

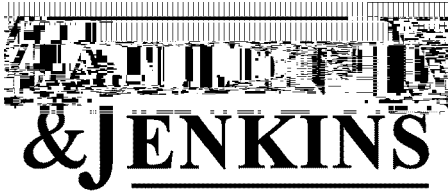
**Mauldin & Jenkins LLC
200 Galleria Pkwy SE Ste 1700
Atlanta, GA 30339-5946**

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

!3 0 1 4 4 8 !

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CLIENT' S COPY



November 14, 2018

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

Dear Donald:

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

Specific filing instructions are as follows.

FORM 990 RETURN:

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

GEORGIA FORM 600- T RETURN:

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

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

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

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

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

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

Sincerely,

**Eric Vreeland
MAULDIN & JENKINS, LLC**

|

|

|







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

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

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C		D Employer identification number	
	(or P.O. box if mail is not delivered to street address)		Room/suite	E
	F		G Gross receipts \$	
			H(a)	
I 501(c)(3) 501(c) (a1 Partma.address)		H(b) Are all subordinates included?		Yes No
J Website:		H(c)		Yes No
K		L	M	

Activities & Governance	1		
	2		
	3	3	
	4	4	
	5	5	
	6	6	
	7 a	7a	
b	7b		
Revenue	8	Prior Year	Current Year
	9		
	10		
	11		
	12		
Expenses	13		
	14		
	15		
	16a		
	b		
	17		
	18		
19			
	20	Beginning of Current Year	End of Year
	21		
	22		

