

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: KENNESAW STATE UNIVERSITY FOUNDATION, INC. D Employer identification number: 23-7034345 E Telephone number: (470) 578-6675 G Gross receipts \$: 169,533,576. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.KENNESAW.EDU/FOUNDATION K Form of organization: L Year of formation: 1969 M State of legal domicile: GA

Part I Summary

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

Part II Signature Block

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

Signature of officer: STEPHEN S. BRIDGES, CHIEF FINANCIAL OFFICER. Preparer: MELANIE MCPEAK, CHERRY BEKAERT ADVISORY LLC. Date: 2026.04.16. PTIN: P01346034.

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Taxpayer identification number (TIN) 23-7034345
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 CHASTAIN ROAD, 9101	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KENNESAW, GA 30144	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **STEPHEN BRIDGES**
1000 CHASTAIN ROAD - KENNESAW, GA 30144

Telephone No. **470-578-6675** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Part 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 KENNESAW STATE UNIVERSITY FOUNDATION'S MISSION IS TO BE AN
ADVOCATE FOR THE UNIVERSITY, AND TO RECEIVE, INVEST, ACCOUNT FOR, AND
ALLOCATE PRIVATE GIFTS AND CONTRIBUTIONS IN SUPPORT OF KENNESAW STATE
UNIVERSITY.**

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
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? Yes No
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 \$ 35,157,649. including grants of \$ _____) (Revenue \$ 41,735,644.)
**LEASING OPERATIONS - PROVIDE STUDENT HOUSING, PARKING, OFFICE, DINING
AND SPORTS AND RECREATION FACILITIES TO THE UNIVERSITY.**

4b (Code: _____) (Expenses \$ 10,496,475. including grants of \$ 8,065,863.) (Revenue \$ _____)
TO FUND KENNESAW STATE UNIVERSITY ACADEMIC PROGRAMS AND SCHOLARSHIPS.

4c (Code: _____) (Expenses \$ 5,932,376. including grants of \$ 4,471,594.) (Revenue \$ _____)
SUPPORT OF UNIVERSITY PROGRAMS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 3,290,193. including grants of \$ 2,807,440.) (Revenue \$ 229,144.)

4e Total program service expenses 54,876,693.

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c 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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	74
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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	
12a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	62	
b	Enter the number of voting members included on line 1a, above, who are independent	60	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed GA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
STEPHEN BRIDGES - 470-578-6675
1000 CHASTAIN ROAD, KENNESAW, GA 30144

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Form 990 (2024)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. KATHY SCHWAIG TRUSTEE/PRESIDENT	1.00 40.00	X						0.	480,506.	100,036.
(2) DR. IVAN PULINKALA TRUSTEE/KSU PROVOST	1.00 40.00	X						0.	358,937.	81,312.
(3) MR. LANCE E. BURCHETT CEO	20.00 20.00			X				0.	297,576.	38,116.
(4) MR. STEPHEN BRIDGES CFO	40.00 0.00			X				0.	189,553.	32,484.
(5) MS. JANELLE FUNK DIRECTOR OF ANALYSIS	20.00 20.00					X		0.	139,667.	27,619.
(6) MS. VALERIE PATRICK FOUNDATION CONTROLLER	40.00 0.00					X		0.	133,843.	23,098.
(7) MR. LARRY STEVENS TRUSTEE/KSU EXECUTIVE IN RESIDENCE (1.00 0.00	X						0.	84,424.	0.
(8) MR. THEODORE L. PARRISH CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(9) MRS. JENNIFER BRITT FLECK VICE CHAIR - CHAIR ELECT	1.00 0.00	X		X				0.	0.	0.
(10) MR. ANDRE SCHNABL TREASURER	1.00 0.00	X		X				0.	0.	0.
(11) MR. TRENT TURK SECRETARY	1.00 0.00	X		X				0.	0.	0.
(12) MR. STEVEN CADRANEL IMMEDIATE PAST CHAIR	1.00 0.00	X						0.	0.	0.
(13) MS. ANGIE M. ALEXANDER TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) MR. LUIS ARRIAGA TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) MR. RICHARD A. BENNETT TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) MR. SHAILA BETTADAPUR TRUSTEE (THRU 6/30/25)	1.00 0.00	X						0.	0.	0.
(17) MRS. SARAH BOONE TRUSTEE	1.00 0.00	X						0.	0.	0.

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. RON L. BRAUND TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) MR. R. ALLEN BROOKS TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) MS. ELIZABETH W. CAMP TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) MS. CARMEN CHUBB TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) MR. MEL C. CLEMMONS TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) DR. MICHAEL J. COLES TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) MR. RICHARD COX TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) MR. DON E. DAVIDSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) MR. BORJA DE OLANO TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	1,684,506.	302,665.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,684,506.	302,665.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACADEMY LOCK & KEY, INC. 716 W. SPRING ST, MONROE, GA 30655	REPAIR AND MAINTENANCE	1,347,847.
GEORGIA MECHANICAL, INC. 4189 CAPITAL VIEW DRIVE, SUWANEE, GA 30024	REPAIR AND MAINTENANCE	1,267,390.
PERKINS & WILL, INC P.O. BOX 71181, CHICAGO, IL 60694	DESIGN & CONSTRUCTION CONTRAC	970,212.
GILBANE BUILDING COMPANY, 3350 PEACHTREE RD NE, SUITE 1200, ATLANTA, GA 30326	CONSTRUCTION	470,642.
S&S FLOORING COMPANY, INC. P.O. BOX 695, MARIETTA, GA 30061	FLOORING INSTALLATION & REPAI	367,984.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 19

SEE PART VII, SECTION A CONTINUATION SHEETS

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Form 990

23-7034345

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. STEPHEN W. DILS TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) MR. JAMES P. DUNN TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MR. MICKEY DUNN TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) MRS. SHELLY ELDER TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) MRS. JENNIFER ELLIS TRUSTEE (THRU 6/30/25)	1.00 0.00	X						0.	0.	0.
(32) MS. CONNIE L. ENGEL TRUSTEE (THRU 6/30/25)	1.00 0.00	X						0.	0.	0.
(33) MS. HEATHER FORTNER TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) MR. REUEL (RICK) HAMILTON, III TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) MR. JOSEPH J. HANDY TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MRS. STACY HAUBENSCHILD TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) MR. WILLIAM M. HAYES TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) MR. FRANK M. HOWARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) MR. I. BARRY HYMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) MR. DON JOHNSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) MR. DOUGLAS E. JONES TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) MR. RANDY KOPORC TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) MR. LAWRENCE P. KRASKA TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) MRS. CATHERINE LAND WATERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) MR. ROB LEVEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) MR. BEN L. LOOPER TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

Form 990

23-7034345

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MS. BETH LOWRY TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) MR. CARIC MARTIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) MR. DAVID MCKOY TRUSTEE	1.00 0.00	X						0.	0.	0.
(50) MR. DAVID MILLICAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) MRS. JUDITH MOEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) MR. SIDDHARTHA MOOKERJI TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) MRS. ALANA MUELLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(54) MR. JAMES CHRIS PIKE TRUSTEE	1.00 0.00	X						0.	0.	0.
(55) MRS. DEBORAH PIKE TRUSTEE	1.00 0.00	X						0.	0.	0.
(56) MR. NORMAN J. RADOW TRUSTEE	1.00 0.00	X						0.	0.	0.
(57) MR. LEE RHYANT TRUSTEE	1.00 0.00	X						0.	0.	0.
(58) MRS. CANDICE L. SAUNDERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(59) MR. DOUGLAS SHORE TRUSTEE	1.00 0.00	X						0.	0.	0.
(60) MR. RICHARD S. SIEGEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(61) MRS. ROBYN SMITH TRUSTEE	1.00 0.00	X						0.	0.	0.
(62) MS. TRACY STYF TRUSTEE	1.00 0.00	X						0.	0.	0.
(63) MR. DARRELL SUTTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(64) MS. VALERY VOYLES TRUSTEE	1.00 0.00	X						0.	0.	0.
(65) MR. DAVID R. WALENS TRUSTEE	1.00 0.00	X						0.	0.	0.
(66) MR. TIM WILKERSON TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

Form 990 (2024)

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	190,925.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	41,526,111.				
	g	Noncash contributions included in lines 1a-1f	\$ 134,751.				
	h	Total. Add lines 1a-1f	41,717,036.				
Program Service Revenue	2 a	LEASING INCOME	531190	41,735,644.	41735644.		
	b	MANAGEMENT FEE INCOME	531190	229,144.	229,144.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		41,964,788.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,437,528.		-47,621.	
	4	Income from investment of tax-exempt bond proceeds				4485149.	
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				81,395,324.			
	b	Less: cost or other basis and sales expenses		78,836,237.			
	c	Gain or (loss)		2,559,087.			
	d	Net gain or (loss)		2,559,087.		2559087.	
8 a	Gross income from fundraising events (not including \$ 190,925. of contributions reported on line 1c). See Part IV, line 18	8a	18,900.				
b	Less: direct expenses	8b	124,127.				
c	Net income or (loss) from fundraising events			-105,227.		-105,227.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		90,573,212.	41964788.	-47,621.	6939009.	

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Form 990 (2024)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 ...	15,344,897.	15,344,897.		
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, trustees, and key employees				
6 Compensation not included above to disqualified 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 (nonemployees):				
a Management				
b Legal	27,261.		27,261.	
c Accounting	79,017.	36,698.	42,319.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	82,500.			82,500.
f Investment management fees	277,680.		277,680.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	774,043.	730,730.	42,974.	339.
12 Advertising and promotion	42,133.	41,773.		360.
13 Office expenses	699,455.	625,689.	28,658.	45,108.
14 Information technology	371,165.	304,619.	55,715.	10,831.
15 Royalties				
16 Occupancy	3,826,206.	3,681,650.	96,556.	48,000.
17 Travel	247,700.	221,086.	3,283.	23,331.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,219,835.	1,188,991.	30,844.	
20 Interest	12,893,279.	12,893,279.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,008,720.	8,008,720.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RENTAL OPERATIONS	7,861,330.	7,861,330.		
b SHARED SERVICES	3,327,695.	3,327,695.		
c PROMOTION AND DEVELOPME	560,467.	465,675.	1,664.	93,128.
d DUES AND PROFESSIONAL M	168,784.	143,861.	7,970.	16,953.
e All other expenses	24,345.		1,125.	23,220.
25 Total functional expenses. Add lines 1 through 24e	55,836,512.	54,876,693.	616,049.	343,770.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	7,617,791.	2	17,346,460.	
	3 Pledges and grants receivable, net	18,297,870.	3	23,936,877.	
	4 Accounts receivable, net	395,999.	4	435,586.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	34,363.	9	43,536.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 268,648,795.			
	b Less: accumulated depreciation	10b 99,403,902.	65,691,969.	10c	169,244,893.
	11 Investments - publicly traded securities	41,764,272.	11	60,326,080.	
	12 Investments - other securities. See Part IV, line 11	119,112,264.	12	123,519,364.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	256,719,029.	15	302,775,967.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	509,633,557.	16	697,628,763.		
Liabilities	17 Accounts payable and accrued expenses	448,185.	17	3,658,752.	
	18 Grants payable		18		
	19 Deferred revenue	726,776.	19	12,861,563.	
	20 Tax-exempt bond liabilities	306,920,508.	20	431,748,688.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	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	12,569,607.	25	14,443,504.	
	26 Total liabilities. Add lines 17 through 25	320,665,076.	26	462,712,507.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	30,565,182.	27	36,967,048.	
	28 Net assets with donor restrictions	158,403,299.	28	197,949,208.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	188,968,481.	32	234,916,256.	
	33 Total liabilities and net assets/fund balances	509,633,557.	33	697,628,763.	

Form 990 (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,573,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,836,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	34,736,700.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	188,968,481.
5	Net unrealized gains (losses) on investments	5	11,211,075.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	234,916,256.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization **KENNESAW STATE UNIVERSITY FOUNDATION, INC.** Employer identification number **23-7034345**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
KENNESAW STATE UNIVERSITY	58-0965786	6	X		15,344,897.	0.
Total					15,344,897.	0.

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	X	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	X	

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

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Schedule A (Form 990) 2024

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

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

PART IV, SECTION D, LINE 3:

THE FOUNDATION'S SUPPORTED ORGANIZATION (KENNESAW STATE UNIVERSITY) HAS A SIGNIFICANT VOICE IN THE INVESTMENT POLICIES AND THE USE OF INCOME AND ASSETS OF THE FOUNDATION THROUGHOUT THE YEAR. THIS IS EVIDENCED BY THE FOLLOWING FACTS: KENNESAW STATE UNIVERSITY EMPLOYEES ARE INVOLVED WITH THE FOUNDATION'S DAILY OPERATIONS; THE PRESENCE OF THE PRESIDENT'S AND/OR HIS/HER EMISSARIES AT COMMITTEE AND BOARD MEETINGS WHERE DECISIONS ARE MADE; THE FACT THAT THE PRESIDENT IS A VOTING TRUSTEE OF THE BOARD AND VICE PRESIDENT OF ADVANCEMENT SIT ON THE BOARD OF DIRECTORS, ALBEIT AS A NON-VOTING MEMBER.

PART IV, SECTION E, LINE 1C:

THE KENNESAW STATE UNIVERSITY FOUNDATION, INC. SUPPORTS KENNESAW STATE UNIVERSITY ("KSU"). KSU IS A UNIVERSITY IN THE THE STATE OF GEORGIA UNIVERSITY SYSTEM AND HENCE IS A UNIT OF GOVERNMENT.

PART IV, SECTION E, LINE 2A:

ALL ACTIVITIES ENGAGED IN BY THE FOUNDATION ARE FOR THE BENEFIT OF THE SUPPORTED ORGANIZATION, KENNESAW STATE UNIVERSITY. THE SCHOLARSHIPS HELP STUDENTS TO ATTEND, THE ACADEMIC PROGRAMS ENRICH THE PROGRAMS OFFERED BY THE FACULTY; THE LEASING OPERATIONS PROVIDE THE UNIVERSITY'S STUDENTS WITH HOUSING, PARKING, OFFICE, DINING AND SPORTS AND RECREATION FACILITIES, ETC.

