EXTENDED TO SEPTEMBER 16, 2019

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2017 calendar year, or tax year beginning NOV 1, 2017 and ending OCT 31, 2018 D Employer identification number Check if applicable: C Name of organization NEWARK CAMPUS DEVELOPMENT FUND Name change 31-1062282 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 25 E WALNUT STREET PO BOX 4217 740-345-8983 termin-ated 21,790,721. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ NEWARK, OH 43058-4217 Amended return H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JENNIFER ROBERTS for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.NCDFUND.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1982 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE NEWARK CAMPUS Activities & Governance DEVELOPMENT FUND IS TO SUPPORT THE NEWARK CAMPUS OF THE OHIO STATE if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,151,217. Contributions and grants (Part VIII, line 1h) 1,427,196 Revenue 0 . 0. Program service revenue (Part VIII, line 2g) 1,537,982. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,085,911. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,237,128. 2,965,178. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 982,559. 1,925,291 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 389,988. 426,150. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,372,547. 2,351,441. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,592,631. 1,885,687. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 42,994,944. 41,790,037. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 994,944. 41, 790,037. Net assets or fund balances. Subtract line 21 from line 20 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. Moley C. Monte Signature of officer Sign ROBERT MONTAGNESE, CHAIR Here Type or print name and title Date 9112119 PTIN Preparer's signature Print/Type preparer's name CRYSTAL J. KENT, CPA P00492294 CRYSTAL J. KENT, CPA Paid Firm's name WILSON, SHANNON & SNOW, INC. 31-0829879 Preparer Firm's EIN ▶ Firm's address TEN WEST LOCUST STREET Use Only Phone no. 740-345-6611 NEWARK, OH 43055

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

11400912 798073 64974

Form 990 (2017) NEWARK CAMPU 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ĺ
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_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)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Ì	**
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_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? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	7.7
. -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G. Part III	19	000 .	X

Form 990 (2017) NEWARK CAMPUS DEVELOPMENT FUND
Part IV Checklist of Required Schedules (continued)