Sign Here			
Paid Preparer Use Only			Check if self-employed

Yes No

--

1

2

Yes No

3

Yes No

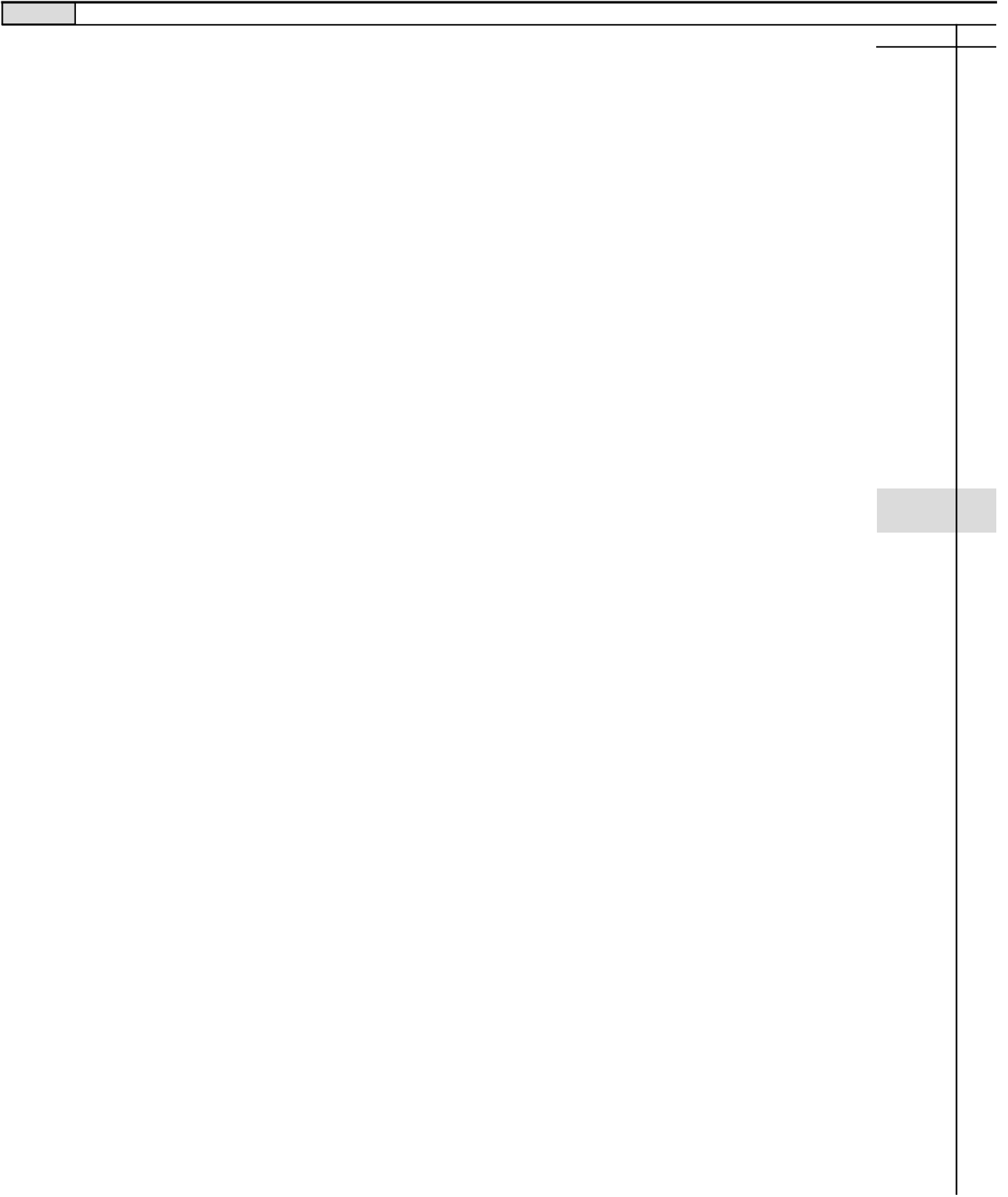
4

4a Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4b Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4c Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

Expenses \$ _____ including grants of \$ _____ Revenue \$ _____



(continued)

		Yes	No
20a	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? ~~~~~		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~~~~~		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~~~~~		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current If "Yes," complete Schedule J		
24a	If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		
b			
c			
d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. If "Yes," complete Schedule L, Part I		
b	If "Yes," complete Schedule L, Part I		
26	If "Yes," complete Schedule L, Part II		
27	If "Yes," complete Schedule L, Part III		
28	If "Yes," complete Schedule L, Part IV		
a			
b			
c			
29	If "Yes," complete Schedule L, Part IV If "Yes," complete Schedule M		
30	If "Yes," complete Schedule M		
31	If "Yes," complete Schedule N, Part I		
32	If "Yes," complete Schedule N, Part II		
33	If "Yes," complete Schedule R, Part I		
34	If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		
35a			
b	If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. If "Yes," complete Schedule R, Part V, line 2		
37	If "Yes," complete Schedule R, Part VI		
38	Note.		

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O ~~~~~		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~		
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ~~~~~		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~~~~~		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," 50623-90-00051-00-DF-58-8282 file Form 8282 for the organization's exchange, or otherwise dispose of Ft)?		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~		
f	~~~~~		
g			
h			
8	Sponsoring organizations maintaining donor advised funds.		
9	Sponsoring organizations maintaining donor advised funds.		
a			
b			
10	Section 501(c)(7) organizations.		
a			
b			
11	Section 501(c)(12) organizations.		
a			
b			
12a	Section 4947(a)(1) non-exempt charitable trusts.		
b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Note.		
b			
c			
14a			
b	If "No," provide an explanation in Schedule O		

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

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

Table with columns for question numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9) and columns for 'Yes' and 'No' responses.

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

Table with columns for question numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b) and columns for 'Yes' and 'No' responses.

17
18
(explain in Schedule O)
19
20

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

(A)	(B)	(C)						(D)	(E)	(F)	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2									
3	former							Yes	No
4									
5									

Section B. Independent Contractors

1		

Check if Schedule O contains a resvs.02 431.90i6.50 743.9.02 431.90i6.50 743f1 0 0 1 59.027

		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9		9	
	10a			
		10a		
	b	10b		10c
	11		11	
	12		12	
13		13		
14		14		
15		15		
16	Total assets.		16	
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
26	Total liabilities.		25	
			26	
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.		
	28		27	
	29		28	
			29	
	30	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
	31			
	32		30	
	33		31	
34		32		
		33		
		34		

**Kennesaw State University Research
and Service Foundation, Inc**

Part XI Reconciliation of Net Assets

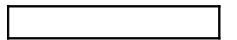
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~	1	7,974,263.
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~	2	8,494,091.
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~	3	- 519,828.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~	4	2,711,980.
5	Net unrealized gains (losses) on investments ~~~~~	5	
6	Donated services and use of facilities ~~~~~	6	
7	Investment expenses ~~~~~	7	
8	Prior period adjustments ~~~~~	8	
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,192,152.

Part XII Financial Statements and Reporting

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

		X	
		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~~~~~ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~~~~~	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	





Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support.						

12	
----	--

13 F37 Total 8.46 0 0 1 38e,497.90 n Tj 1 0 0op here 451.46 287.90 Tm (12)re 14 0 0 14451.46 287.90 Tm (12)35 14 0 0 1538.18 275.90 Tm (13)3Tj 1 0 0 1438.

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

(Subtract line 7c from line 6)

(Add lines 9, 10c, 11, and 12.)