PART IV, SECTION E, LINE 2B:

KENNESAW STATE UNIVERSITY FOUNDATION'S MISSION IS TO BE AN ADVOCATE FOR KENNESAW STATE UNIVERSITY (THE "UNIVERSITY") AND TO RECEIVE, INVEST, ACCOUNT FOR, AND ALLOCATE PRIVATE GIFTS AND CONTRIBUTIONS IN SUPPORT OF THE UNIVERSITY. THE FOUNDATION PROVIDES STUDENT HOUSING, PARKING, AND LEASES ADMINISTRATIVE, DINING, CLASSROOM, AND ATHLETIC SPACE TO THE UNIVERSITY. ALL THESE ACTIVITIES ARE ESSENTIAL TO THE OPERATIONS OF KENNESAW STATE UNIVERSITY. IF THE FOUNDATION DID NOT CONDUCT THESE ACTIVITIES, ANOTHER ORGANIZATION, OR THE UNIVERSITY ITSELF, WOULD HAVE TO MANAGE SUCH ACTIVITIES AND PROPERTIES.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Employer identification number

23-7034345

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>AARON'S COMPANY INC</u> <u>400 GALLERIA PKWY SE STE 300</u> <u>ATLANTA, GA 30339-3182</u>	\$ <u>10,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>AMCOR PLC</u> <u>3 PARKWAY NORTH BLVD STE 300</u> <u>DEERFIELD, IL 60015-2565</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>AMERICAN CYB</u> <u>C/O KENNESAW STATE UNIVERSITY</u> <u>FOUNDATION 1000 CHASTAIN RD STE. 9101</u> <u>KENNESAW, GA 30144</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>AMERICAN INSTITUTE OF ARCHITECTS</u> <u>ATLANTA CHAPTER</u> <u>50 HURT PLZ SE STE 109</u> <u>ATLANTA, GA 30303-2989</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>AMERICA'S HOME PLACE, INC.</u> <u>PO BOX 1316</u> <u>GAINESVILLE, GA 30503-1316</u>	\$ <u>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>ANN C. HEATHERINGTON</u> <u>12585 KING RD</u> <u>ROSWELL, GA 30075-1045</u>	\$ <u>670,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	APPLIED TECHNICAL SERVICES, INC. 1049 TRIAD CT MARIETTA, GA 30062-2259	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	APTEAN 4325 ALEXANDER DR STE 100 ALPHARETTA, GA 30022-3808	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ARCHER WESTERN CONSTRUCTION 2839 PACES FERRY RD SE STE 1200 ATLANTA, GA 30339-5795	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ASSISTANCE LEAGUE OF ATLANTA, INC. PO BOX 920250 PEACHTREE CORNERS, GA 30010-0250	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ASSOCIATED GENERAL CONTRACTORS OF GEORGIA INC 1940 THE EXCHANGE SE STE 100 ATLANTA, GA 30339-2028	\$ 50,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ATHENS AREA COMMUNITY FOUNDATION 150 W HANCOCK AVE ATHENS, GA 30601-2726	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ATLANTA NATIONAL LEAGUE BASEBALL CLUB, LLC PO BOX 723009 ATLANTA, GA 31139-0009	\$ 8,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BANK OF AMERICA CHARITABLE FOUNDATION, INC. 100 N TRYON ST CHARLOTTE, NC 28202-2135	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BANK OF AMERICA CHARITABLE GIFT FUND 100 FEDERAL ST FL 8 BOSTON, MA 02110-1882	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	BATSON-COOK CONSTRUCTION 2859 PACES FERRY RD SE ATLANTA, GA 30339-5798	\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BDO 1180 PEACHTREE ST NE STE 1950 ATLANTA, GA 30309-7539	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	BEACON FOUNDATION CHARITABLE TRUST PO BOX 2804 KENNESAW, GA 30156-9114	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	BENNING CONSTRUCTION COMPANY 4695 S ATLANTA RD SE ATLANTA, GA 30339-1501	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BIRLA CARBON 1800 W OAK COMMONS CT MARIETTA, GA 30062-2253	\$ 92,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BOSCH COMMUNITY FUND 15000 N HAGGERTY RD PLYMOUTH, MI 48170-3698	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BRASFIELD & GORRIE, LLC 2999 CIRCLE 75 PKWY SE ATLANTA, GA 30339-3050	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BRENDA HOFMAN ONE COCA-COLA PLAZA NW ATLANTA, GA 30313-2420	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	BRENT SCARBROUGH & COMPANY, INC. 45 E AVIATION WAY NEWNAN, GA 30263-7107	\$ 504,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>BUNZL USA, INC.</u> <u>1 CITYPLACE DR STE 200</u> <u>SAINT LOUIS, MO 63141-7067</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>C W MATTHEWS CONTRACTING CO., INC.</u> <u>PO BOX 970</u> <u>MARIETTA, GA 30061-0970</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>C. R. YARBROUGH</u> <u>3200 HOWELL MILL RD NW APT 121</u> <u>ATLANTA, GA 30327-4103</u>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>CARROLL DANIEL CONSTRUCTION CO.</u> <u>PO BOX 1438</u> <u>GAINESVILLE, GA 30503-1438</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>CATHERINE LAND-WATERS</u> <u>12 WESTMINSTER CLOSE DR NW</u> <u>ATLANTA, GA 30327-1604</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>CEDRIC D. CLARK</u> <u>2470 SANDY PLAINS RD</u> <u>MARIETTA, GA 30066-5706</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	CENTER FOR EXPANDING LEADERSHIP & OPPORTUNITY 900 N LAKE SHORE DR APT 607 CHICAGO, IL 60611-1528	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	CEVA LOGISTICS 3201 CENTRE PKWY ATLANTA, GA 30344-5754	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CHARITIES AID FOUNDATION OF AMERICA PO BOX 4355 SOUTHFIELD, MI 48037-4355	\$ <u>8,643.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	CHARLES KACZYNSKI 3415 BONAIRE XING MARIETTA, GA 30066-4789	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	CHARLES KOCH FOUNDATION 4201 WILSON BLVD STE 800 ARLINGTON, VA 22203-4492	\$ <u>333,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	CHERRY BEKAERT ADVISORY LLC 3800 GLENWOOD AVE STE 200 RALEIGH, NC 27612-4875	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	CHICK-FIL-A, INC. 5200 BUFFINGTON RD ATLANTA, GA 30349-2945	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	CHOATE BRIDGES FOUNDATION 3438 PEACHTREE RD NE STE 800 ATLANTA, GA 30326-1554	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	CHRIS PATTERSON 4055 WESTMORELAND DR S MOBILE, AL 36609-6133	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CHRISTOPHER C. MARTIN 535 OWL CREEK DR POWDER SPRINGS, GA 30127-6286	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	CHRISTOPHER L. ARRENDALE 3577 SEYMOUR DR BROOKHAVEN, GA 30319-2111	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	CIENA CORPORATION 7035 RIDGE RD HANOVER, MD 21076-1426	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	CLEVELAND GROUP INC. 3715 NORTHSIDE PKWY NW BLDG 100-800 ATLANTA, GA 30327-2869	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	CLIFTONLARSONALLEN LLP 220 S 6TH ST STE 300 MINNEAPOLIS, MN 55402-1418	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	CLUB OF HEARTS, INC. 241 RALPH MCGILL BLVD NE ATLANTA, GA 30308-3374	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	COBB COMMUNITY COLLABORATIVE INC 1314 CHURCH ST SE SMYRNA, GA 30080-7800	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	COBB COMMUNITY FOUNDATION, INC. 1100 CIRCLE 75 PKWY SE STE 1000 ATLANTA, GA 30339-3038	\$ 46,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	COBB EMC FOUNDATION PO BOX 369 MARIETTA, GA 30061-0369	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	COHNREZNICK 3560 LENOX RD NE STE 2900 ATLANTA, GA 30326-4345	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	COLLINS AND ARNOLD CONSTRUCTION COMPANY, LLC 6111 PEACHTREE DUNWOODY RD STE B102 ATLANTA, GA 30328-1115	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	COLORADO STATE UNIVERSITY FOUNDATION PO BOX 1870 FORT COLLINS, CO 80522-1870	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	COMMUNITY FOUNDATION FOR GREATER ATLANTA, INC. 191 PEACHTREE ST NE STE 1000 ATLANTA, GA 30303-1741	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	CONSTRUCTION SPECIALTIES, INC. 4005 ROYAL DR NW STE 100 KENNESAW, GA 30144-4611	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	COOPER CARRY CHARITABLE FOUNDATION INC. 191 PEACHTREE ST NE STE 2400 ATLANTA, GA 30303-1770	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<u>DAFGIVING360</u> <u>211 MAIN ST</u> <u>SAN FRANCISCO, CA 94105-1905</u>	\$ <u>99,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<u>DANA R. HERMANSON</u> <u>1000 CHASTAIN RD NW # 3307</u> <u>KENNESAW, GA 30144-5588</u>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<u>DAVID R WALENS REVOCABLE TRUST</u> <u>3655 OAK LN</u> <u>MARIETTA, GA 30062-5353</u>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<u>DELTA COMMUNITY CREDIT UNION</u> <u>1025 VIRGINIA AVE</u> <u>ATLANTA, GA 30354-1319</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<u>DON R. CLAYTON</u> <u>1647 KIMBLE DR SW</u> <u>MARIETTA, GA 30064-3764</u>	\$ <u>7,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<u>DONALD Q. DALTON</u> <u>1005 HIGHTOWER TRL</u> <u>ATLANTA, GA 30350-1804</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	DOUGLAS L. MIMS 1000 CHASTAIN RD NW # 0402 KENNESAW, GA 30144-5588	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	DOUGLAS L. SHORE 2660 PEACHTREE RD NW APT 38G ATLANTA, GA 30305-3683	\$ 314,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	DPR CONSTRUCTION 1450 VETERANS BLVD REDWOOD CITY, CA 94063-2620	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	DPR HARDIN CONSTRUCTION COMPANY LLC 1885 MITCHELL RD SE STE 100 MABLETON, GA 30126-2907	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	EDCHOICE, INC. 111 MONUMENT CIR STE 2650 INDIANAPOLIS, IN 46204-5102	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	ELMA ELECTRONIC INC. 2305 NEWPOINT PKWY LAWRENCEVILLE, GA 30043-5530	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<u>ENGLISH & ASSOCIATES ARCHITECTS</u> <u>3084 MERCER UNIVERSITY DR STE 100</u> <u>ATLANTA, GA 30341-4139</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<u>ENTERPRISE LEASING COMPANY OF GEORGIA</u> <u>4151 ASHFORD DUNWOODY RD NE STE 300</u> <u>BROOKHAVEN, GA 30319-1430</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<u>ENTERPRISE MOBILITY FOUNDATION</u> <u>4151 ASHFORD DUNWOODY RD NE STE 300</u> <u>BROOKHAVEN, GA 30319-1430</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<u>ERNST CONCRETE</u> <u>PO BOX 1506</u> <u>LAWRENCEVILLE, GA 30046-1506</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<u>EVELYN A. BROWN</u> <u>2885 W VILLAGE DR</u> <u>SUWANEE, GA 30024-5047</u>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<u>EVENT OUTFITTERS</u> <u>260 1ST AVENUE SOUTH #200-54</u> <u>ST PETERSBURG, FL 33701-4361</u>	\$ <u>6,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	EVERGREEN CONSTRUCTION 3200 COBB GALLERIA PKWY STE 240 ATLANTA, GA 30339-5941	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	FIDELITY INVESTMENTS CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0001	\$ 276,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	FLORIDA RETAIL FEDERATION 227 S ADAMS ST TALLAHASSEE, FL 32301-1720	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	FORVIS MAZARS, LLP 910 E ST LOUIS ST STE 400 SPRINGFIELD, MO 65806-2570	\$ 7,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	FORVIS MAZARS, LLP 191 PEACHTREE ST NE STE 2700 ATLANTA, GA 30303-1769	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	FRANCES WOOD WILSON FOUNDATION, INC. 4045 FIVE FORKS TRICKUM RD SW STE B9 # 305 LILBURN, GA 30047-7630	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	FREEDOM ELECTRONICS LLC 170 CHASTAIN MEADOWS CT NW KENNESAW, GA 30144-3723	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	FULL CIRCLE RESTORATION & CONSTRUCTION SERVICES INC. 4325 RIVER GREEN PKWY DULUTH, GA 30096-2572	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	G. W. HENSSLER & ASSOCIATES, LTD 3735 CHEROKEE ST NW KENNESAW, GA 30144-2081	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	GA DEP. OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES 200 PIEDMONT AVE SE, WEST TOWER, 14TH FLOOR ATLANTA, GA 30334-9032	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	GENE HAAS FOUNDATION 2800 STURGIS RD OXNARD, CA 93030-8901	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	GEORGIA ARMY NATIONAL GUARD 1000 HALSEY AVE SE BLDG 447 MARIETTA, GA 30060-4277	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<u>GEORGIA POWER FOUNDATION, INC.</u> <u>241 RALPH MCGILL BLVD NE BLDG 10131</u> <u>ATLANTA, GA 30308-3374</u>	\$ <u>342,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<u>GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS</u> <u>5405 WINDWARD PKWY STE 300</u> <u>ALPHARETTA, GA 30004-4668</u>	\$ <u>6,320.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<u>GILBANE BUILDING COMPANY</u> <u>3350 PEACHTREE RD NE STE 1200</u> <u>ATLANTA, GA 30326-1567</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<u>GLENN E CONNER REVOCABLE TRUST</u> <u>10305 56TH AVE N</u> <u>PLYMOUTH, MN 55442-1603</u>	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<u>GOOGLE, LLC</u> <u>1600 AMPHITHEATRE PKWY</u> <u>MOUNTAIN VIEW, CA 94043-1351</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<u>GRAY CONSTRUCTION</u> <u>1728 3RD AVE N STE 100</u> <u>BIRMINGHAM, AL 35203-2033</u>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	GREATER ATLANTA HOME BUILDERS ASSOCIATION, INC. 925 NORTH POINT PKWY STE 300 ALPHARETTA, GA 30005-5231	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	GRIFFCO DESIGN BUILD, INC 1701 BARRETT LAKES BLVD NW STE 285 KENNESAW, GA 30144-4502	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	GUANACASTE VENTURES U.S., INC. 2600 CENTURY PKWY NE STE 100 ATLANTA, GA 30345-3104	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	HANGER FOUNDATION 10910 DOMAIN DR STE 300 AUSTIN, TX 78758-7807	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	HEALTHVICE, INC 510 BENTWOOD DR WOODSTOCK, GA 30189-1452	\$ 5,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	HELIOX NORTH AMERICA 150 OTTLEY DR NE ATLANTA, GA 30324-3925	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	HOWARD E. FAGIN 620 ENCLAVE CIR ATLANTA, GA 30342-2090	\$ <u>14,238.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