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				Yes	Na
b II "Yes" to line 20a, life the organization attach a copy of its audited financial statements to this return? 20 Did the organization one from this 5,000 of grants or other assistance to any domestic organization are domestic powerment on Part IX, column (A), line 17 at "Yes," complete Schedule I, Part I and II 21 Did the organization answer Thesi to Part VII, Section A, line 3, 4, or 5 about compensation of the organization current and forms of those, developer, intuities, key employees, and highest compensated or employees? If "Yes," complete Schedule I, Part I and III 22 Did the organization answer Thesi to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and forms of those, developer, intuities, key employees, and highest compensated or the organization's current and forms of those, developer, intuities, key employees, and highest compensated organization of the organization have a tax-exempt bondle sew with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was based after December 31, 2002? If "Yes," enswer these 2th through 2dd and complete Schedule I, If I was a series of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization or as an "on behalf of I issue for to bonds outstanding array time during the year? 28 Section 50 (Ic(R), 50 (Ic(R), and 50 (Ic(R)) organizations. Did the organization organization assessment to engage the year? 29 Tax transaction than 50 (Ic(R), 50 (Ic(R)), 5	20a	Did the organization operate one or more hospital facilities? If "Voc." complete Schodule II	202	res	
21 Did the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic organization and the part X, column (A), line 2? H "Yes," complete Schedule I, Part I and III 22 J X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "E"ves," complete Schedule I, Schedule I, Ore 19 to 19 t					-25
domestic government on Part IX, column (A), line 17 if Yies, "complete Schedule I, Parts I and if I and programment on the 15,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if Yies," complete Schedule I, Part I and iff I and I			200		
Part IX, column (A), fine 2 if Ymga, "complete Schedule", Part IX and II 22 X X 23 Did the organization answer "Yes" to Part IX, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trusiases, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 X 24 Did the organization have a tax-everified benefit of the schedule J Part IX Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trusiases, key employees, and highest compensated employees? If "Yes," complete Schedule IX IX "X 24 X 24 Did the organization have a tax-everified benefit and other part and the section of the year, that was proceeds of tax-everified beyond a temporary period exception? 24 24 25 25 26 27 26 27 27 27 27 28 27 28 28			21	x	
Part IX, column (A), line 27 if "rise," complete Schedule, Parts I and III. 3 Did the organization sever "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yos," complete Schedule I, and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," answer these 24th through 24d and complete Schedule I, I" "No", go to the 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization act as an "one behalf of" issuer for bonds buildainding at any time during the year? d Did the organization act as an "one behalf of" issuer for bonds buildainding at any time during the year? d Did the organization act as an "one behalf of" issuer for bonds buildainding at any time during the year? d Did the organization with a disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization was the tengaged in an excess benefit transaction with a disqualified person during the year? N If Yes, complete Schedule I, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or discualified person in a prior year, and that the transaction has not been reported on any of the organization provide a grant or other assistance to an officer, director, trustes, key employee, substantial contribution or employee thereof, agrant ablaction committee member, or to a 56% controlled entity or family member of a current or former officer, director, trustes, key employees, substantial contribution or oremotyce thereof, agrant ablaction committee member, or to a 56% c	22				
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the least day of the year, that was issued after December \$1,2002? If "Yes," answer lines 240 brough 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25c Schedule L, Part I. 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated omployees, or disqualified person? If "Yes," complete Schedule L, Part II "Complete Schedule L, Part II"			22		X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer fixes 24b though 24d and complete Schedule I. "Part I be 10 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest are proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest are proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest are an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization and set as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 50 (fc)(3), 50 (fc)(4), and 50 (fc)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 28 Yes a section 50 (fc)(3), 50 (fc)(4), and 50 (fc)(29) organizations. Did the organization engage in an excess benefit the transaction with a disqualified person of the organization and that the transaction has not been reported on any of the organization person in a prior year, and that the transaction has not been reported on any of the organization approach as year property of the organization person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 20 for receivables from or payables to any current or former officers, directors, trustees, the organization person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 20 for receivables from or pay	23				
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete 24d b Did the organization invost any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 2 25d Did the organization invost any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization invost any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization invost any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization as at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization with a disqualified person during the year? !! "Yes," complete Schedule L, Part I 25d X 25d Is the organization was 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? !! "Yes," complete Schedule L, Part I 25d X 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, highest compensated ormployees, or disqualified persons? !! "Yes," complete Schedule L, Part II 25d X 25d Did the organization provide a grant or other assistance to an officer, director, trustee, exceptions? Yes, complete Schedule L, Part IV 25d X 25d Did the organization of complete Schedule L, Part IV 25d X 25d A current of former officer, director, trustee, or lay employee? If Yes, "complete Schedule L, Part IV 25d X 25d Did the organization receive conflictations of ari, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV 25d X 25d Did the organization related to any tax-exempt			23	X	
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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-E2? f" "Yes," complete Schedule L, Part II 25b X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? f" "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? f" "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 29 A current or former officer, director, trustee, or key employee? f" "Yes," complete Schedule L, Part IV 28a X 29 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? f" "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? f" "Yes," complete Schedule N 29 X 20 Did the organization liquidate, terminate, or dissolve and cease operations? f" "Yes," complete Schedule N, Part I 31 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? f" "Yes," complete Schedule N, Part I 32 X 31 Did the organization related to any tax-exempt or taxable entity? f" "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 X 31 Did the organization have a controlled entit	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? # "Yes," complete Schedule L, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If *Yes,* complete Schedule L, Part II	00		25b		_X_
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Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	,	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) NEWARK CAMPUS DEVELOPMENT FUND Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 106s. Enter 0- if not applicable 1.0 0 1.0 1.0 0 1.0 1.0 0 1.0 1.0 0 1.0 1.		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Fernew MAG included in line 1s. Pinter -0 Intro applicable of Did the organization concept with backup withholding rules for propriate pagements to venders and reportable gaming gambing winnings to pitze withness? 2a Enter the number of simployees reported on Form WAG. Transmittal of Wage and Tax Statements. 3a Enter the number of simployees reported on Form WAG. Transmittal of Wage and Tax Statements. 3b If a least one is reported on line 2a, did the organization file all inequired federal demployment fax rectuers? 2b If Was. If the sum of ilines 1 and 62b, you may be required to e-file fee instructions? 3a Did the organization have unrelated business gross income of \$1,001 or more during the year? 3a A x 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; lew 1 as a hank account, securities executed, or other authority over, a financial account in a foreign country; lew 1 as a hank account, securities executed, or other statistically over, a financial account in a foreign country; lew 1 as a hank account, securities executed, or other statistically over, a financial account in a foreign country; lew 1 as a hank account, securities executed, or other statistics of the statistics of the organization and party to a prohibited tax shelter transaction and party to a prohibited tax shelter transaction? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b If Yes, 1 de the Gar of b., did the organization file Form 8889.72 6c If Yes, 2 de the organization include with every collicitation an excress statement that such contributions or gits ware not tax deductible. 6c If Yes, 2 de the organization include with every collicitation an excress statement that such contributions or gits ware not tax deductible? 7c If Yes, 3 de the organization include with every collicitation an excress statement that such contributions or gits ware not tax deductible? 8c If Yes,						Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Eriser the number of employees reported on Form W.S., Transmittal of Wago and Tax Statomarks, the first of the calendar year ending with or within the year covered by this roturn. 1b If all least one is reported on line 28, did the organization float of required foderal employment tax returns? 2b Note. If the sum of lines 1a and 2a to greater than 250, you may be required to a-file (see instructions) 3 b If Yes, "Insel it field a Form 990-1 for this year? If Yis," to fiss 3b, provide an explanation in Schedule O. 3 b If Yes," the lite of a form 990-1 for this year? If Yis, to fiss 3b, provide an explanation in Schedule O. 3 b If Yes, "Insel it field a Form 990-1 for this year? If Yis," to fiss 3b, provide an explanation in Schedule O. 4 b If Yes," the lite of a foreign country, which is a bank account, securities account, or other financial account in Schedule O. 5 b If Yes, "In a first the name of the freeign country, by See instructions for fining requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 b If Yes, "In the San of St., did the organization first the var or is a party to a prohibited set select transaction of any time during the last year? 5 c If Yes, "In the San of St., did the organization first If was or is a party to a prohibited set select transaction and contributions or gifts were not tax deductible? 6 b If Yes, "In the San of St., did the organization first If years or is a party to a prohibited set select transaction and contributions or gifts were not tax deductible? 6 b If Yes, "In the organization received a contribution of under section 170(c). a Did the organization set that year proceive deductible contributions under section 170(c). b If Yes, "In did the organization section of the value of the pool of the section of the property of the property for which it was required? 7 c	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	а		ices pr	ovided to the payor?			
to file Form 8262? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7		- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			7b	<u>X</u>	
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f Th 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: 12 Gross income from members or shareholders 11 Gross income from other sources (Do not net armounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Initiation for additional information the organization must report on Schedule O. 13 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 in more than one state? 13 Note. See the instructions for additional information the organization must report on Schedule O	С		•				77
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b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b			13c				
					14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0		Service Company		consecutation of the second

