value	(b) Book value

NEWARK CAMPUS DEVELOPMENT FUND

Schedule D (Form 990) 2014

31-1062282 Page 3

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 NEWARK CAMPUS DEVELOPME	NT FUND	31-1062282 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.	
1	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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		ises per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	8.)	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE D, PART V, QUESTION #4

THE PERMANENT ENDOWED FUNDS ARE USED FOR THE PURPOSES AS DESIGNATED BY THE				
DONOR. THE QUASI ENDOWED FUNDS ARE BOARD RESTRICTED. THE FUNDS ARE SUBJECT				
TO A SPENDING RATE AND ARE USED FOR THE GENERAL PROGRAMS AND PURPOSES OF				
THE FOUNDATION'S TAX EXEMPT STATUS, I.E TO MAINTAIN, ENHANCE, AND IMPROVE				
ACCESSIBILITY OF EDUCATION TO ALL INDIVIDULAS AT THE OHIO STATE				
UNIVERSITY-NEWARK CAMPUS AND CENTRAL OHIO TECHNICAL COLLEGE.				

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> 31 2014.05090 NEWARK CAMPUS DEVELOPMENT 649740_3

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	Grants and Oth vernments, ar lete if the organizatio	nd Individual on answered "Yes" Attach to For	s in the Ŭni to Form 990, Pai m 990.	ted States rt IV, line 21 or 22.	90.	OMB No. 1545-0047
Name of the organization	MPIIS DEVE	LOPMENT FUN	п				Employer identification number 31-1062282
Part I General Information on Grants a							51 1002202
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's provide the grant of the	stance?	toring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than s 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OHIO TECHNICAL COLLEGE 1179 UNIVERSITY DRIVE, NEWARK, OH 43055	31-0802020	501(C)(3)	372,176.	0.	FMV (CASH)	N/A	FUNDING OF PROJECTS FOR WHICH NO OTHER FUNDING IS AVAILABLE
THE OHIO STATE UNIVERSITY AT NEWARK - 1179 UNIVERSITY DRIVE, - NEWARK, OH 43055	31-6025989	501(C)(3)	618,377.	0.	FMV (CASH)	N/A	FUNDING OF PROJECTS FOR WHICH NO OTHER FUNDING IS AVAILABLE
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization: 	•	•	e line 1 table				· ▶

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

NEWARK	CAMPUS	DEVELOPMENT	FUND
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31-1062282

Page 2

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

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

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 NCDF RELIES ON THE EXPERIENCED PROFESSIONALS IN THE FINANCIAL AID

DEPARTMENT FOR OHIO STATE AT NEWARK AND CENTRAL OHIO TECHNICAL COLLEGE TO

QUALIFY ALL STUDENTS FOR THE APPROPRIATE LEVEL OF FINANCIAL ASSISTANCE.

THE FINANCIAL AID COUNSELORS WORK WITH EACH STUDENT TO COMPLETE THE FAFSA

FORMS AND TO APPLY FOR ALL AVAILABLE GRANTS AND SCHOLARSHIPS. THIS IS THE

MOST EFFICIENT WAY FOR STUDENTS TO RECEIVE HELP AND AT THE SAME TIME ALLOWS

THE NCDF TO REMAIN EFFICIENT BY KEEPING ADMINISTRATIVE COSTS AS LOW AS

POSSIBLE.

SCH	EDULE J Compensation Information	OMB	No. 154	5-0047	7		
(For	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest						
•	Compensated Employees		2014				
_	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.	Ope	n to F	Public	c		
	epartment of the Treasury ternal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .						
Nam		nployer identific	ation	num	ıber		
	NEWARK CAMPUS DEVELOPMENT FUND	31-10622	282				
Pa	rt I Questions Regarding Compensation						
		_	<u>۱</u>	′es	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal u	Jse					
	Travel for companions Payments for business use of personal reside	nce					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
_							
	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		b	_			
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		_				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	_			
2		·-					
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	5					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract Independent compensation consultant Compensation survey or study						
	Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation comr	mittoo					
		Initiee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
	Receive a severance payment or change-of-control payment?	4	a		х		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	·····	b		Х		
	Participate in, or receive payment from, an equity-based compensation arrangement?		c		Х		
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
	The organization?		a		X		
b	Any related organization?		b		Х		
	If "Yes" to line 5a or 5b, describe in Part III.						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
	The organization?		a		<u>X</u>		
	Any related organization?		b		X		
	If "Yes" to line 6a or 6b, describe in Part III.						
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				v		
	not described in lines 5 and 6? If "Yes," describe in Part III	·····	7		<u>X</u>		
	8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?		9		0044		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (F	orm	990)	2014		

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Page **2**

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

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

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents		reported as deferred in prior Form 990
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2014

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.