98	HUBERT W. GOINGS 101 KIRKWOOD CT JACKSON, MS 39211-6062	\$ <u>15,816.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	IES RESIDENTIAL, INC 3105 MOON STATION RD NW KENNESAW, GA 30144-2712	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	INCOMM PAYMENTS 250 WILLIAMS ST NW STE M100 ATLANTA, GA 30303-1032	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	INGLETT & STUBBS, LLC 5200 RIVER VIEW RD SE MABLETON, GA 30126-2953	\$ <u>13,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	INTEL CORPORATION 2200 MISSION COLLEGE BLVD SANTA CLARA, CA 95054-1549	\$ <u>140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<u>INTERFAITH AMERICA</u> <u>141 W JACKSON BLVD STE 3200</u> <u>CHICAGO, IL 60604-3208</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<u>IRWIN B. HYMAN</u> <u>570 CHESTNUT ROSE LN</u> <u>SANDY SPRINGS, GA 30327-4882</u>	\$ <u>37,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<u>J L. STEVENS</u> <u>601 CHARLTON CT NW</u> <u>MARIETTA, GA 30064-1451</u>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<u>JACK MARTIN</u> <u>3955 TRAIL DR</u> <u>JACKSON, WY 83001-9287</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<u>JAMES GANTT FAUSETT, FAIA</u> <u>2400 OLD SEWELL RD</u> <u>MARIETTA, GA 30068-3455</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<u>JAMES J. HILLS</u> <u>4533 PAPER MILL RD SE</u> <u>MARIETTA, GA 30067-4025</u>	\$ <u>101,367.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<u>JAYNE CASSELLA FOUNDATION, INC.</u> <u>103 RIDGEMOOR TRCE</u> <u>CANTON, GA 30115-6464</u>	\$ <u>21,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<u>JE DUNN CONSTRUCTION</u> <u>2555 CUMBERLAND PKWY SE</u> <u>ATLANTA, GA 30339-3928</u>	\$ <u>8,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<u>JENIFER L. RENSHAW</u> <u>3659 OUTLOOK CT NE</u> <u>MARIETTA, GA 30066-1788</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<u>JENNIFER B. FLECK</u> <u>1025 JONES RD</u> <u>ROSWELL, GA 30075-2715</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<u>JENNIFER W. DICKEY</u> <u>1000 CHASTAIN RD NW # 2206</u> <u>KENNESAW, GA 30144-5588</u>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<u>JEWISH FEDERATION OF GREATER ATLANTA</u> <u>1440 SPRING ST NW</u> <u>ATLANTA, GA 30309-2837</u>	\$ <u>96,166.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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115	<u>JIM B. WALLACE</u> <u>4015 LOCH HIGHLAND PASS NE</u> <u>ROSWELL, GA 30075-2031</u>	\$ <u>79,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<u>JOHN AND MARY FRANKLIN FOUNDATION, INC.</u> <u>PO BOX 725429</u> <u>ATLANTA, GA 31139-2429</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<u>JOHN AND POLLY SPARKS FOUNDATION</u> <u>99 FOUNDERS PLZ</u> <u>EAST HARTFORD, CT 06108-3208</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<u>JOHN E. COOKE</u> <u>2411 TUXEDO LN NW</u> <u>MARIETTA, GA 30064-1898</u>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<u>JOHN H. BROWN</u> <u>5219 GLENRIDGE DR</u> <u>ATLANTA, GA 30342-1349</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<u>JOHN P. KOWN</u> <u>430 DAVIS CARNES LN NW</u> <u>MARIETTA, GA 30064-4716</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<u>JONATHAN L. ARNOLD</u> <u>2859 BERNARD LN SE</u> <u>SMYRNA, GA 30080-3691</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<u>JOSEPH D. MEEKS</u> <u>108 PACES RUN</u> <u>ATLANTA, GA 30339-3788</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<u>JUNEAU CONSTRUCTION COMPANY LLC</u> <u>210 INTERSTATE NORTH PKWY SE STE 700</u> <u>ATLANTA, GA 30339-9703</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<u>KAISER PERMANENTE</u> <u>3495 PIEDMONT RD NE BLDG 9</u> <u>ATLANTA, GA 30305-1729</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<u>KATHERINE A. SCOTT</u> <u>2774 ANDREWS DR NW APT 6</u> <u>ATLANTA, GA 30305-2956</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<u>KATIE LIM</u> <u>3715 NORTHSIDE PKWY NW BLDG 100-800</u> <u>ATLANTA, GA 30327-2869</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	KENNESAW STATE UNIVERSITY ATHLETIC ASSOCIATION, INC. 1000 CHASTAIN RD NW # 0201 KENNESAW, GA 30144-5591	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	KENNETH T. MICHAUD 10503 SERENBE LN PALMETTO, GA 30268-2289	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	KOCH INDUSTRIES, INC. 4111 E 37TH ST N WICHITA, KS 67220-3298	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	LANA J. WACHNIAK 4850 WINSLOW SQ NW ACWORTH, GA 30102-3462	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	LAUREN LORENZO 2251 CORPORATE PLAZA PKWY SE SMYRNA, GA 30080-2900	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	LEXISNEXIS RISK SOLUTIONS 1100 ALDERMAN DR ALPHARETTA, GA 30005-5440	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	LIAISON INTERNATIONAL 20 GUEST ST # 8 BRIGHTON, MA 02135-2040	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	LINDSEY, GREENWAY & MCINTIRE, LLC 11040 CRABAPPLE RD # A ROSWELL, GA 30075-2457	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	LOUIS J. BOOS 2104 CASTLEWAY DR NE ATLANTA, GA 30345-3916	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	MAG MUTUAL INSURANCE COMPANY 3535 PIEDMONT RD NE BLDG 14-1000 ATLANTA, GA 30305-1635	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	MARIE H. MULKEY 170 HARDAGE DR SW MARIETTA, GA 30064-1910	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	MARIETTA DAILY JOURNAL COMMUNITY FOUNDATION PO BOX 449 MARIETTA, GA 30061-0449	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<u>MARIETTA NONDESTRUCTIVE TESTING, INC.</u> <u>530 COMMERCE PARK DR SE STE C</u> <u>MARIETTA, GA 30060-2708</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<u>MARIETTA TOYOTA, INC.</u> <u>750 COBB PKWY S</u> <u>MARIETTA, GA 30060-9223</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<u>MARINE CORPS COORDINATING COUNCIL OF GEORGIA</u> <u>2011 WOODLAND WAY</u> <u>DUNWOODY, GA 30338</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<u>MAULDIN & JENKINS, CPA., PC.</u> <u>200 GALLERIA PKWY SE STE 1700</u> <u>ATLANTA, GA 30339-5946</u>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<u>MEJA CONSTRUCTION, INC.</u> <u>107 GUTHRIE WAY</u> <u>PEACHTREE CITY, GA 30269-1693</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<u>MEL C CLEMMONS AGENCY LLC</u> <u>1853 PIEDMONT RD NE STE 300</u> <u>MARIETTA, GA 30066-4270</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	MICHAEL AND ANDREA LEVEN FAMILY FOUNDATION 501 SILVERSIDE RD STE 123 WILMINGTON, DE 19809-1377	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	MICHAEL G. THACKSTON 1452 INDIAN WAY NW LILBURN, GA 30047-3761	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. 2000 WESTCHESTER AVE STE 100 PURCHASE, NY 10577-2529	\$ 345,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	NANCY K. SILVER 8815 SPARKLING WAY MELBOURNE, FL 32940-6596	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	NATIONAL CHRISTIAN FOUNDATION 1150 SANCTUARY PKWY STE 350 ALPHARETTA, GA 30009-4736	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	NFPA EDUCATION AND TECHNOLOGY FOUNDATION 6737 W WASHINGTON ST STE 2350 MILWAUKEE, WI 53214-5666	\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	<u>NILES BOLTON ASSOCIATES FOUNDATION</u> <u>3060 PEACHTREE RD NW STE 600</u> <u>ATLANTA, GA 30305-2240</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<u>NORTH GEORGIA COMMUNITY FOUNDATION</u> <u>340 JESSE JEWELL PKWY SE STE 605</u> <u>GAINESVILLE, GA 30501-7701</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<u>NORTHSIDE HOSPITAL</u> <u>1000 JOHNSON FERRY RD</u> <u>ATLANTA, GA 30342-1611</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<u>NOVOGRADAC & COMPANY LLP</u> <u>555 N POINT CTR E STE 600</u> <u>ALPHARETTA, GA 30022-8268</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<u>NYDIA L. DAVIS</u> <u>535 DEAN ST APT 701</u> <u>BROOKLYN, NY 11217-2184</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<u>PAMELA J. HUBBY</u> <u>1059 LANIER BLVD NE</u> <u>ATLANTA, GA 30306-3546</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	PAMELA J. RHYNE 5103 OLD CHESTNUT CT WOODSTOCK, GA 30188-4392	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	PARRISH CONSTRUCTION GROUP INC. 221 INDUSTRIAL PARK DR PERRY, GA 31069-2428	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	PAUL BLACKNEY 3131 SLATON DR NW APT 35 ATLANTA, GA 30305-2021	\$ 8,146.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
160	PETER E. ST. PIERRE 551 WABURN WALK DALLAS, GA 30132-2398	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	PINNACLE FITNESS 45 OLD IVY RD NE ATLANTA, GA 30342-4518	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	PRICE WATERHOUSE CORP PO BOX 669001 DALLAS, TX 75266-9001	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	RALPH W. JOHNSON 9229 ARLINGTON BLVD APT 439 FAIRFAX, VA 22031-2518	\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	RAYMOND JAMES CHARITABLE PO BOX 23559 ST PETERSBURG, FL 33742-3559	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	RICHARD A. BENNETT 3300 RIVERWOOD PKWY SE STE 700 ATLANTA, GA 30339-3970	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	ROB BIRD 58 BLAZING RIDGE WAY ACWORTH, GA 30101-2613	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	ROBERT L. BROWN 1000 CHASTAIN RD NW # 9036 KENNESAW, GA 30144-5588	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	ROBERT S. GEER 11350 WOODSTOCK RD APT 3104 ROSWELL, GA 30075-7541	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	ROCKLEY FAMILY FOUNDATION PO BOX 17930 GOLDEN, CO 80402-6032	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	RONALD H. MATSON 4996 RIDGEMORE CT NW ACWORTH, GA 30102-3476	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	RONALD P. ROPER 1308 MARIETTA CNTRY CLB DR NW KENNESAW, GA 30152-4728	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	RSM US FOUNDATION 4650 E 53RD ST DAVENPORT, IA 52807-3479	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	RYAN D. SCHLENDER 1091 CORONATION DR ATLANTA, GA 30338-2611	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	RYDER SYSTEMS, INC. 11690 NW 105TH ST MEDLEY, FL 33178-1103	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	<u>SAGE</u> <u>1715 N BROWN RD # B</u> <u>LAWRENCEVILLE, GA 30043-8119</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<u>SCHWAB CHARITABLE FUND</u> <u>211 MAIN ST</u> <u>SAN FRANCISCO, CA 94105-1905</u>	\$ <u>226,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<u>SEAN F. ELLERMEYER</u> <u>1000 CHASTAIN RD NW # 9085</u> <u>KENNESAW, GA 30144-5588</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<u>SERVIT, INC.</u> <u>3721 CHEROKEE ST NW</u> <u>KENNESAW, GA 30144-2081</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<u>SETH PETERSON</u> <u>219 KARRVILLE RD</u> <u>PORT MURRAY, NJ 07865-4120</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<u>SHAW INDUSTRIES INC.</u> <u>PO BOX 2128</u> <u>DALTON, GA 30722-2128</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	SHEELA R. SUKUMAR 2182 DERBYSHIRE DR SW MARIETTA, GA 30064-6021	\$ 22,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	SHELLEY A. ELDER 1300 RIDENOUR BLVD NW STE 100 KENNESAW, GA 30152-4528	\$ 85,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	SIZEMORE GROUP 342 MARIETTA ST NW STE 620 ATLANTA, GA 30313-1643	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	SMITH & HOWARD, P.C. 271 17TH ST NW STE 2100 ATLANTA, GA 30363-6213	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	SOUTH COBB ROTARY CLUB PO BOX 246 AUSTELL, GA 30168-1000	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	SOUTHEASTERN ENGINEERING, INC. 2470 SANDY PLAINS RD MARIETTA, GA 30066-5706	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	SOUTHERN ASSOC OF STATE HIGHWAY AND TRANSPORTATION OFFICIALS 600 W PEACHTREE ST NW STE 1200 ATLANTA, GA 30308-3614	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	SOUTHWIRE COMPANY PO BOX 4000 CARROLLTON, GA 30112-5050	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	SUSAN N. WHITE 1660 CAVAN DR SW MARIETTA, GA 30064-2942	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	SYRACUSE UNIVERSITY NATIONAL VETERANS RESOURCE CENTER 101 WAVERLY AVE SYRACUSE, NY 13244-0001	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	TAVENNER PUBLISHING COMPANY 129 JAMES HARE RD ANDERSON, SC 29626-6914	\$ 9,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	TECHQUIDATION, INC. 1435 LONDONDERRY DR WOODSTOCK, GA 30188-6301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	THALIA & MICHAEL C. CARLOS FOUNDATION, INC. 2002 SUMMIT BLVD STE 120 BROOKHAVEN, GA 30319-1476	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	THE AMERICAN OPPORTUNITY FOUNDATION 1000 PARKWOOD CIR SE STE 805 ATLANTA, GA 30339-6627	\$ 157,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	THE ANNIE E. CASEY FOUNDATION 701 SAINT PAUL ST BALTIMORE, MD 21202-2311	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	THE BECK GROUP 3500 LENOX RD NE STE 250 ATLANTA, GA 30326-4243	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	THE BENEVITY COMMUNITY IMPACT FUND 5700 DARROW RD STE 118 HUDSON, OH 44236-5026	\$ 48,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	THE CHANTAL AND TOMMY BAGWELL FOUNDATION, INC. 4705 LELAND DR CUMMING, GA 30041-3991	\$ 1,133,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	THE COCA-COLA FOUNDATION, INC. PO BOX 1734 ATLANTA, GA 30301-1734	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	THE GENDER GAP FOUNDATION, INC. 1266 W PACES FERRY RD NW PMB 601 ATLANTA, GA 30327-2306	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	THE GLADYS KRIEBLE DELMAS FOUNDATION 275 MADISON AVE STE 2102 NEW YORK, NY 10016-1137	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	THE HOME DEPOT FOUNDATION 2455 PACES FERRY RD SE BLDG C17 ATLANTA, GA 30339-6444	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	THE HOME DEPOT, INC. 2455 PACES FERRY RD SE # C18 ATLANTA, GA 30339-6444	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	THE LULUMA FOUNDATION 245 N HIGHLAND AVE NE STE 230-726 ATLANTA, GA 30307-1936	\$ 294,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	THE RAY M. AND MARY ELIZABETH LEE FOUNDATION, INC. 94 CHURCH ST NE MARIETTA, GA 30060-1908	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	THE SOUTHERN COMPANY 30 IVAN ALLEN JR BLVD NW ATLANTA, GA 30308-3003	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	THE WINTER CONSTRUCTION COMPANY 5616 PEACHTREE RD # 100 ATLANTA, GA 30341-2312	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	THOMAS A. SCOGGINS 321 BRUCE JACKSON RD NEWNAN, GA 30263-4920	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	THOMAS B STANLEY JR AND RUTH B STANLEY FAMILY FOUNDATION INC 1250 S DENNING DR APT 229 WINTER PARK, FL 32789-5669	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	THOMAS BAHNSON STANLEY, III TRUST 2640 PEACHTREE RD NW UNIT 6 ATLANTA, GA 30305-3797	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	<u>THOMAS E. EMERSON</u> <u>980 WESTERSHAM PL SW</u> <u>MARIETTA, GA 30064-2984</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<u>THOMAS O. CLANTON</u> <u>PO BOX 1881</u> <u>EDWARDS, CO 81632-1881</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<u>TK ELEVATOR CORPORATION</u> <u>788 CIR 75 PKWY SE STE 500</u> <u>ATLANTA, GA 30339-4454</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<u>TOKIO MARINE HCC</u> <u>1125 SANCTUARY PKWY STE 450</u> <u>ALPHARETTA, GA 30009-7614</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<u>TRACY D. STYF</u> <u>1091 BANK ST SE</u> <u>SMYRNA, GA 30080-3470</u>	\$ <u>14,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	<u>TRG MANAGEMENT</u> <u>2200 N COMMERCE PKWY STE 1000</u> <u>WESTON, FL 33326-3258</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	TRUE NORTH COMPANIES 599 WEST CROSSVILLE ROAD ROSWELL, GA 30075-2531	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	TRUIST BANK PO BOX 25939 RICHMOND, VA 23260-5939	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	TVS DESIGN 1200 PEACHTREE ST NE STE 200 ATLANTA, GA 30309-4946	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	TW W C HARRIS SOU TECH 100 N MAIN ST WINSTON SALEM, NC 27101-4047	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	UNIVERSITY SYSTEM OF GEORGIA FOUNDATION, INC. 270 WASHINGTON ST SW STE 7002 ATLANTA, GA 30334-9056	\$ 51,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-0509	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	VELA 361 PARK AVE STE 203 GLENCOE, IL 60022-1585	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	VERONICA WILSON 1056 MORELAND INDUSTRIAL BLVD SE ATLANTA, GA 30316-3252	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	VILAS PATEL 3002 SURREY LN ATLANTA, GA 30341-4732	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	VYSTAR FOUNDATION 76 S LAURA ST JACKSONVILLE, FL 32202-3433	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	WAYLON CAWLEY 575 PHARR RD NE UNIT 12105 ATLANTA, GA 30355-4024	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	WEIS BUILDERS 7645 LYNDALE AVE S STE 300 MINNEAPOLIS, MN 55423-6009	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	WELLSTAR HEALTH SYSTEM 793 SAWYER RD MARIETTA, GA 30062-2222	\$ 6,898,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	WG YATES & SONS CONSTRUCTION COMPANY 1870 THE EXCHANGE SE STE 100 ATLANTA, GA 30339-2099	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	WILLIAM H. WALLACE 4850 WINSLOW SQ NW ACWORTH, GA 30102-3462	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	WIPFLI LLP 7000 CENTRAL PKWY STE 1000 ATLANTA, GA 30328-4510	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	YAMAHA MOTOR CORPORATION, USA 1270 CHASTAIN RD NW KENNESAW, GA 30144-5586	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	YKK AP AMERICA INC. 1300 COBB INDUSTRIAL DR MARIETTA, GA 30066-6607	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	50 NEW GATEWAY LAPTOPS _____ _____ _____	\$ <u>10,500.</u>	<u>07/18/24</u>
<u>97</u>	STOCK GIFTS _____ _____ _____	\$ <u>14,238.</u>	<u>09/16/24</u>
<u>108</u>	STOCK GIFTS _____ _____ _____	\$ <u>101,367.</u>	<u>10/17/24</u>
<u>159</u>	STOCK GIFTS _____ _____ _____	\$ <u>8,146.</u>	<u>08/20/24</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Employer identification number
23-7034345