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

hospiones.	Check if Schedule O contains a response or note to any line in this Part VI	4444444		X
Sec	tion 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 10			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-		2	X	
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision		- 22	
3				7.7
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	İ		
	more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	etaleramicano	***************************************	***************************************
	This occion is regarded information about policies not required by the internal rievenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		401-		
44-		10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1001		
	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ماطمانم		
	for public inspection. Indicate how you made these available. Check all that apply.	andDif		
40		,, .		
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the conflict of interest policy.	ınanci	al	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JENNIFER ROBERTS - 740-345-8983			
	25 E WALNUT ST, NEWARK, OH 43055	and the same of th	la la servicio de la	socied was not the con-

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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

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

- 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 (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	T			C)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(D)	(E)	(F)
Name and Title	Average			Pos	sitior			Reportable	Reportable	Estimated
Hamo and Thio	hours per					than		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pet		organization	(W-2/1099-MISC)	from the
	related	stee c	ruster			eusa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loyer	luo e				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT O'NEILL	1.00	Ē	=	Ö	- 2 - 2	王旨	윤			
TRUSTEE	1.00	Х						0.	0.	0.
(2) DOUGLAS F. MOCK	1.00	22	ļ			\vdash		0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(3) C. DANIEL DELAWDER	1.00			-		 	-	•	· ·	
TREASURER	1.00	x		Х				0.	0.	0.
(4) SARAH R. WALLACE	1.00						 		J •	
TRUSTEE		x						0.	0.	0.
(5) SETH PATTON	1.00					ļ		-		
TRUSTEE		X						0.	0.	0.
(6) STUART PARSONS	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) RONALD ALFORD	1.00									
TRUSTEE		Х						0.	0.	0.
(8) ROBERT MONTAGNESE	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(9) MARY M. ALBRIGHT	1.00									
TRUSTEE		X						0.	0.	0.
(10) PAUL THOMPSON	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JENNIFER ROBERTS -SEE SCH J	20.00									
EXECUTIVE DIRECTOR				X				49,917.	0.	0.
(12) SIOBHAN R. CLOVIS	1.00									
SECRETARY				X				0.	0.	0.
(13) LEE HECKMAN	1.00									
ASST SECRETARY				X				0.	0.	0.
						<u> </u>				
Environmental contract contrac				em mones						- 000