**Kennesaw State University Research
and Service Foundation, Inc**

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

	Yes	No
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.	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? 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.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		X
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).		X
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).		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		X
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.		X
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.		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		X
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
11			
a			
	11a		
b			
	11b		
c	If "Yes" to a, b, or c, provide detail in Part VI.		
	11c		

		Yes	No
1			
	If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1		
2			
	If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	2		

		Yes	No
1			
	Part VI		
	1		

		Yes	No
1			
	1		
2			
	Part VI		
	2		
3			
	Part VI		
	3		

		Yes	No
1			
a	line 2		
b	line 3		
c	Part VI		
2	Answer (a) and (b) below.		
a			
	Part VI identify those supported organizations and explain		
	2a		
b			
	Part VI		
	2b		
3	Answer (a) and (b) below.		
a			
	Part VI.		
	3a		
b			
	Part VI		
	3b		

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Section 1231 capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	AD distributions (optional)	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation (see instructions)	100179.70707.904	100179.70707.904
7		7	
8	Adjusted Net Income	8	
Section B - Minimum Asset Amount			
1			
a		1a	
b		1b	
c		1c	
d	Total	1d	
e	Discount		
Part VI			
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	Minimum Asset Amount	8	
Section C - Distributable Amount			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Distributable Amount.	6	
7			

Name of the organization

Employer identification number

Part I

Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements ~~~~~	2a
b Total acreage restricted by conservation easements ~~~~~	2b
c Number of conservation easements on a certified historic structure included in (a) ~~~~~	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ~~~~~	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____	
4 Number of states where property subject to conservation easement is located _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ~~~~~	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ~~~~~	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~	\$ _____
(ii) Assets included in Form 990, Part X ~~~~~	\$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 ~~~~~	\$ _____
b Assets included in Form 990, Part X	\$ _____

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

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

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

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

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

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

1. (a)	(b)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2.

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

					1	
1	Total revenue, gains, and other support per audited financial statements ~~~~~					
2				Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a			2a		
	b			2b		
	c			2c		
	d			2d		
	e					2e
3				Subtract line 2e from line 1 ~~~~~		3
4				Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a			4a		
	b			4b		
	c					4c
5				Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

					1	
1						
2						
	a			2a		
	b			2b		
	c			2c		
	d			2d		
	2a	2d				2e
3				Subtract line 2e from line 1 ~~~~~		3
4				Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a			4a		
	b			4b		
	c					4c
5				Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

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

Name of the organization **Kennesaw State University Research and Service Foundation, Inc** Employer identification number **37-1535589**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Kennesaw State University 1000 Chastain Road Kennesaw, GA 30144	25-0965786		6,833,081.	0.			To carry out program implementation and research for projects awarded to KSURSF.

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

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

**Kennesaw State University Research
and Service Foundation, Inc**

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

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

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

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization	Employer identification number
--------------------------	--------------------------------

- 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 ~~~~~

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's

4

- a
- b
- c

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

5

- a
- b

6

- a
- b

7

8

9

	Yes	No
1b		
2		
4a		
4b		
4c		
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

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

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

**Kennesaw State University Research
and Service Foundation, Inc**

Part III Supplemental Information

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

Part I, Line 3:

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

SCHEDULE 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
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.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

**Kennesaw State University Research
and Service Foundation, Inc**

Employer identification number
37-1535589

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

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

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

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

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

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

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

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

Form 990, Part XII, Line 2c:

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 **Kennesaw State University Research
and Service Foundation, Inc**

Employer identification number
37-1535589

**There have been no changes in the auditor selection process nor review
of financial statements.**

Multiple horizontal lines for additional text or comments.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2017
Open to Public
Inspection

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

Name of the organization

**Kennesaw State University Research
and Service Foundation, Inc**

Employer identification number
37- 1535589

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Kennesaw State University - 58-0965786 1000 Chastain Rd Nw Ste 9110 Kennesaw, GA 30144	University	Georgia	6		GA Board of Regents		X
Kennesaw State University Foundation - 23-7034345, 3391 Town Point Drive, Ste 4530 Mailbox 9101, Kennesaw, GA 30144	Support KSU	Georgia	501(c)(3)	Line 12c, III-FI	Kennesaw State University		X

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

Schedule R (Form 990) 2017

Kennesaw State University Research and Service Foundation, Inc

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

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

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

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



**Kennesaw State University Research
and Service Foundation, Inc**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

732164 09-11-17

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

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

Kennesaw State University Research

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

37-1535589

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

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

Totals..... **J** **0.** **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals..... **g** **0.** **0.**

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals..... **g** **0.** **0.** **0.**

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		g	0.	0.		0.

Kennesaw State University Research

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

37-1535589

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 44.....			0.

1.

2.

Do not

Do not

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.

745711 08-17-17

Corporate Payment Voucher



Processing Center
Georgia Department of Revenue
PO Box 740317
Atlanta, GA 30374-0317

<input type="checkbox"/>	<input type="checkbox"/>			

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.



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Main table structure with multiple rows and columns, including a large empty section on the left and a grid on the right.

Four horizontal lines for signature or date entry.