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$	<u>0.</u>
(ii) Assets included in Form 990, Part X	\$	<u>1,298,388.</u>

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$	_____
b Assets included in Form 990, Part X	\$	_____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	119,180,146.	106,334,537.	89,245,895.	96,495,925.	59,137,727.
b Contributions	5,930,932.	3,855,220.	11,340,964.	4,293,026.	22,389,879.
c Net investment earnings, gains, and losses	11,610,364.	11,706,701.	8,088,208.	-10,042,041.	16,262,962.
d Grants or scholarships	3,620,135.	2,716,312.	2,340,530.	1,501,015.	1,294,643.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	133,101,307.	119,180,146.	106,334,537.	89,245,895.	96,495,925.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.3118 %
 - b Permanent endowment 72.1880 %
 - c Term endowment 26.5002 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,930,140.		9,930,140.
b Buildings		231,795,747.	89,061,055.	142,734,692.
c Leasehold improvements				
d Equipment		82,581.	30,200.	52,381.
e Other		26,840,327.	10,312,647.	16,527,680.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				169,244,893.

KENNESAW STATE UNIVERSITY

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	123,519,364.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	123,519,364.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) NET INVESTMENTS IN DIRECT FINANCING LEASES	191,742,672.
(2) ASSETS LIMITED AS TO USE	105,964,024.
(3) DONATED ART	1,298,388.
(4) OTHER ASSETS	36,146.
(5) OPERATING LEASES RIGHT OF USE ASSET	3,734,737.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	302,775,967.

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ACCRUED INTEREST	6,366,290.
(3) ACCOUNTS PAYABLE TO RELATED ENTITY	4,250,480.
(4) ANNUITY OBLIGATION	3,363.
(5) OPERATING LEASES LIABILITY	3,823,371.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	14,443,504.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	103,560,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	11,211,075.	
	b Donated services and use of facilities	2b	1,930,196.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	124,127.	
	e Add lines 2a through 2d	2e		13,265,398.
3	Subtract line 2e from line 1		3	90,295,532.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	277,680.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		277,680.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	90,573,212.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	56,235,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,930,196.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	124,127.	
	e Add lines 2a through 2d	2e		2,054,323.
3	Subtract line 2e from line 1		3	54,181,425.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	277,680.	
	b Other (Describe in Part XIII.)	4b	1,377,407.	
	c Add lines 4a and 4b	4c		1,655,087.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	55,836,512.

Part XIII Supplemental Information

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

PART III, LINE 4:

THE KSU FOUNDATION ART COLLECTION CONSISTS OF JUST OVER TWO HUNDRED PAINTINGS, SCULPTURE, PHOTOGRAPHS, WORKS ON PAPER, AND DECORATIVE ARTS FROM THE SEVENTEENTH-CENTURY TO THE PRESENT. WHILE COMPRISED PRIMARILY OF ARTWORK FROM THE UNITED STATES, THE COLLECTION ALSO INCLUDES WORKS FROM EUROPE AND ASIA. AS A SUPPORTING ORGANIZATION, PROVIDING THIS ART COLLECTION FURTHERS THE EDUCATIONAL PURPOSE OF KSU BY INSPIRING STUDENTS.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF 545 INDIVIDUAL FUNDS ESTABLISHED BY DONORS TO PROVIDE ANNUAL FUNDING FOR A VARIETY OF PURPOSES.

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

PART X, LINE 2:

THE FOUNDATION QUALIFIED AS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN IRC SECTION 501(C)(3) AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A PUBLICLY SUPPORTED ORGANIZATION AND NOT AS A PRIVATE FOUNDATION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR ITS INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON

Part XIII Supplemental Information (continued)

EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE FOUNDATION'S TAX-EXEMPT STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 124,127.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 124,127.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ASSETS TRANSFERRED TO KSU 1,377,407.

Multiple horizontal lines for additional supplemental information.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Employer identification number
23-7034345

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		13,776,940.
3 a Subtotal	0	0			13,776,940.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			13,776,940.

KENNESAW STATE UNIVERSITY

Schedule F (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 3:

THE AMOUNT REPORTED IN PART I REPRESENTS THE FAIR MARKET VALUE OF INVESTMENTS HELD AS OF THE END OF THE TAX YEAR.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**Open to Public
Inspection**

Attach to Form 990 or Form 990-EZ.

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

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.** Employer identification number **23-7034345**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALEXANDER HAAS - 3520 PIEDMONT ROAD, SUITE 450,	FUNDRAISING CONSULTATION SERVICES		X	0.	82,500.	-82,500.
Total					82,500.	-82,500.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, CA, DC, IL, KS, MA, MI, NJ, OR, VA

KENNESAW STATE UNIVERSITY

Schedule G (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	209,825.			209,825.
	2	190,925.			190,925.
	3	18,900.			18,900.
Direct Expenses	4				
	5				
	6	47,206.			47,206.
	7	66,470.			66,470.
	8				
	9	10,451.			10,451.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-105,227.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

KENNESAW STATE UNIVERSITY

Schedule G (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ALEXANDER HAAS

(I) ADDRESS OF FUNDRAISER:

3520 PIEDMONT ROAD, SUITE 450, ATLANTA, GA 30305

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.** Employer identification number **23-7034345**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD KENNESAW, GA 30144	58-0965786	STATE UNIVERSITY	2,526,837.	0.			ACADEMIC PROGRAMS AND DEAN SUPPORT
KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD KENNESAW, GA 30144	58-0965786	STATE UNIVERSITY	3,094,187.	1,377,407.	BOOK	ARTWORK AND OTHER	OTHER UNIVERSITY SUPPORT
KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD KENNESAW, GA 30144	58-0965786	STATE UNIVERSITY	2,807,440.	0.			UNIVERSITY EVENTS & PROGRAMS
KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD KENNESAW, GA 30144	58-0965786	STATE UNIVERSITY	5,539,026.	0.			TO PROVIDE MONIES TO KSU FOR STUDENT SCHOLARSHIPS

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

KENNESAW STATE UNIVERSITY

Schedule I (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345

Page 2

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

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

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

PART I, LINE 2:
THE FOUNDATION REQUIRES APPROVAL OF DEPARTMENT HEADS FOR ALL PROGRAM EXPENSES. SCHOLARSHIPS ARE ADMINISTERED BY THE OFFICE OF FINANCIAL AID AND THE SCHOLARSHIP STEERING COMMITTEE.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.** Employer identification number **23-7034345**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

KENNESAW STATE UNIVERSITY

Schedule J (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. KATHY SCHWAIG TRUSTEE/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	439,306.	0.	41,200.	87,165.	12,871.	580,542.	0.
(2) DR. IVAN PULINKALA TRUSTEE/KSU PROVOST	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	358,937.	0.	0.	74,200.	7,112.	440,249.	0.
(3) MR. LANCE E. BURCHETT CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	288,754.	0.	8,822.	17,935.	20,181.	335,692.	0.
(4) MR. STEPHEN BRIDGES CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	189,553.	0.	0.	11,664.	20,820.	222,037.	0.
(5) MS. JANELLE FUNK DIRECTOR OF ANALYSIS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	139,667.	0.	0.	20,570.	7,049.	167,286.	0.
(6) MS. VALERIE PATRICK FOUNDATION CONTROLLER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	133,843.	0.	0.	8,990.	14,108.	156,941.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

KENNESAW STATE UNIVERSITY

Schedule J (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345

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Part III Supplemental Information

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

SCHEDULE J, PART I:

KENNESAW STATE UNIVERSITY FOUNDATION, INC. DOES NOT HAVE ANY W-2
EMPLOYEES. ALL EMPLOYEES ARE EMPLOYED BY REPORTING AGENT, KENNESAW
STATE UNIVERSITY, EIN 58-0968786, A RELATED ORGANIZATION. THE
FOUNDATION REIMBURSES THE UNIVERSITY FOR A PORTION OF THE COMPENSATION
OF ALL EMPLOYEES PROVIDING SERVICES TO THE FOUNDATION.