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Pa	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	compensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ີ່ than⊸	one	Reportable	Reportable	,	E:	stimate	ed
		hours per	kod	, unle	ss pe	rson i	is botl or/trus	n an	compensation	compensation		ar	nount	of
		week (list any		T	Ī	T	T		from the	from related organization		con	other pensa	tion
		hours for	direct				,		organization	(W-2/1099-MI			rom th	
		related	tee or	ustee			ensate		(W-2/1099-MISC)	(/		anizat	
		organizations	al trus	nal tr		loyee	dwo.						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
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1b	Sub-total								49,917.		0.			0.
	Total from continuation sheets to Part VII,								0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								49,917.		0.			0.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove]) wh	o re	eceived more than \$100,	000 of reportable)			_
	compensation from the organization		-				and the second		en appropriate grane and appropriate grane g				I	0
											1		Yes	No
3	Did the organization list any former officer, of				-				,		}			X
А	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sur								oor componention from the			3		
4	and related organizations greater than \$150,										ŀ	4		X
5	Did any person listed on line 1a receive or ac													
-	rendered to the organization? If "Yes." comp	-				-			-			5	Х	
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	npensated ind	epe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
	the organization. Report compensation for the	ne calendar ye	ar e	ndin	g wi	ith o	r wit	hin	the organization's tax ye	ear.				
	(A)								(B)		0	(0		
	Name and business a	address						_	Description of s	ervices		ompe	nsatio	า
PAF		420EE						- 1	INVESTMENT	DTT CO		20	י די	7.0
50	N THIRD ST, NEWARK, OH	43033						-	MANAGEMENT SI	ERVICES		40	8,7	/ U .
								+						
								\dashv						
		····												
2	Total number of independent contractors (in	-	ot lin	nited	i to t	_		ted	above) who received mo	re than				
	\$100,000 of compensation from the organization	ation 🕨	-								****************	and the second second		

NEWARK CAMPUS DEVELOPMENT FUND 31-1062282 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D)
Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a b Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1,151,217. similar amounts not included above 55,212. g Noncash contributions included in lines 1a-1f: \$ _ 1,151,217. h Total. Add lines 1a-1f Business Code 2 a _____ Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,083,651 other similar amounts) 1,083,651. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 19,555,853. assets other than inventory b Less: cost or other basis 17,553,593. and sales expenses 2,002,260. c Gain or (loss) 2,002,260. d Net gain or (loss) 2,002,260. 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b

4,237,128.

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

Form 990 (2017) NEWARK CAMPUS
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respor			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,925,291.	1,925,291.		
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 (non-employees):				
a	Management	404.		404.	
b	Legal	2,850.		2,850.	
q	Accounting Lobbying	2,050.		2,030.	
-d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	288,770.		288,770.	
g	Other. (If line 11g amount exceeds 10% of line 25,	20071701		20077700	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,188.		1,188.	
14	Information technology	5,647.		5,647.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,911.		4,911.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REIM TJE FND DIR COSTS	85,837.	43,102.	32,317.	10,418.
b	FOREIGN TAXES PAID	32,189.		32,189.	
С	MEMBERSHIP DUES & SUBSC	2,508.		2,508.	
d	STAFF DEVELOPMENT	1,596.		1,596.	
е	All other expenses	250.		250.	
25	Total functional expenses. Add lines 1 through 24e	2,351,441.	1,968,393.	372,630.	10,418.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
Name of Control of Control	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		8,820.	1	8,629.
	2	Savings and temporary cash investments		1,313,361.	2	1,162,167.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ş		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ą	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		38,871,800.	11	38,287,444.
	12	Investments - other securities. See Part IV, line 1	1	2,800,963.	12	2,331,797.
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	42,994,944.	16	41,790,037.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employees				
iab		Complete Part II of Schedule L			22	
السم	23	Secured mortgages and notes payable to unrela-	r		23	
	24	Unsecured notes and loans payable to unrelated	r i		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	·			
		Schedule D		0	25	
)	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)				
ses	077	complete lines 27 through 29, and lines 33 and				
anc	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
В	29		20.050) -bb X		29	
T.		Organizations that do not follow SFAS 117 (AS	SC 958), check here			
o'c	00	and complete lines 30 through 34.		0.		^
set	30	Capital stock or trust principal, or current funds		0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or eq	- F	42,994,944.	31	41,790,037.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc		42,994,944.	32 33	41,790,037.
		Total liabilities and not assets/fund balances		42,994,944.	34	41,790,037.
Name and Street	34	Total liabilities and net assets/fund balances		エム,ノノオ,ノセオ。	J4	Form 990 (2017)

Form **990** (2017)