FORM 990, PART VII, OUESTION 5

EXPLANATION: THE ORGANIZATION SHARES EMPLOYEES, INCLUDING THE

EXECUTIVE DIRECTOR, WITH THE THOMAS J. EVANS FOUNDATION. NCDF

REIMBURSES TJEF FOR THEIR SERVICES ATTRIBUTABLE TO NCDF. EXPENSES

INCURRED FOR JENNIFER ROBERTS, THE EXECUTIVE DIRECTOR FOR FISCAL YEAR

10/31/15, WAS IN THE AMOUNT OF \$50,540, INCLUDING PAYROLL TAXES. TJEF

IS NOT A RELATED ORGANIZATION.

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (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. Open to Public Attach to Form 990 or 990-EZ. epartment of the Treasury Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service Employer identification number Name of the organization 31-1062282 NEWARK CAMPUS DEVELOPMENT FUND FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNIVERSITY AND CENTRAL OHIO TECHNICAL COLLEGE BY FUNDING SCHOLARSHIPS GRANTS, INNOVATIVE PROJECTS AND CAPITAL IMPROVEMENTS THAT ARE NOT PROVIDED BY ANY OTHER STATE RESOURCE. FOR 33 YEARS, DONORS, BUSINESSES AND ORGANIZATIONS HAVE PARTICIPATED IN NCDF CAMPAIGNS TO CREATE A BEAUTIFUL COLLEGE CAMPUS WHERE STUDENTS RECEIVE THE BEST OF ALL WORLDS: BIG 10 RESEARCH-BASED EDUCATION IN A SMALL, PRIVATE, LIBERAL ARTS SETTING. LOCAL DONORS ENJOY SUPPORTING FUNDS AND CREATING ENDOWMENTS AT NCDF WHICH IS CONTROLLED LOCALLY BY A BOARD OF TRUSTEES WITH DEEP ROOTS WITHIN OUR COMMUNITY. WITH THE PARTNERSHIP OF GENEROUS GENERATIONAL DONORS AND A COMMITTED BOARD, THE NCDF IS ABLE TO PROVIDE ACCESS TO EDUCATION FOR ALL QUALIFIED AND MOTIVATED INDIVIDUALS. NCDF STRIVES TO MAINTAIN AND ENHANCE THE LEVEL OF EDUCATIONAL TECHNOLOGICAL EXCELLENCE AND CLOSE PERSONALIZED ATTENTION AT OSU NEWARK AND COTC.

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

IMPROVEMENTS THAT ARE NOT PROVIDED BY ANY OTHER STATE RESOURCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COURSES, AS WELL AS LIVING EXPENSES OF YOUNG FAMILIES. UNRESTRICTED SCHOLARSHIP AND GRANT FUNDS HELP THE MOST TO MEET THE NEEDS OF STUDENTS. THE NCDF SUPPORTS PROJECTS AND SCHOLARSHIP NEEDS THAT STATE AND FEDERAL RESOURCES CANNOT.

IN THE ACADEMIC YEAR ENDING ON JUNE 30, 2015, THE NCDF FUNDED 341

SCHOLARSHIPS AND 7 GRANTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 Name of the organization

NEWARK CAMPUS DEVELOPMENT FUND

31-1062282

PART IV, LINE 11F

EXPLANATION: THE ORGANIZATION DOES NOT HAVE FINANCIAL STATEMENTS

PREPARED BY OUTSIDE ACCOUNTANTS; THEREFORE, THERE ARE NO FINANCIALS

WITH A FIN 48 FOOTNOTE AND QUESTION 11F IS NOT APPLICABLE

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIP

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

THE GOVERNING BOARD WILL REVIEW THE 990 PRIOR TO THE FILING DATE.

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

TRUSTEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. IF A TRUSTEE HAS A CONFLICT OF INTEREST WITH ANY PARTICULAR DISCUSSION TOPIC, THAT INDIVIDUAL IS EXCUSED FROM THE MEETING ROOM DURING DISCUSSION AND SUBSEQUENT VOTE.

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

THE EXECUTIVE DIRECTOR IS SHARED BETWEEN THE NCDF AND THE THOMAS J EVANS

FOUNDATION. THE CHAIR OF THE NCDF CONSULTS WITH THE PRESIDENT OF THE EVANS

FOUNDATION TO REVIEW, EVALUATE AND DETERMINE COMPENSATION. THE EVANS

FOUNDATION KEEPS ALL TIME SHEETS AND PROCESSES PAYROLL. THE NCDF

REIMBURSES THE EVANS FOUNDATION FOR THE EXECUTIVE DIRECTOR'S TIME WORKED ON

38

NCDF BUSINESS. THE THOMAS J EVANS FOUNDATION IS NOT A RELATED

ORGANIZATION.

Schedule O (Form 990 or 990-E	EZ)	(2014))
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Name of the organization

NEWARK CAMPUS DEVELOPMENT FUND

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

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

THE FOLLOWING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS.

FORM 990, PART VI, SECTION C, LINE 17

THE STATE OF OHIO REQUESTS THAT AN ONLINE CHARITABLE REGISTRATION BE

COMPLETED RATHER THAN SUBMITTING A COPY OF FORM 990 TO THE ATTORNEY

GENERAL. THE NECESSARY ONLINE FILING REQUIREMENTS ARE COMPLETED IN A

TIMELY MANNER.

432212 08-27-14