Supplemental Information on Tax-Exempt Bonds ENTITY 1
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization **KENNESAW STATE UNIVERSITY FOUNDATION, INC.** Employer identification number **23-7034345**

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	190778BS8	11/26/13	38592867.	TO PARTIALLY REFUND BONDS ISSU		X		X		X
B DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	190778CM0	08/12/14	48213043.	TO PARTIALLY REFUND BONDS ISSU		X		X		X
C DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	190778EK2	05/20/15	65024302.	TO PARTIALLY REFUND BONDS ISSU		X		X		X
D DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078RAQ0	09/02/15	41190654.	TO REFUND BONDS ISSUED 11/10/2004	X			X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	21,415,000.	8,765,000.	12,395,000.	21,110,000.				
2 Amount of bonds legally defeased	1,350,000.	2,755,000.	805,000.	21,539,240.				
3 Total proceeds of issue	38,592,867.	48,213,043.	65,024,302.	41,190,654.				
4 Gross proceeds in reserve funds	3,416,761.	4,648,157.	5,032,566.					
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	748,618.	933,608.	1,073,547.	651,244.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				254,473.				
11 Other spent proceeds	34,623,452.	46,668,419.	63,669,164.	40,284,936.				
12 Other unspent proceeds								
13 Year of substantial completion	2013		2014		2015		2015	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X	X		X	
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Supplemental Information on Tax-Exempt Bonds ENTITY 2
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **KENNESAW STATE UNIVERSITY FOUNDATION, INC.** Employer identification number **23-7034345**

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078NAW6	02/28/17	50330132.	TO REFUND BONDS ISSUED 11/15/2007		X		X		X
B DEVELOPMENT AUTHORITY OF THE CITY OF MARIETTA	58-1871019	5676560X8	06/18/13	28544856.	TO REFUND BONDS ISSUED 12/05/2003		X		X		X
C DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078VAT5	12/28/17	47421969.	TO PARTIALLY REFUND BONDS ISSU		X		X		X
D DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078VBM9	09/24/20	31460000.	TO PARTIALLY REFUND BONDS ISSU		X		X		X

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	10,535,000.		20,040,000.		6,100,000.		510,000.		
2 Amount of bonds legally defeased									
3 Total proceeds of issue	50,330,132.		28,544,856.		47,421,969.		17,520,636.		
4 Gross proceeds in reserve funds			1,313,786.						
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows					47,207,027.		17,520,000.		
7 Issuance costs from proceeds	777,991.		570,897.		214,942.				
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds			2,087,427.						
11 Other spent proceeds	49,552,141.		24,724,957.						636.
12 Other unspent proceeds									
13 Year of substantial completion	2017		2013		2017		2020		
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X	X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X				X
16 Has the final allocation of proceeds been made?	X		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) (Rev. 12-2024)

Supplemental Information on Tax-Exempt Bonds ENTITY 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization **KENNESAW STATE UNIVERSITY FOUNDATION, INC.** Employer identification number **23-7034345**

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078VCF3	09/24/20	10168645.	TO RENOVATE STUDENT HOUSING F		X		X		X
B DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078VDB1	12/17/20	35360000.	TO CONSTRUCT STUDENT HOUSING F		X		X		X
C DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078VDW5	10/21/21	22095000.	TO REFUND BONDS ISSUED 08/11/2021		X		X		X
D DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522881	19078VET1	04/19/22	36315728.	REFUND BONDS ISSUED 3/7/13 FOR		X		X		X

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	565,000.		690,000.		1,655,000.		2,870,000.		
2 Amount of bonds legally defeased									
3 Total proceeds of issue	10,168,645.		38,252,772.		24,696,983.		36,315,728.		
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds	409,737.		495,995.						
6 Proceeds in refunding escrows					24,210,173.		35,729,772.		
7 Issuance costs from proceeds	184,191.		618,157.		486,810.		585,956.		
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds			2,865,339.						
11 Other spent proceeds	9,574,717.		34,273,281.						
12 Other unspent proceeds									
13 Year of substantial completion	2020		2011		2011		2013		
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X		X		
16 Has the final allocation of proceeds been made?	X		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) (Rev. 12-2024)

Supplemental Information on Tax-Exempt Bonds ENTITY **4**
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.** Employer identification number **23-7034345**

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A PUBLIC FINANCE AUTHORITY	27-3866214	74439YFV8	05/20/25	103360837.	TO PURCHASE						
DEVELOPMENT AUTHORITY OF					STUDENT HOUSING F		X		X		X
B COBB COUNTY	58-1522881	19078VFP8	04/08/25	40176128.	TO CONSTRUCT						
					STUDENT HOUSING F		X		X		X
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	415,000.								
2 Amount of bonds legally defeased									
3 Total proceeds of issue	101,195,000.		40,176,128.						
4 Gross proceeds in reserve funds	6,951,875.								
5 Capitalized interest from proceeds			3,319,511.						
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	568,885.		628,321.						
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	95,840,077.		39,547,807.						
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion	2025		2025						
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X					
16 Has the final allocation of proceeds been made?	X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

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

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %		.00 %		.00 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 500 %		.00 %		.00 %		.00 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X	X			X	X	
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X	X			X	X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X				X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %		.00 %		.00 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 500 %		.00 %		.00 %		.00 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %		.00 %		.00 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 500 %		.00 %		.00 %		.00 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %				
6 Total of lines 4 and 500 %		.00 %				
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage (continued)

Table with 4 main sections (4a-4e, 5a-5d, 6, 7) and columns for Yes/No under categories A, B, C, D. Includes entries for 'Name of provider' and 'Term of GIC' with values like 'BAYERISCHE LANDESBA' and '.0187000'.

Part V Procedures To Undertake Corrective Action

Table with 4 columns (A, B, C, D) and 2 rows for 'Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?'.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Multiple horizontal lines provided for supplemental information input.

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X					
b Name of provider	TORONTO-DOMINION BA		TORONTO-DOMINION BA					
c Term of GIC	.0462200		.0411200					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
 (F) DESCRIPTION OF PURPOSE:
 TO PARTIALLY REFUND BONDS ISSUED 11/10/2004 THAT REFUNDED, PURCHASED AND CO

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
 (F) DESCRIPTION OF PURPOSE:
 TO PARTIALLY REFUND BONDS ISSUED 11/10/2004 THAT REFUNDED, PURCHASED AND CO

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
 (F) DESCRIPTION OF PURPOSE:
 TO PARTIALLY REFUND BONDS ISSUED 11/10/2004 THAT REFUNDED, PURCHASED AND CO

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
 (F) DESCRIPTION OF PURPOSE:
 TO REFUND BONDS ISSUED 11/10/2004 & 3/28/2006 THAT REFUNDED, PURCHASED

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
 (F) DESCRIPTION OF PURPOSE:
 TO REFUND BONDS ISSUED 11/15/2007 & 11/6/2008 THAT REFUNDED, PURCHASED AND

KENNESAW STATE UNIVERSITY

Schedule K (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345

Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF THE CITY OF MARIETTA
(F) DESCRIPTION OF PURPOSE:
TO REFUND BONDS ISSUED 12/05/2003 THAT PURCHASED AND CONSTRUCTED STUDENT HO

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
(F) DESCRIPTION OF PURPOSE:
TO PARTIALLY REFUND BONDS ISSUED 7/13/2010 THAT CONSTRUCTED SOCCER STADIUM

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
(F) DESCRIPTION OF PURPOSE:
TO PARTIALLY REFUND BONDS ISSUED 7/13/2010 THAT CONSTRUCTED SOCCER STADIUM

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
(F) DESCRIPTION OF PURPOSE: TO RENOVATE STUDENT HOUSING FACILITY

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
(F) DESCRIPTION OF PURPOSE: TO CONSTRUCT STUDENT HOUSING FACILITY.

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
(F) DESCRIPTION OF PURPOSE:
TO REFUND BONDS ISSUED 08/11/2021 TO CONSTRUCT STUDENT HOUSING

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
(F) DESCRIPTION OF PURPOSE:
REFUND BONDS ISSUED 3/7/13 FOR STUDENT REC. & ACTIVITY CENTER EXPANSION

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY
(F) DESCRIPTION OF PURPOSE: TO PURCHASE STUDENT HOUSING FACILITY

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
(F) DESCRIPTION OF PURPOSE: TO CONSTRUCT STUDENT HOUSING FACILITY.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
DATE THE REBATE COMPUTATION WAS PERFORMED: 11/13/2023

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY
DATE THE REBATE COMPUTATION WAS PERFORMED: 08/16/2024

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY

KENNESAW STATE UNIVERSITY

Schedule K (Form 990) (Rev. 12-2024) FOUNDATION, INC.

23-7034345

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

DATE THE REBATE COMPUTATION WAS PERFORMED: 05/30/2025

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY

DATE THE REBATE COMPUTATION WAS PERFORMED: 08/25/2020

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY

DATE THE REBATE COMPUTATION WAS PERFORMED: 02/25/2022

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF THE CITY OF MARIETTA

DATE THE REBATE COMPUTATION WAS PERFORMED: 06/22/2023

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/28/2022

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/19/2025

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF COBB COUNTY

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/18/2025

SCHEDULE K, PART II, LINE 3:

ANY DIFFERENCE IN THE AMOUNT OF PROCEEDS REPORTED IN PART I AND PART II
PERTAINS TO INVESTMENT EARNINGS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.** Employer identification number
23-7034345

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	123,751.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>LAPTOPS</u>)	X	1	10,500.	FMV
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN PART I, COLUMN (A) REPRESENTS THE NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number	23-7034345
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RECEIVE, INVEST, ACCOUNT FOR, AND ALLOCATE PRIVATE GIFTS AND
CONTRIBUTIONS IN SUPPORT OF KENNESAW STATE UNIVERSITY.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SPECIAL EVENTS AND PROGRAMS
EXPENSES \$ 3,290,193. INCL GRANTS OF \$ 2,807,440. REVENUE \$ 229,144.**

**FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE HAS MOST DECISION MAKING AUTHORITY. THESE MEMBERS
ARE LEGALLY EMPOWERED TO CONDUCT BUSINESS ON BEHALF OF THE FOUNDATION.
GENERAL BOARD MEMBERS DO NOT VOTE ON ALL ISSUES.**

**FORM 990, PART VI, SECTION A, LINE 2:
RICHARD BENNETT AND MICHAEL COLES HAVE A BUSINESS RELATIONSHIP. JAMES CHRIS
PIKE AND DEBORAH PIKE HAVE A FAMILY RELATIONSHIP.**

**FORM 990, PART VI, SECTION A, LINE 3:
IN PRIOR YEARS, THE FOUNDATION HAD DELEGATED THE MANAGEMENT DUTIES OF SOME
SUBSIDIARY COMPANIES TO THIRD PARTY INDEPENDENT FIRMS WITH EXPERIENCE IN
EACH RELATED LINE OF DAILY OPERATING ACTIVITY. THOSE AGREEMENTS WERE
TERMINATED AND SUCH OPERATIONS WERE TURNED OVER TO THE UNIVERSITY OR THE
OPERATIONS WERE DISCONTINUED.**

**FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, A COPY OF THE COMPLETED FORM 990 IS MADE AVAILABLE TO THE
MEMBERS OF THE BOARD FOR THEIR REVIEW. A DETAILED REVIEW IS DONE BY THE
CFO AND CONTROLLER OF THE ORGANIZATION BEFORE PRESENTING TO THE BOARD.**

**FORM 990, PART I, LINE 5 AND PART V, LINE 2A AND 2B:
KENNESAW STATE UNIVERSITY FOUNDATION, INC. DOES NOT HAVE ANY W-2
EMPLOYEES. ALL EMPLOYEES ARE EMPLOYED BY REPORTING AGENT, KENNESAW
STATE UNIVERSITY, EIN 58-0968786, A RELATED ORGANIZATION. THE
FOUNDATION REIMBURSES THE UNIVERSITY FOR A PORTION OF THE COMPENSATION
OF ALL EMPLOYEES PROVIDING SERVICES TO THE FOUNDATION.**

**FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY WHEREBY
POTENTIAL CONFLICTS OF INTEREST OR THE APPEARANCE OF SUCH CONFLICTS ARE
HANDLED AS OPENLY AS POSSIBLE. EACH OFFICER, DIRECTOR OR TRUSTEE, AND KEY
EMPLOYEE MUST DISCLOSE ANNUALLY ANY INTERESTS THAT MAY GIVE RISE TO
CONFLICTS OF INTEREST BY SIGNING A DOCUMENT TO THIS EFFECT ADDRESSED TO THE
C.E.O. ANY RELATIONSHIPS REPORTED ARE REVIEWED.**

**FORM 990, PART VI, SECTION B, LINE 15:
THE FOUNDATION HAS NO FULL-TIME EMPLOYEES. KEY PERSONNEL IN SUPPORT OF THE
FOUNDATION ARE KENNESAW STATE UNIVERSITY EMPLOYEES AND ARE SUBJECT TO THE
COMPENSATION GUIDELINES OF THE BOARD OF REGENTS.**

**FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Employer identification number
23-7034345

**STATEMENTS AVAILABLE TO ANY INTERESTED PARTY. THE ANNUAL FINANCIAL
STATEMENTS, FORMS 990, AND BYLAWS ARE POSTED ON THE FOUNDATIONS' WEB PAGE
FOR ANY INTERESTED PARTY.**

Multiple horizontal lines for additional text or details.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **KENNESAW STATE UNIVERSITY
FOUNDATION, INC.** Employer identification number **23-7034345**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KENNESAW STATE UNIVERSITY REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU PLACE REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	3,886,332.	7,112,467.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU UP REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	6,388,749.	8,379,170.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU VILLAGE I REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	8,921,722.	21,783,682.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KENNESAW STATE UNIVERSITY - 58-0965786 1000 CHASTAIN RD. KENNESAW, GA 30144	STATE UNIVERSITY	GEORGIA			N/A		X

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

Schedule R (Form 990) (Rev. 1-2025)

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

Schedule R (Form 990)

23-7034345

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KSU VILLAGE II REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	7,906,820.	22,757,591.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU CHASTAIN POINTE REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	21,746.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU TOWNE POINT REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	704,966.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU CENTER REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU HOUSES REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU PARKING DECKS REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU CENTRAL PARKING DECK REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	1,135,369.	21,842,163.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU DINING HALL REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	1,263,771.	14,785,095.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU SPORTS AND RECREATION PARK REAL ESTATE FOUNDATION LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	3,270,082.	58,585,161.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSUF HOUSING MANAGEMENT LLC - 23-7034345 1000 CHASTAIN RD. MD 9101 KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

Schedule R (Form 990)

23-7034345

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KENNESAW HOSPITALITY LLC - 23-7034345 1000 CHASTAIN RD. MD 9101 KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	154.	1,614,891.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU SPORTS AND RECREATION FACILITIES FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU UNIVERSITY II REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	1,103,037.	25,039,419.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU SRAC REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	1,490,351.	35,858,513.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
3305 BUSBEE REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	237,238.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU MARIETTA HUDSON ROAD RE, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU COBB PARKWAY RE, LLC - 23-7034345 1000 CHASTAIN RD. MD 9101 KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
SPSU STUDENT HOUSING I, LLC - 23-7034345 1000 CHASTAIN RD. MD 9101 KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	674,379.	10,339,282.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU SPECIAL EVENTS FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	OPERATIONS	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU 1250 MARIETTA PKY REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.