Ра	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	4	,23	7,1	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	35	1,4	41.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,88	5,6	87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42	,99	4,9	44.
5	Net unrealized gains (losses) on investments	5	- 3	,09	0,5	94.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	41	,79	0,0	37.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					l
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				194
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of	the organization						Employe	r identification number
			DEVELOPMENT :				(3)	1-1062282
Part I	Reason for Public	Charity Status(All organizations must co	omplete th	is part.) Se	e instructions	6.	
The organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or association	on of churches described	in section	on 170(b)(1	1)(A)(i).		
2	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ii).		
4	A medical research organiz	ration operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describ	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).		
7 X	An organization that norma						ne general	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in conju	ınction with a	land-grant	college
	or university or a non-land-g						_	_
	university:		,		, ,		Ŭ	
10	An organization that norma	dly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersh	nip fees, ar	d gross receipts from
	activities related to its exen	•					•	
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the ord	anization a	after June 30, 1975.
	See section 509(a)(2). (Con		`		·	, ,		,
11	An organization organized a	•	ively to test for public sat	ety. See	section 50	09(a)(4).		
12	An organization organized a	•	•	-			rry out the	purposes of one or
	more publicly supported or	•	•	•			•	•
	lines 12a through 12d that	-						
а	Type I. A supporting orga				-		_	aivina
	the supported organization	•	•		_			
	organization. You must o	• • •		, ,				11 3
b _	Type II. A supporting org	•		ion with it:	s supporte	d organizatio	n(s), by hay	vina
	control or management o	·				-		-
	organization(s). You mus			•		`		
С	Type III functionally inte	•		in connect	tion with, a	and functional	lv integrate	ed with.
	its supported organization						·, ···-g·	,
d	Type III non-functionally		·				ted organi:	ration(s)
u	that is not functionally int					• •	-	
	requirement (see instructi	•		•		•	a., a.,	
е	Check this box if the orga	•	•				II Type III	
C	functionally integrated, or					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n, rypom	
f Ente	er the number of supported o							
	vide the following information							
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
		1	i					

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2360560.	2355657.	1540820.	1427196.	1151217.	8835450.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ļ					
2	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
4		2360560.	2355657.	1540820.	1427196.	1151217.	8835450.
	Total. Add lines 1 through 3 The portion of total contributions	2300300.	2333037:	1340020.	1 7 7 7 7 7 0 8	113141	0033430.
5	-		The thirty of the second				
	by each person (other than a					'	
	governmental unit or publicly						
	supported organization) included	100					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	,	, is				4440054
	column (f)						4449851.
	Public support. Subtract line 5 from line 4.						4385599.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2360560.	2355657.	1540820.	1427196.	1151217.	8835450.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	596,265.	803,625.	1058560.	1093246.	1083651.	<u>4635347.</u>
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						13470797.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (li			olumn (fl)		14	32.56 %
	Public support percentage from 2016					15	40.20 %
	33 1/3% support test - 2017. If the co						
iva	stop here. The organization qualifies	-					_
h	33 1/3% support test - 2016. If the co		-			or more check this	
D	and stop here. The organization quali	•					L ₹2
47-	10% -facts-and-circumstances test					nd line 14 is 100/ s	
ı/a		_					
	and if the organization meets the "fact			•		<u> </u>	
	meets the "facts-and-circumstances" t	•	·			7	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th				•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	i, 16b, 1/a, or 17b	, check this box ar		000 F3) 0047

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 NEWARK CAMPUS DEVELOPMENT FUND 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.)

Sec	ction A. Public Support					in di in di cana, manana any dia ay manana ay dia ay	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	2-states and states an					
	Amounts included on lines 1, 2, and						
, a	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						
_	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support	Market Market Control of the Control	<u> </u>	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
Į,	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
^	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)					***************************************	
	Total support. (Add lines 9, 10c, 11, and 12.)	the examination's	first second thir	d fourth or fifth to	L voor as a sootic	n 501(a)(3) or	raprization
14	First five years. If the Form 990 is for	-					,
S	check this box and stop heretion C. Computation of Public	Support Per	centage				
	Public support percentage for 2017 (li			olumn (fl)		15	%
						16	%
	Public support percentage from 2016 ction D. Computation of Investigation					1 10 1	7 0
				no 12 column (fl)		17	0/
	Investment income percentage for 20					18	%
	Investment income percentage from 2						%
19a	33 1/3% support tests - 2017. If the						,
	more than 33 1/3%, check this box an	·-					/00/
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		<u> </u>
- 35		
3c		
4a		
Ha		
4b		
4c		
		100
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
106		
10b	****	

3a

3b

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017

Pai	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.	•		
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,	•	Maria Barana Barana	
	line 7: \$			and the training of the first
а	Applied to underdistributions of prior years			and the second section of the second
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CLAT	1,400,000.	1,130,584.
CLUT #1	628,673.	359,257.
CLUT #2	628,742.	359,326.
MELISSA WARNER BOW (PERSONAL & TRUST)	300,000.	30,584.
PARK NATIONAL FOUNDATION	520,032.	250,616.
THE ARIEL FOUNDATION	800,000.	530,584.
ARIEL CORPORATION	798,946.	529,530.
CONSTANCE CORKWELL BALDWIN FUND	798,202.	528,786.
LOUIS A MITCHELL TRUST	1,000,000.	730,584.
Total Excess Contributions to Schedule A, Part II, Line 5		4,449,851.