KENNESAW STATE UNIVERSITY
FOUNDATION, INC.

Schedule R (Form 990)

23-7034345

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KSU HOWELL HALL REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	492,330.	10,060,149.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU 2020 HOUSING REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	1,320,282.	37,453,403.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU 2024 HOUSING REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	-22,030.	56,532,095.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU BIXBY REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	RESIDENTIAL RENTAL	GEORGIA	4,388,872.	101,552,220.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU GL BIXBY, LLC - 23-7034345 1000 CHASTAIN RD. MD 9101 KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	181,643.	5,984,410.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU GUTENBERG REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KENNESAW STATE UNIVERSITY ALUMNI ASSOCIATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.
KSU 500 CHASTAIN REAL ESTATE FOUNDATION, LLC - 23-7034345, 1000 CHASTAIN RD. MD 9101, KENNESAW, GA 30144	COMMERCIAL RENTAL	GEORGIA	0.	0.	KENNESAW STATE UNIVERSITY FOUNDATION, INC.

KENNESAW STATE UNIVERSITY

Schedule R (Form 990) (Rev. 1-2025) FOUNDATION, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

KENNESAW STATE UNIVERSITY

Schedule R (Form 990) (Rev. 1-2025) FOUNDATION, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Name: KENNESAW STATE UNIVERSITY FOUNDATION

FEIN: 23-7034345

Type and Entity: MOTEL POST-2017 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	58,264.										
B	2019	65,772.										
C	2020	303,276.										
D	2022	15,662.										
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: KENNESAW STATE UNIVERSITY FOUNDATION

FEIN: 23-7034345

Type and Entity: INVESTMENT IN PARTNERS POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2023	96,996.										
B	2024	51,245.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: KENNESAW STATE UNIVERSITY FOUNDATION

FEIN: 23-7034345

Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for 06/30/23	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2012	222,895.	200,062.	186,092.	13,970.							
B	2013	66,248.										
C	2016	124,264.										
D	2017	109,490.										
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: KENNESAW STATE UNIVERSITY FOUNDATION

FEIN: 23-7034345

Type and Entity: CONTRIBUTION - 50% CASH FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2023	60.										
B	2024	155.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
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R												
S												
T												
U												
V												
W												

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

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

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

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

Header section containing organization name (KENNESAW STATE UNIVERSITY FOUNDATION, INC.), address (1000 CHASTAIN ROAD, 9101), city (KENNESAW, GA 30144), and book value of assets (697,628,763).

Organization type and filing information section, including 501(c)(3) corporation selection and filing date (JUL 1, 2024).

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, charitable contributions, and total deductions, resulting in a taxable income of 0.

Table for Part II: Tax Computation. Rows include tax on income, proxy tax, and total tax, resulting in a total tax of 0.

Table for Part III: Tax and Payments. Rows include foreign tax credit, other credits, and total tax payments, resulting in a total tax of 0.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No										
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X										
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X										
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$												
4	Enter available pre-2018 NOL carryovers here \$ <u>322,835.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.												
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.												
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>721110</td> <td>\$ 442,974.</td> </tr> <tr> <td>901101</td> <td>\$ 96,996.</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	721110	\$ 442,974.	901101	\$ 96,996.		\$		\$		
Business Activity Code	Available post-2017 NOL carryover												
721110	\$ 442,974.												
901101	\$ 96,996.												
	\$												
	\$												
6 a	Reserved for future use												
b	Reserved for future use												

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CHIEF FINANCIAL OFFICER Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MELANIE MCPEAK			P01346034
	Firm's name	Firm's EIN		
	CHERRY BEKAERT ADVISORY LLC	88-2730877		
	Firm's address	Phone no.		
	1029 GREENE STREET AUGUSTA, GA 30901	706-724-3557		

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Taxpayer identification number (TIN) 23-7034345
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 CHASTAIN ROAD, 9101	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KENNESAW, GA 30144	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **STEPHEN BRIDGES**
1000 CHASTAIN ROAD - KENNESAW, GA 30144

Telephone No. **470-578-6675** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2025)

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	222,895.	200,062.	22,833.	22,833.
06/30/14	66,248.	0.	66,248.	66,248.
06/30/17	124,264.	0.	124,264.	124,264.
06/30/18	109,490.	0.	109,490.	109,490.
NOL CARRYOVER AVAILABLE THIS YEAR			322,835.	322,835.

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

Department of the Treasury
Internal Revenue Service

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

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

1
OMB No. 1545-0047

2024

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

A Name of the organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	B Employer identification number 23-7034345
C Unrelated business activity code (see instructions) 721110	D Sequence: 1 of 2

E Describe the unrelated trade or business **MOTEL**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		

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

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

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

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

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	58,264.	0.	58,264.	58,264.
06/30/20	65,772.	0.	65,772.	65,772.
06/30/21	303,276.	0.	303,276.	303,276.
06/30/23	15,662.	0.	15,662.	15,662.
NOL CARRYOVER AVAILABLE THIS YEAR			442,974.	442,974.

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

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

2
OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization KENNESAW STATE UNIVERSITY FOUNDATION, INC.	B Employer identification number 23-7034345
C Unrelated business activity code (see instructions) 901101	D Sequence: 2 of 2

E Describe the unrelated trade or business **INVESTMENT IN PARTNERSHIPS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 56,173.		56,173.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 -104,025.		-104,025.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) STMT 4	12 231.		231.
13 Total. Combine lines 3 through 12	13 -47,621.		-47,621.

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		1,099.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 5	14		2,525.
15 Total deductions. Add lines 1 through 14	15		3,624.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-51,245.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-51,245.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

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

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

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

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13	0.			

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - ORDINARY BUS	-7,026.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - NET RENTAL R	-1,175.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - OTHER NET RE	1.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - INTEREST INC	48.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - DIVIDEND INC	23.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - OTHER PORTFO	-43.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - GUARANTEED P	679.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020 - OTHER INCOME	-1,203.
COMMONFUND PRIVATE CREDIT FUND II - ORDINARY BUSINESS INCOME (LOSS)	9,380.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II - ORDINARY BUSINESS INCOME (LOSS)	-17,183.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II - NET RENTAL REAL ESTATE INCOME	-16,251.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II - OTHER NET RENTAL INCOME (LOSS)	24.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II - INTEREST INCOME	5.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II - OTHER INCOME (LOSS)	172.
COMMONFUND CAPITAL SECONDARY PARTNERS III - ORDINARY BUSINESS INCOME (LOSS)	-4,693.
COMMONFUND CAPITAL SECONDARY PARTNERS III - NET RENTAL REAL ESTATE INCOME	-1,839.
COMMONFUND CAPITAL SECONDARY PARTNERS III - OTHER NET RENTAL INCOME (LOSS)	3.
COMMONFUND CAPITAL SECONDARY PARTNERS III - INTEREST INCOME	2,731.
COMMONFUND CAPITAL SECONDARY PARTNERS III - DIVIDEND INCOME	8,195.
COMMONFUND CAPITAL SECONDARY PARTNERS III - ROYALTIES	273.
COMMONFUND CAPITAL SECONDARY PARTNERS III - OTHER PORTFOLIO INCOME (LOSS)	-90.
COMMONFUND CAPITAL SECONDARY PARTNERS III - OTHER INCOME (LOSS)	-17,500.
COMMONFUND CAPITAL VENTURE PARTNERS XIV - INTEREST INCOME	231.
COMMONFUND CAPITAL VENTURE PARTNERS XIV - DIVIDEND INCOME	44.
COMMONFUND CAPITAL VENTURE PARTNERS XIV - OTHER PORTFOLIO INCOME (LOSS)	81.
COMMONFUND CAPITAL VENTURE PARTNERS XIV - GUARANTEED PAYMENTS	1,324.
COMMONFUND CAPITAL VENTURE PARTNERS XIV - OTHER INCOME (LOSS)	-4,674.

COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - ORDINARY BUSINESS IN	-16,688.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - NET RENTAL REAL ESTA	-212.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - OTHER NET RENTAL INC	2.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - INTEREST INCOME	1,494.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - DIVIDEND INCOME	2,765.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - ROYALTIES	290.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - OTHER PORTFOLIO INCO	138.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - GUARANTEED PAYMENTS	1,815.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV - OTHER INCOME (LOSS)	-13,393.
COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII - ORDINARY BUSINESS INCOME (L	1,615.
COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII - OTHER NET RENTAL INCOME (LO	16.
COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII - INTEREST INCOME	569.
COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII - DIVIDEND INCOME	352.
COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII - ROYALTIES	4,796.
COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII - OTHER PORTFOLIO INCOME (LOS	361.
COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII - OTHER INCOME (LOSS)	-20,812.
COMMONFUND PRIVATE CREDIT FUND III - ORDINARY BUSINESS INCOME (LOSS)	2,682.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - ORDINARY BUSINESS INCOME (LOSS)	1,108.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - NET RENTAL REAL ESTATE INCOME	-6.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - OTHER NET RENTAL INCOME (LOSS)	2.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - INTEREST INCOME	270.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - DIVIDEND INCOME	1,538.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - ROYALTIES	170.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - OTHER PORTFOLIO INCOME (LOSS)	123.
COMMONFUND CAPITAL SECONDARY PARTNERS IV - OTHER INCOME (LOSS)	-7,030.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTIONS II, LP - ORDINARY BUSINESS INCOME	-964.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTIONS II, LP - INTEREST INCOME	85.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTIONS II, LP - OTHER PORTFOLIO INCOME (L	12.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTIONS II, LP - GUARANTEED PAYMENTS	980.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTIONS II, LP - OTHER INCOME (LOSS)	-2,007.
CF VENTURE PARTNERS XV, LP - INTEREST INCOME	14.
CF VENTURE PARTNERS XV, LP - DIVIDEND INCOME	4.

KENNESAW STATE UNIVERSITY FOUNDATION, IN

23-7034345

CF VENTURE PARTNERS XV, LP - OTHER INCOME (LOSS)	-3,632.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - ORDINARY BUSINESS INCO	321.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - NET RENTAL REAL ESTATE	-3.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - OTHER NET RENTAL INCOM	1.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - INTEREST INCOME	199.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - DIVIDEND INCOME	835.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - ROYALTIES	38.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - OTHER PORTFOLIO INCOME	32.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - GUARANTEED PAYMENTS	3,202.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V - OTHER INCOME (LOSS)	-6,292.
CF REAL ESTATE OPPORTUNITY FD III - ORDINARY BUSINESS INCOME (LOSS)	-7,946.
CF REAL ESTATE OPPORTUNITY FD III - NET RENTAL REAL ESTATE INCOME	-2,524.
CF REAL ESTATE OPPORTUNITY FD III - INTEREST INCOME	7.
CF REAL ESTATE OPPORTUNITY FD III - OTHER PORTFOLIO INCOME (LOSS)	111.
	<hr/>
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-104,025.
	<hr/> <hr/>

FORM 990-T (A)

OTHER INCOME

STATEMENT 4

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CANCELLATION OF DEBT - COMMONFUND CAPITAL SECONDARY PARTNERS III	94.
CANCELLATION OF DEBT - COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV	30.
CANCELLATION OF DEBT - COMMONFUND CAPITAL NATURAL RESOURCES PTNRS XII	66.
CANCELLATION OF DEBT - COMMONFUND CAPITAL SECONDARY PARTNERS IV	34.
CANCELLATION OF DEBT - CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V	7.
	<hr/>
TOTAL TO SCHEDULE A, PART I, LINE 12	231.
	<hr/> <hr/>

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

2,525.

TOTAL TO SCHEDULE A, PART II, LINE 14

2,525.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/24	96,996.	0.	96,996.	96,996.
NOL CARRYOVER AVAILABLE THIS YEAR			96,996.	96,996.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2024

Name KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				758.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	758.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				55,234.
11 Enter gain from Form 4797, line 7 or 9			11	181.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	55,415.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	758.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	55,415.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	56,173.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **12A**

Name(s) shown on return

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Social security number or
taxpayer identification no.

23-7034345

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							-54.	C
	COMMONFUND PRIVATE CREDIT FUND II							436.	C
	COMMONFUND CAPITAL SECONDARY PARTNERS II							266.	C
	COMMONFUND CAPITAL VENTURE PARTNERS XIV							51.	C
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							62.	C
	COMMONFUND CAPITAL NATURAL RESOURCES PTN							-75.	C
	COMMONFUND PRIVATE CREDIT FUND III							2.	C
	COMMONFUND CAPITAL SECONDARY PARTNERS IV							53.	C
	CF PRIVATE EQUITY ENVIRONMENTAL SOLUTION							2.	C
	CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ							16.	C
	FORM 6781, PART I							-1.	C

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)

758.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Identifying number

23-7034345

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 7						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

181.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

181.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Gains and Losses From Section 1256 Contracts and Straddles

Attach to your tax return.
 Go to www.irs.gov/Form6781 for the latest information.

Name(s) shown on tax return

**KENNESAW STATE UNIVERSITY
 FOUNDATION, INC.**

Identifying number

23-7034345

Check all applicable boxes. **A** Mixed straddle election **C** Mixed straddle account election
 See instructions. **B** Straddle-by-straddle identification election **D** Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

(a) Identification of account	(b) (Loss)	(c) Gain
1 COMMONFUND CAPITAL SECONDARY PARTNERS III	-2.	
2 Add the amounts on line 1 in columns (b) and (c) 2 (2.)		
3 Net gain or (loss). Combine line 2, columns (b) and (c) 3		-2.
4 Form 1099-B adjustments. See instructions and attach statement 4		
5 Combine lines 3 and 4 5		-2.
Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- 6		
7 Combine lines 5 and 6 7		-2.
8 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions 8		-1.
9 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions 9		-1.