Schedule A

Identification of Unusual Grants

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
J GILBERT & LOUELLA REESE	MATCHING FUNDS FOR NEXT GENERATION CAMPAIGN		2,000,000.
J GILBERT & LOUELLA REESE	MATCHING FUNDS FOR NEXT GENERATION CAMPAIGN		2,000,000.
J GILBERT & LOUELLA REESE	MATCHING FUNDS FOR NEXT GENERATION CAMPAIGN		2,500,000.
J GILBERT & LOUELLA REESE	MATCHING FUNDS FOR NEXT GENERATION CAMPAIGN		333,980.
Total Unusual Grants			6,833,980.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

T-5	NEWARK CAMPUS DEVEL		31-1062282						
Pa			Or Accounts. Complete if the						
,	organization answered "Yes" on Form 990, Part IV, line								
		(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 1,083,407.								
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 e	exclusive legal control?	X Yes No						
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only						
	for charitable purposes and not for the benefit of the donor or								
	impermissible private benefit?		X Yes No						
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).							
	Preservation of land for public use (e.g., recreation or ed		torically important land area						
	Protection of natural habitat		tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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						
а	Total number of conservation easements		2a						
b			i I						
c	Number of conservation easements on a certified historic stru								
	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure								
u	listed in the National Register		* I						
3	Number of conservation easements modified, transferred, rele								
Ŭ	year ▶	, , ,							
4	Number of states where property subject to conservation ease	ement is located >							
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·							
_	violations, and enforcement of the conservation easements it holds?								
6									
•	> Count and rolanted received to measuring, map to major y								
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ition easements during the year						
-	> \$								
8	Does each conservation easement reported on line 2(d) 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								
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for								
	conservation easements.								
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stater	nent and balance sheet works of art,						
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describ	es these items.							
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, ed								
	relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1		\$						
2	If the organization received or held works of art, historical trea								
	the following amounts required to be reported under SFAS 11								
а	Revenue included on Form 990, Part VIII, line 1								

Schedule D (Form 990) 2017

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

Schedule D (Form 990) 2017

	US DEVELOPMEN	T. FOND	3 L	-1062282 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		11b. See Form 990, F	Part X, line 12.	1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	I-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) PARK NATIONAL BANK -	0 221 707	TENTO OTE 321	DAD MADKED	77
(B) PUBLICLY TRADED	2,331,797.	END-OF-1	EAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,331,797.			
Part VIII Investments - Program Related.	2,001,70			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990. F	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	I-of-year market value
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, F	⊃art X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	2 15.)		·····•	
Part X Other Liabilities.	E 000 Dart IV line	dia ardif Cas Form	000 Dort V line 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	(b) Book value	1990, Part X, line 25	•
11		(b) Dook value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		v		
(9)	25.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	₹ <u>८</u> Q. J		L	

732053 10-09-17

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2017

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection Employer identification number

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

Schedule I (Form 990) (2017) 2 | WHICH NO OTHER FUNDING IS WHICH NO OTHER FUNDING IS 31-1062282 FOR TUNDING OF PROJECTS FOR UNDING OF PROJECTS FOR GRANTS TO NEWARK CAMPUS (h) Purpose of grant FUNDING OF PROJECTS LAST DOLLAR STUDENT or assistance X Yes 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 AVAILABLE AVAILABLE 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 (g) Description of noncash assistance N/A N/A N/A (f) Method of valuation (book, FMV, appraisal, other) FMV (CASH) 972,440. FMV (CASH) 24,700. FMV (CASH) 928,151. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 0 0 0 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FUND (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. NEWARK CAMPUS DEVELOPMENT 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 31-6025989 31-0802020 31-1333812 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization NEWARK - 1179 UNIVERSITY DRIVE CENTRAL OHIO TECHNICAL COLLEGE THE OHIO STATE UNIVERSITY AT or government 1179 UNIVERSITY DRIVE 10 W LOCUST STREET A CALL TO COLLEGE NEWARK, OH 43055 OH 43055 OH 43055 NEWARK, Part I NEWARK, Part II Q

32

31-1062282

Page 2

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.

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) MOST EFFICIENT WAY FOR STUDENTS TO RECEIVE HELP AND AT THE SAME TIME ALLOWS OL T THIS IS THE Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information THE FINANCIAL AID COUNSELORS WORK WITH EACH STUDENT TO COMPLETE THE FAFSA STATE AT NEWARK AND CENTRAL OHIO TECHNICAL COLLEGE QUALIFY ALL STUDENTS FOR THE APPROPRIATE LEVEL OF FINANCIAL ASSISTANCE AID COSTS AS LOW FINANCIAL (d) Amount of non-cash assistance FORMS AND TO APPLY FOR ALL AVAILABLE GRANTS AND SCHOLARSHIPS. THE THE NCDF TO REMAIN EFFICIENT BY KEEPING ADMINISTRATIVE (c) Amount of cash grant Z EXPERIENCED PROFESSIONALS (b) Number of recipients (a) Type of grant or assistance THE OHIO NO THE NCDF RELIES DEPARTMENT FOR LINE POSSIBLE Н PART

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I | Questions Regarding Compensation

NEWARK CAMPUS DEVELOPMENT FUND

Employer identification number 31-1062282

			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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 filing 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	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
	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:			
а	The organization?	5a		X
	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:			
а	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		

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)(B)	in column (B) reported as deferred on prior Form 990
(1) JENNIFER ROBERTS -SEE SCH J	ε	49,917.	0	0	0	0	49,917.	0
EXECUTIVE DIRECTOR	Ξ	0.	0.	0.	0	• 0		0
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FORM 990, PART VII, QUESTION 5 & FORM 990, SCHEDULE J, PART II EXPLANATION: THE ORGANIZATION SHARES EMPLOYEES, INCLUDING THE
EXECUTIVE DIRECTOR, WITH THE THOMAS J. EVANS FOUNDATION. NCDF
REIMBURSES TJEF FOR THEIR SERVICES ATTRIBUTABLE TO NCDF. EXPENSES
INCURRED FOR JENNIFER ROBERTS, THE EXECUTIVE DIRECTOR FOR FISCAL YEAR
10/31/18, WAS IN THE AMOUNT OF \$52,092, INCLUDING PAYROLL TAXES. HER
WAGES FOR CALENDAR YEAR 2017 FOR HER WORK AT NCDF WERE \$49,917. TJEF
IS NOT A RELATED ORGANIZATION.
Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer identification number 31-1062282 NEWARK CAMPUS DEVELOPMENT FUND

	ti	Types of Property		·····					
	_		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of det noncash contribu			3
		-		items contributed	Form 990, Part VIII, line 1g				
1	Art - ۱	Works of art							
2	Art - I	Historical treasures							
3	3 Art - Fractional interests								
4									
5									
6	Cars and other vehicles								
7									
8	Intelle	ectual property							
9	Secu	rities - Publicly traded	X	4	55,212.	STOCK VALUE			
10	Secu	rities - Closely held stock							
11	Secu	rities - Partnership, LLC, or							
	trust	interests							
12	Secu	rities - Miscellaneous							
13	Quali	fied conservation contribution -							
	Histo	ric structures			· · · · · · · · · · · · · · · · · · ·				
14	Quali	fied conservation contribution - Other							
15									
16	16 Real estate - Commercial								
17	7 Real estate - Other								
18	8 Collectibles								
19	19 Food inventory								
	0 Drugs and medical supplies								
21	1 Taxidermy								
22	Histo	rical artifacts							
23	Scier	ntific specimens							
24	Arche	eological artifacts							
25	Othe	r 🕨 () 📗							
26	Othe	r 🕨 ()							
27	Othe								
28	Othe								
29	Numl	ber of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for w	hich the organization completed Form 828	33, Part IV, D	Oonee Acknowledg	jement29				
								Yes	No
30a	Durin	ng the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must	hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exem	pt purposes for the entire holding period?					30a		X
b	If "Ye	es," describe the arrangement in Part II.							
31	Does	the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31		_X_
32a	Does	the organization hire or use third parties o	or related or	ganizations to soli	cit, process, or sell noncash				
	contr	ibutions?					32a		<u>X</u>
		es," describe in Part II.							
33	If the	organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
energy de Alberta	desc	ribe in Part II.					eccentra econo econo		

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 NEWARK CAMPUS DEVELOPMENT FUND	31-1062282	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination part for any additional information.	and whether the organizatination of both. Also compl	ion lete
SCHEDULE M, PART I, COLUMN (B):		
PART I, COLUMN (B) SHOWS THE NUMBER OF STOCK CONTRIBUTIONS	THE	
ORGANIZATION RECEIVED		