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

(a) Description of property	(b) Date entered into or acquired			(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-.	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-.
	(c) Date closed out or sold							
	Mo.	Day	Yr.					
10								
11 a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions 11a ()								
b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions 11b ()								

Section B - Gains From Straddles

(a) Description of property	(b) Date entered into or acquired			(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-.
	(c) Date closed out or sold					
	Mo.	Day	Yr.			
12						
13 a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions 13a						
b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions 13b						

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions)

(a) Description of property	(b) Date acquired			(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
	Mo.	Day	Yr.			
14						

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-265.
COMMONFUND CAPITAL SECONDARY PARTNERS II						2,839.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						342.
COMMONFUND CAPITAL NATURAL RESOURCES PTN						-2,728.
COMMONFUND CAPITAL SECONDARY PARTNERS IV						13.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTION						1.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ						-21.
TOTAL TO 4797, PART I, LINE 2						181.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2024

Name KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7034345
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				758.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	758.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				55,234.
11 Enter gain from Form 4797, line 7 or 9			11	181.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	55,415.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	758.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	55,415.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	56,173.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**KENNESAW STATE UNIVERSITY
FOUNDATION, INC.**

Identifying number

23-7034345

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 8						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

181.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

181.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 8

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-265.
COMMONFUND CAPITAL SECONDARY PARTNERS II						2,839.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						342.
COMMONFUND CAPITAL NATURAL RESOURCES PTN						-2,728.
COMMONFUND CAPITAL SECONDARY PARTNERS IV						13.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTION						1.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ						-21.
TOTAL TO 4797, PART I, LINE 2						181.

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return KENNESAW STATE UNIVERSITY FOUNDATION, IN	Identification number 23-7034345
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- A** If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:
 Name of foreign entity _____
 Employer identification number, if any _____
 Reference ID number _____
- B** Is the foreign entity a CFC group member? See instructions Yes No
- C** Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions Yes No
- D** Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete Yes No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1			
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4			5	

Section II - Adjusted Taxable Income

Tentative Taxable Income

6 Tentative taxable income. See instructions	6	-51,245.
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Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8 Any business interest expense not from a pass-through entity. See instr.	8			
9 Amount of any net operating loss deduction under section 172	9			
10 Amount of any qualified business income deduction allowed under section 199A	10			
11 Reserved for future use	11			
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12	84,961.		
13 Other additions. See instructions	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16 Total. Add lines 7 through 15			16	84,961.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18 Any business interest income not from a pass-through entity. See instructions	18			
19 Amount of any income or gain items from a pass-through entity. See instructions	19	104,442.		
20 Other reductions. See instructions	20			
21 Total. Combine lines 17 through 20			21	(104,442.)
22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions			22	

Section III - Business Interest Income

23	Current year business interest income. See instructions	23	5,653.		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24			
25	Total. Add lines 23 and 24	25			5,653.

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions	26			
27	Business interest income (line 25)	27	5,653.		
28	Floor plan financing interest expense (line 4)	28			
29	Total. Add lines 26, 27, and 28	29			5,653.

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30			
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Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.)	31			
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Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32			
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Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33			
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34			
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35			
36	Excess taxable income. Multiply line 35 by line 22	36			

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37			
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Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38			
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39			
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40			
41	Excess taxable income. Multiply line 40 by line 22	41			

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42			
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SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward (see instructions)
		(c) Current year (see instructions)	(d) Prior year carryforward (see instructions)	(e) Total ((c) plus (d))				
43 COMMONFUND CAPITAL SECONDARY PARTNERS III	84-4784943	382.	0.	382.	0.	0.	0.	382.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND	92-2292491	1,072.	0.	1,072.	0.	0.	0.	1,072.
44 Total					0.	0.	0.	

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45			
46 Total			0.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Identifying number (see instructions) 23-7034345
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND CAPITAL VENTURE PARTNERS XIV, LP	87-1740827

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) IDEOGRAM AI, INC	5a Identifying number, if any
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6 Address (including country) 201-56 THE ESPLANADE TORONTO, ONTARIO M5E 1A6 CANADA	5b Reference ID number IDEOGRAM1
--	--

7 Country code of country of incorporation or organization
CA

8 Foreign law characterization (see instructions)
CORPORATION

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/03/2023		145,310.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 9

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before .000 % (b) After .037 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Identifying number (see instructions) 23-7034345
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND CAPITAL VENTURE PARTNERS XIV, LP	87-1740827

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) MISTRAL AI	5a Identifying number, if any
---	-------------------------------

6 Address (including country) 15 RUE DES HALLES PARIS, 75001 FRANCE	5b Reference ID number MISTRAL1
---	---

7 Country code of country of incorporation or organization
FR

8 Foreign law characterization (see instructions)
CORPORATION

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/05/2023		195,213.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 10

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before .000 % (b) After .011 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

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 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Identifying number (see instructions) 23-7034345
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND CAPITAL VENTURE PARTNERS XIV, LP	87-1740827

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) MISTRAL AI, INC	5a Identifying number, if any
--	-------------------------------

6 Address (including country) 15 RUE DES HALLES PARIS 01, 75001 FRANCE	5b Reference ID number MISTRAL2
--	---

7 Country code of country of incorporation or organization
FR

8 Foreign law characterization (see instructions)
CORPORATION

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/05/2023		194,656.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 11

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before .000 % (b) After .011 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

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 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Identifying number (see instructions) 23-7034345
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND PRIVATE CREDIT FUND II, LP	85-3819293

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF	5a Identifying number, if any 98-1682682
--	--

6 Address (including country) 875 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10022	5b Reference ID number CERBERUS1
---	--

7 Country code of country of incorporation or organization
LU

8 Foreign law characterization (see instructions)
CORPORATION

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	STMT 12				

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 13

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before .030 % (b) After .021 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Identifying number (see instructions) 23-7034345
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, LP	86-1900765

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) SDC ALIGNED INVESTOR III LP	5a Identifying number, if any 98-1787463
--	--

6 Address (including country) 199 BAY STREET, 4000 TORONTO, ONTARIO M5L1A9 CANADA	5b Reference ID number SDC1
---	---------------------------------------

7 Country code of country of incorporation or organization
CA

8 Foreign law characterization (see instructions)
LIMITED PARTNERSHIP

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2025		89,446.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 14

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before .000 % (b) After .068 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Identifying number (see instructions) 23-7034345
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND PRIVATE CREDIT FUND III, LP	88-4343749

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF	5a Identifying number, if any 98-1682682
--	--

6 Address (including country) 875 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10022	5b Reference ID number CERBERUS2
---	--

7 Country code of country of incorporation or organization
CA

8 Foreign law characterization (see instructions)
CORPORATION

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2025		39,785.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 15

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before .019 % (b) After .013 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor KENNESAW STATE UNIVERSITY FOUNDATION, INC.	Identifying number (see instructions) 23-7034345
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND REAL ESTATE & INFRASTRUCTURE OPPORTUNITY FUND III	93-4515743

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) SDC ALIGNED INVESTOR III LP	5a Identifying number, if any 98-1682682
--	--

6 Address (including country) 199 BAY STREET, 4000 TORONTO, ONTARIO M5L1A9 CANADA	5b Reference ID number SDC2
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7 Country code of country of incorporation or organization
CA

8 Foreign law characterization (see instructions)
LIMITED PARTNERSHIP

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2025		48,065.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 16

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before .000 % (b) After .036 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 9

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 9

IDEOGRAM AI, INC

STATEMENT 1

STATEMENT FILED PURSUANT TO 1.6038B-1(C) AND 1.6038B-1T(C)

(1) NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(2) NAME OF FOREIGN TRANSFEREE: IDEOGRAM AI, INC

EIN: FOREIGNUS

ADDRESS: 201-56 THE ESPLANADE, TORONTO, ON, M5E 1A6, CANADA

COUNTRY OF INCORPORATION: CANADA

TRANSFER(S) OF CASH AND/OR PROPERTY IN CONSIDERATION OF ORDINARY SHARES AS FOLLOWS:

TYPE OF PROPERTY: CASH

FAIR MARKET VALUE ON DATE OF TRANSFER: \$145,310

(3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE U.S. TRANSFEROR:

DESCRIPTION: ORDINARY SHARES

ESTIMATED FAIR MARKET VALUE: \$145,310

(4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) ACTIVE BUSINESS PROPERTY

N/A

(II) STOCK OR SECURITIES

N/A

(III) DEPRECIATED PROPERTY

N/A

(IV) PROPERTY NOT TRANSFERRED FOR USE IN THE ACTIVE CONDUCT OF A TRADE OR BUSINESS

N/A

IDEOGRAM AI, INC

(V) PROPERTY TRANSFERRED UNDER COMPULSION

N/A

(VI) CERTAIN INELIGIBLE PROPERTY

A. INVENTORY, ETC.

N/A

B. INSTALLMENT OBLIGATIONS, ETC.

N/A

C. FOREIGN CURRENCY, ETC.

N/A

D. LEASED PROPERTY

N/A

(VII) OTHER PROPERTY THAT IS INELIGIBLE PROPERTY

N/A

(5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF 1.367(A)-6 AND -6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) BRANCH OPERATION:

N/A

(II) BRANCH PROPERTY:

N/A

(III) LOSSES INCURRED BY FOREIGN BRANCH:

N/A

(IV) CHARACTER OF GAIN:

N/A

IDEOGRAM AI, INC

STATEMENT 2

STATEMENT FILED PURSUANT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(I) TRANSFEROR

NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(II) TRANSFER

(A) TRANSFEREE FOREIGN CORPORATION

NAME OF FOREIGN TRANSFEREE: IDEOGRAM AI, INC

EIN: FOREIGNUS

ADDRESS: 201-56 THE ESPLANADE, TORONTO, ON, M5E 1A6, CANADA

COUNTRY OF INCORPORATION: CANADA

(B) GENERAL DESCRIPTION OF THE TRANSFER:

N/A

NONE OF THE TRANSFERS REPORTED ON FORM 926 WERE SUBJECT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(III) CONSIDERATION RECEIVED BY THE US TRANSFEROR

N/A

(IV) INTANGIBLE PROPERTY TRANSFERRED

N/A

(V) ANNUAL PAYMENT

N/A

(VI) ELECTION TO TREAT AS SALE

N/A

(VII) COORDINATION WITH LOSS RULES

N/A

(VIII) OTHER INTANGIBLES

N/A

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 10

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 10

MISTRAL AI

STATEMENT 1

STATEMENT FILED PURSUANT TO 1.6038B-1(C) AND 1.6038B-1T(C)

(1) NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(2) NAME OF FOREIGN TRANSFEREE: MISTRAL AI

EIN: FOREIGNUS

ADDRESS: 15 RUE DES HALLES, 75001, PARIS, FRANCE

COUNTRY OF INCORPORATION: FRANCE

TRANSFER(S) OF CASH AND/OR PROPERTY IN CONSIDERATION OF ORDINARY SHARES AS FOLLOWS:

TYPE OF PROPERTY: CASH

FAIR MARKET VALUE ON DATE OF TRANSFER: \$195,213

(3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE U.S. TRANSFEROR:

DESCRIPTION: ORDINARY SHARES

ESTIMATED FAIR MARKET VALUE: \$195,213

(4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) ACTIVE BUSINESS PROPERTY

N/A

(II) STOCK OR SECURITIES

N/A

(III) DEPRECIATED PROPERTY

N/A

(IV) PROPERTY NOT TRANSFERRED FOR USE IN THE ACTIVE CONDUCT OF A TRADE OR BUSINESS

N/A

MISTRAL AI

(V) PROPERTY TRANSFERRED UNDER COMPULSION

N/A

(VI) CERTAIN INELIGIBLE PROPERTY

A. INVENTORY, ETC.

N/A

B. INSTALLMENT OBLIGATIONS, ETC.

N/A

C. FOREIGN CURRENCY, ETC.

N/A

D. LEASED PROPERTY

N/A

(VII) OTHER PROPERTY THAT IS INELIGIBLE PROPERTY

N/A

(5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF 1.367(A)-6 AND -6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) BRANCH OPERATION:

N/A

(II) BRANCH PROPERTY:

N/A

(III) LOSSES INCURRED BY FOREIGN BRANCH:

N/A

(IV) CHARACTER OF GAIN:

N/A

MISTRAL AI

STATEMENT 2

STATEMENT FILED PURSUANT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(I) TRANSFEROR

NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(II) TRANSFER

(A) TRANSFEREE FOREIGN CORPORATION

NAME OF FOREIGN TRANSFEREE: MISTRAL AI

EIN: FOREIGNUS

ADDRESS: 15 RUE DES HALLES, 75001, PARIS, FRANCE

COUNTRY OF INCORPORATION: FRANCE

(B) GENERAL DESCRIPTION OF THE TRANSFER:

N/A

NONE OF THE TRANSFERS REPORTED ON FORM 926 WERE SUBJECT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(III) CONSIDERATION RECEIVED BY THE US TRANSFEROR

N/A

(IV) INTANGIBLE PROPERTY TRANSFERRED

N/A

(V) ANNUAL PAYMENT

N/A

(VI) ELECTION TO TREAT AS SALE

N/A

(VII) COORDINATION WITH LOSS RULES

N/A

(VIII) OTHER INTANGIBLES

N/A

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 11

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 11

MISTRAL AI, INC

STATEMENT 1

STATEMENT FILED PURSUANT TO 1.6038B-1(C) AND 1.6038B-1T(C)

(1) NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(2) NAME OF FOREIGN TRANSFEREE: MISTRAL AI, INC

EIN: FOREIGNUS

ADDRESS: 15 RUE DES HALLES, 75001, PARIS 01, FRANCE

COUNTRY OF INCORPORATION: FRANCE

TRANSFER(S) OF CASH AND/OR PROPERTY IN CONSIDERATION OF ORDINARY SHARES AS FOLLOWS:

TYPE OF PROPERTY: CASH

FAIR MARKET VALUE ON DATE OF TRANSFER: \$194,656

(3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE U.S. TRANSFEROR:

DESCRIPTION: ORDINARY SHARES

ESTIMATED FAIR MARKET VALUE: \$194,656

(4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) ACTIVE BUSINESS PROPERTY