732142 09-07-17

SCHEDULE O

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

NEWARK CAMPUS DEVELOPMENT FUND

Employer identification number 31-1062282

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
UNIVERSITY AND CENTRAL OHIO TECHNICAL COLLEGE BY FUNDING SCHOLARSHIPS,		
GRANTS, INNOVATIVE PROJECTS AND CAPITAL IMPROVEMENTS THAT ARE NOT		
PROVIDED BY ANY OTHER STATE RESOURCE. FOR 36 YEARS, DONORS, BUSINESSES		
AND ORGANIZATIONS HAVE PARTICIPATED IN NCDF CAMPAIGNS TO CREATE A		
BEAUTIFUL COLLEGE CAMPUS WHERE STUDENTS RECEIVE THE BEST OF ALL WORLDS:		
A BIG 10 RESEARCH-BASED EDUCATION IN A SMALL, PRIVATE, LIBERAL ARTS		
SETTING. LOCAL DONORS ENJOY SUPPORTING FUNDS AND CREATING ENDOWMENTS		
AT NCDF WHICH IS CONTROLLED LOCALLY BY A BOARD OF TRUSTEES WITH DEEP		
ROOTS WITHIN OUR COMMUNITY. WITH THE PARTNERSHIP OF GENEROUS		
GENERATIONAL DONORS AND A COMMITTED BOARD, THE NCDF IS ABLE TO PROVIDE		
ACCESS TO EDUCATION FOR ALL QUALIFIED AND MOTIVATED INDIVIDUALS. NCDF		
STRIVES TO MAINTAIN AND ENHANCE THE LEVEL OF EDUCATIONAL TECHNOLOGICAL		
EXCELLENCE AND CLOSE PERSONALIZED ATTENTION AT OSU NEWARK AND COTC.		
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
IMPROVEMENTS THAT ARE NOT PROVIDED BY ANY OTHER STATE RESOURCE.		
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
COURSES, AS WELL AS LIVING EXPENSES OF YOUNG FAMILIES. UNRESTRICTED		
SCHOLARSHIP AND GRANT FUNDS HELP THE MOST TO MEET THE NEEDS OF		
STUDENTS. THE NCDF SUPPORTS PROJECTS AND SCHOLARSHIP NEEDS THAT STATE		
AND FEDERAL RESOURCES CANNOT.		
IN THE ACADEMIC YEAR ENDING ON JUNE 30, 2018, THE NCDF FUNDED 684		
SCHOLARSHIPS AND 9 GRANTS.		

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization NEWARK CAMPUS DEVELOPMENT FUND	Employer identification number 31-1062282
PART IV, LINE 11F	
EXPLANATION: THE ORGANIZATION DOES NOT HAVE FINANCIAL S'	TATEMENTS
PREPARED BY OUTSIDE ACCOUNTANTS; THEREFORE, THERE ARE NO	FINANCIALS
WITH A FIN 48 FOOTNOTE AND QUESTION 11F IS NOT APPLICABLE	E
FORM 990, PART VI, SECTION A, LINE 2:	
TRUSTEES WALLACE AND THOMPSON HAVE A BUSINESS RELATIONSH	IP
FORM 990, PART VI, SECTION B, LINE 11B:	
THE GOVERNING BOARD WILL REVIEW THE 990 PRIOR TO THE FILT	ING DATE.
FORM 990, PART VI, SECTION B, LINE 12C:	
TRUSTEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS	S OF INTEREST. IF
A TRUSTEE HAS A CONFLICT OF INTEREST WITH ANY PARTICULAR	DISCUSSION TOPIC,
THAT INDIVIDUAL IS EXCUSED FROM THE MEETING ROOM DURING I	DISCUSSION AND
SUBSEQUENT VOTE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR IS SHARED BETWEEN THE NCDF AND TH	E THOMAS J EVANS
FOUNDATION. THE CHAIR OF THE NCDF CONSULTS WITH THE PRE	SIDENT OF THE EVANS
FOUNDATION TO REVIEW, EVALUATE AND DETERMINE COMPENSATION	N. THE EVANS
FOUNDATION KEEPS ALL TIME SHEETS AND PROCESSES PAYROLL.	THE NCDF
REIMBURSES THE EVANS FOUNDATION FOR THE EXECUTIVE DIRECTOR	OR'S TIME WORKED ON
NCDF BUSINESS. THE THOMAS J EVANS FOUNDATION IS NOT A R	ELATED
ORGANIZATION.	WANTED THE STREET S

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print NEWARK CAMPUS DEVELOPMENT FUND 31-1062282 File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 25 E WALNUT STREET PO BOX 4217 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 43058-4217 NEWARK, OH Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Application Return Application Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 1041-A 08 Form 990-BL 03 Form 4720 (other than individual) 09 Form 4720 (individual) 04 Form 5227 10 Form 990-PF Form 6069 05 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) Form 8870 12 JENNIFER ROBERTS • The books are in the care of ▶ 25 E WALNUT ST - NEWARK, OH 43055

	Telephone No. ▶ 740-345-8983 Fax No. ▶
0	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
bo	. If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for.
1	I request an automatic 6-month extension of time until SEPTEMBER 15, 2019 , to file the exempt organization return
	for the organization named above. The extension is for the organization's return for:
	calendar year or or
•	\blacktriangleright $f X$ tax year beginning $f NOV 1$, $f 2017$, and ending $f OCT 31$, $f 2018$.
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

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. \$ estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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.

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

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

Form 8868 (Rev. 1-2017)



Department of the Treasury Internal Revenue Service Ogden UT 84201
 Notice
 CP211A

 Tax period
 October 31, 2018

 Notice date
 April 1, 2019

 Employer ID number
 31-1062282

 To contact us
 Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

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NEWARK CAMPUS DEVELOPMENT FUND PO BOX 4217 NEWARK OH 43058-4217



278734

Important information about your October 31, 2018 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your October 31, 2018 Form 990.

Your new due date is September 15, 2019.

What you need to do

File your October 31, 2018 Form 990 by September 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.