N/A

(II) STOCK OR SECURITIES

N/A

(III) DEPRECIATED PROPERTY

N/A

(IV) PROPERTY NOT TRANSFERRED FOR USE IN THE ACTIVE CONDUCT OF A TRADE OR BUSINESS

N/A

MISTRAL AI, INC

(V) PROPERTY TRANSFERRED UNDER COMPULSION

N/A

(VI) CERTAIN INELIGIBLE PROPERTY

A. INVENTORY, ETC.

N/A

B. INSTALLMENT OBLIGATIONS, ETC.

N/A

C. FOREIGN CURRENCY, ETC.

N/A

D. LEASED PROPERTY

N/A

(VII) OTHER PROPERTY THAT IS INELIGIBLE PROPERTY

N/A

(5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF 1.367(A)-6 AND -6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) BRANCH OPERATION:

N/A

(II) BRANCH PROPERTY:

N/A

(III) LOSSES INCURRED BY FOREIGN BRANCH:

N/A

(IV) CHARACTER OF GAIN:

N/A

MISTRAL AI, INC

STATEMENT 2

STATEMENT FILED PURSUANT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(I) TRANSFEROR

NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(II) TRANSFER

(A) TRANSFEREE FOREIGN CORPORATION

NAME OF FOREIGN TRANSFEREE: MISTRAL AI, INC

EIN: FOREIGNUS

ADDRESS: 15 RUE DES HALLES, 75001, PARIS 01, FRANCE

COUNTRY OF INCORPORATION: FRANCE

(B) GENERAL DESCRIPTION OF THE TRANSFER:

N/A

NONE OF THE TRANSFERS REPORTED ON FORM 926 WERE SUBJECT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(III) CONSIDERATION RECEIVED BY THE US TRANSFEROR

N/A

(IV) INTANGIBLE PROPERTY TRANSFERRED

N/A

(V) ANNUAL PAYMENT

N/A

(VI) ELECTION TO TREAT AS SALE

N/A

(VII) COORDINATION WITH LOSS RULES

N/A

(VIII) OTHER INTANGIBLES

N/A

CASH

(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER
06/30/2025	62,967.
06/30/2024	15,823.
	<u>78,790.</u>

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 13

CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

STATEMENT 1

STATEMENT FILED PURSUANT TO 1.6038B-1(C) AND 1.6038B-1T(C)

(1) NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(2) NAME OF FOREIGN TRANSFEREE: CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

EIN: 98-1682682

ADDRESS: 875 THIRD AVENUE, 14TH FLOOR, NEW YORK, NY 10022

COUNTRY OF INCORPORATION: LUXEMBOURG

TRANSFER(S) OF CASH AND/OR PROPERTY IN CONSIDERATION OF ORDINARY SHARES AS FOLLOWS:

TYPE OF PROPERTY: CASH

FAIR MARKET VALUE ON DATE OF TRANSFER: \$78,790

(3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE U.S. TRANSFEROR:

DESCRIPTION: ORDINARY SHARES

ESTIMATED FAIR MARKET VALUE: \$78,790

(4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) ACTIVE BUSINESS PROPERTY

N/A

(II) STOCK OR SECURITIES

N/A

(III) DEPRECIATED PROPERTY

N/A

(IV) PROPERTY NOT TRANSFERRED FOR USE IN THE ACTIVE CONDUCT OF A TRADE OR BUSINESS

N/A

CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

(V) PROPERTY TRANSFERRED UNDER COMPULSION

N/A

(VI) CERTAIN INELIGIBLE PROPERTY

A. INVENTORY, ETC.

N/A

B. INSTALLMENT OBLIGATIONS, ETC.

N/A

C. FOREIGN CURRENCY, ETC.

N/A

D. LEASED PROPERTY

N/A

(VII) OTHER PROPERTY THAT IS INELIGIBLE PROPERTY

N/A

(5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF 1.367(A)-6 AND -6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) BRANCH OPERATION:

N/A

(II) BRANCH PROPERTY:

N/A

(III) LOSSES INCURRED BY FOREIGN BRANCH:

N/A

(IV) CHARACTER OF GAIN:

N/A

CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

STATEMENT 2

STATEMENT FILED PURSUANT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(I) TRANSFEROR

NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(II) TRANSFER

(A) TRANSFEREE FOREIGN CORPORATION

NAME OF FOREIGN TRANSFEREE: CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

EIN: 98-1682682

ADDRESS: 875 THIRD AVENUE, 14TH FLOOR, NEW YORK, NY 10022

COUNTRY OF INCORPORATION: LUXEMBOURG

(B) GENERAL DESCRIPTION OF THE TRANSFER:

N/A

NONE OF THE TRANSFERS REPORTED ON FORM 926 WERE SUBJECT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(III) CONSIDERATION RECEIVED BY THE US TRANSFEROR

N/A

(IV) INTANGIBLE PROPERTY TRANSFERRED

N/A

(V) ANNUAL PAYMENT

N/A

(VI) ELECTION TO TREAT AS SALE

N/A

(VII) COORDINATION WITH LOSS RULES

N/A

(VIII) OTHER INTANGIBLES

N/A

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 14

SDC ALIGNED INVESTOR III LP

STATEMENT 1

STATEMENT FILED PURSUANT TO 1.6038B-1(C) AND 1.6038B-1T(C)

(1) NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(2) NAME OF FOREIGN TRANSFEREE: SDC ALIGNED INVESTOR III LP

EIN: 98-1787463

ADDRESS: 199 BAY STREET, 4000, TORONTO, ONTARIO, M5L1A9

COUNTRY OF INCORPORATION: CANADA

TRANSFER(S) OF CASH AND/OR PROPERTY IN CONSIDERATION OF ORDINARY SHARES AS FOLLOWS:

TYPE OF PROPERTY: CASH

FAIR MARKET VALUE ON DATE OF TRANSFER: \$89,446

(3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE U.S. TRANSFEROR:

DESCRIPTION: ORDINARY SHARES

ESTIMATED FAIR MARKET VALUE: \$89,446

(4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) ACTIVE BUSINESS PROPERTY

N/A

(II) STOCK OR SECURITIES

N/A

(III) DEPRECIATED PROPERTY

N/A

(IV) PROPERTY NOT TRANSFERRED FOR USE IN THE ACTIVE CONDUCT OF A TRADE OR BUSINESS

N/A

SDC ALIGNED INVESTOR III LP

(V) PROPERTY TRANSFERRED UNDER COMPULSION

N/A

(VI) CERTAIN INELIGIBLE PROPERTY

A. INVENTORY, ETC.

N/A

B. INSTALLMENT OBLIGATIONS, ETC.

N/A

C. FOREIGN CURRENCY, ETC.

N/A

D. LEASED PROPERTY

N/A

(VII) OTHER PROPERTY THAT IS INELIGIBLE PROPERTY

N/A

(5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF 1.367(A)-6 AND -6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) BRANCH OPERATION:

N/A

(II) BRANCH PROPERTY:

N/A

(III) LOSSES INCURRED BY FOREIGN BRANCH:

N/A

(IV) CHARACTER OF GAIN:

N/A

SDC ALIGNED INVESTOR III LP

STATEMENT 2

STATEMENT FILED PURSUANT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(I) TRANSFEROR

NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(II) TRANSFER

(A) TRANSFEREE FOREIGN CORPORATION

NAME OF FOREIGN TRANSFEREE: SDC ALIGNED INVESTOR III LP

EIN: 98-1787463

ADDRESS: 199 BAY STREET, 4000, TORONTO, ONTARIO, M5L1A9

COUNTRY OF INCORPORATION: CANADA

(B) GENERAL DESCRIPTION OF THE TRANSFER:

N/A

NONE OF THE TRANSFERS REPORTED ON FORM 926 WERE SUBJECT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(III) CONSIDERATION RECEIVED BY THE US TRANSFEROR

N/A

(IV) INTANGIBLE PROPERTY TRANSFERRED

N/A

(V) ANNUAL PAYMENT

N/A

(VI) ELECTION TO TREAT AS SALE

N/A

(VII) COORDINATION WITH LOSS RULES

N/A

(VIII) OTHER INTANGIBLES

N/A

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 15

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 15

CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

STATEMENT 1

STATEMENT FILED PURSUANT TO 1.6038B-1(C) AND 1.6038B-1T(C)

(1) NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(2) NAME OF FOREIGN TRANSFEREE: CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

EIN: 98-1682682

ADDRESS: 875 THIRD AVENUE, 14TH FLOOR, NEW YORK, NY 10022

COUNTRY OF INCORPORATION: LUXEMBOURG

TRANSFER(S) OF CASH AND/OR PROPERTY IN CONSIDERATION OF ORDINARY SHARES AS FOLLOWS:

TYPE OF PROPERTY: CASH

FAIR MARKET VALUE ON DATE OF TRANSFER: \$49,783

(3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE U.S. TRANSFEROR:

DESCRIPTION: ORDINARY SHARES

ESTIMATED FAIR MARKET VALUE: \$49,783

(4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) ACTIVE BUSINESS PROPERTY

N/A

(II) STOCK OR SECURITIES

N/A

(III) DEPRECIATED PROPERTY

N/A

(IV) PROPERTY NOT TRANSFERRED FOR USE IN THE ACTIVE CONDUCT OF A TRADE OR BUSINESS

N/A

CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

(V) PROPERTY TRANSFERRED UNDER COMPULSION

N/A

(VI) CERTAIN INELIGIBLE PROPERTY

A. INVENTORY, ETC.

N/A

B. INSTALLMENT OBLIGATIONS, ETC.

N/A

C. FOREIGN CURRENCY, ETC.

N/A

D. LEASED PROPERTY

N/A

(VII) OTHER PROPERTY THAT IS INELIGIBLE PROPERTY

N/A

(5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF 1.367(A)-6 AND -6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) BRANCH OPERATION:

N/A

(II) BRANCH PROPERTY:

N/A

(III) LOSSES INCURRED BY FOREIGN BRANCH:

N/A

(IV) CHARACTER OF GAIN:

N/A

CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

STATEMENT 2

STATEMENT FILED PURSUANT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(I) TRANSFEROR

NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(II) TRANSFER

(A) TRANSFEREE FOREIGN CORPORATION

NAME OF FOREIGN TRANSFEREE: CERBERUS GLOBAL NPL FEEDER FUND II S.C.A SICAV-RAIF

EIN: 98-1682682

ADDRESS: 875 THIRD AVENUE, 14TH FLOOR, NEW YORK, NY 10022

COUNTRY OF INCORPORATION: LUXEMBOURG

(B) GENERAL DESCRIPTION OF THE TRANSFER:

N/A

NONE OF THE TRANSFERS REPORTED ON FORM 926 WERE SUBJECT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(III) CONSIDERATION RECEIVED BY THE US TRANSFEROR

N/A

(IV) INTANGIBLE PROPERTY TRANSFERRED

N/A

(V) ANNUAL PAYMENT

N/A

(VI) ELECTION TO TREAT AS SALE

N/A

(VII) COORDINATION WITH LOSS RULES

N/A

(VIII) OTHER INTANGIBLES

N/A

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 16

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 16

SDC ALIGNED INVESTOR III LP

STATEMENT 1

STATEMENT FILED PURSUANT TO 1.6038B-1(C) AND 1.6038B-1T(C)

(1) NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(2) NAME OF FOREIGN TRANSFEREE: SDC ALIGNED INVESTOR III LP

EIN: 98-1787463

ADDRESS: 199 BAY STREET, 4000, TORONTO, ONTARIO, M5L1A9

COUNTRY OF INCORPORATION: CANADA

TRANSFER(S) OF CASH AND/OR PROPERTY IN CONSIDERATION OF ORDINARY SHARES AS FOLLOWS:

TYPE OF PROPERTY: CASH

FAIR MARKET VALUE ON DATE OF TRANSFER: \$48,065

(3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE U.S. TRANSFEROR:

DESCRIPTION: ORDINARY SHARES

ESTIMATED FAIR MARKET VALUE: \$48,065

(4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) ACTIVE BUSINESS PROPERTY

N/A

(II) STOCK OR SECURITIES

N/A

(III) DEPRECIATED PROPERTY

N/A

(IV) PROPERTY NOT TRANSFERRED FOR USE IN THE ACTIVE CONDUCT OF A TRADE OR BUSINESS

N/A

SDC ALIGNED INVESTOR III LP

(V) PROPERTY TRANSFERRED UNDER COMPULSION

N/A

(VI) CERTAIN INELIGIBLE PROPERTY

A. INVENTORY, ETC.

N/A

B. INSTALLMENT OBLIGATIONS, ETC.

N/A

C. FOREIGN CURRENCY, ETC.

N/A

D. LEASED PROPERTY

N/A

(VII) OTHER PROPERTY THAT IS INELIGIBLE PROPERTY

N/A

(5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF 1.367(A)-6 AND -6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRANSFEREE:

(I) BRANCH OPERATION:

N/A

(II) BRANCH PROPERTY:

N/A

(III) LOSSES INCURRED BY FOREIGN BRANCH:

N/A

(IV) CHARACTER OF GAIN:

N/A

SDC ALIGNED INVESTOR III LP

STATEMENT 2

STATEMENT FILED PURSUANT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(I) TRANSFEROR

NAME OF US TRANSFEROR: KENNESAW STATE UNIVERSITY FOUNDATION, INC.

EIN: 23-7034345

ADDRESS: 15 OLD DANBURY ROAD, WILTON, CT 06897

(II) TRANSFER

(A) TRANSFEREE FOREIGN CORPORATION

NAME OF FOREIGN TRANSFEREE: SDC ALIGNED INVESTOR III LP

EIN: 98-1787463

ADDRESS: 199 BAY STREET, 4000, TORONTO, ONTARIO, M5L1A9

COUNTRY OF INCORPORATION: CANADA

(B) GENERAL DESCRIPTION OF THE TRANSFER:

N/A

NONE OF THE TRANSFERS REPORTED ON FORM 926 WERE SUBJECT TO 1.6038B-1(D) AND 1.6038B-1T(D)

(III) CONSIDERATION RECEIVED BY THE US TRANSFEROR

N/A

(IV) INTANGIBLE PROPERTY TRANSFERRED

N/A

(V) ANNUAL PAYMENT

N/A

(VI) ELECTION TO TREAT AS SALE

N/A

(VII) COORDINATION WITH LOSS RULES

N/A

(VIII) OTHER INTANGIBLES

N/A